REPUBLIC OF KENYA

NATIONAL CARE REFORM STRATEGY FOR CHILDREN IN KENYA 2022 - 2032

Photos: UNICEF Kenya

FOREWORD

The National Care Reform Strategy for Children in Kenya comes against the backdrop of, and is a response to, the United Nations Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the UN Guidelines for the Alternative Care of Children, the 2019 UNGA Resolution on the Rights of the Child, and the African Charter on the Rights and Welfare of Children (ACRWC) which reaffirms the significance and the leading role of the family in the care, nurturing, growth and development of children. Similarly, the Constitution of Kenya recognizes the family as a fundamental unit of society and the necessary basis for social order and bestows the responsibility of childcare on the child's biological family. It is therefore anchored in law that children should, as much as possible, live with and be cared for by their families of birth.

Around the world, an estimated 5.4 million children continue to live in orphanages and other harmful institutions due to poverty, discrimination, and insufficient access to basic services, among other factors. Once separated from their families and communities, children in institutions are deprived of the love, attention and opportunities they need to develop and flourish.

The situation in Kenya fits this global scenario. There are an estimated 45,000 children living in over 845 Charitable Children's Institutions (CCIs) – privately run residential institutions overseen by the Directorate of Children Services (DCS). In addition, there are an estimated 1,000–1,200 children living in 28 government-run institutions, including rehabilitation, remand, reception, and rescue centres. A lack of comprehensive data on the number of institutions means that the true scope and scale of institutionalization in Kenya is largely unknown. Some of the major drivers of institutionalization in Kenya include poverty, disability, displacement and orphanhood, mainly, as a result of HIV/AIDS.

There is overwhelming evidence that children under institutional care suffer severe and sometimes irreparable developmental setbacks as opposed to their counterparts in family and community-based care. The studies show that at least eight out of ten of these children have biological and extended families and, with appropriate support, their families could look after them. On this basis, the Government has taken deliberate steps to transform the childcare system in the country. It continues to support family strengthening initiatives such as cash transfers and other prevention and response programmes to ensure that children are not unnecessarily separated from their families.

To fully align with globally accepted standards of care, the Government in collaboration with other like-minded players in the children's sector adopted a unified and holistic approach towards reforming the childcare system by developing the National Care Reform Strategy for Children in Kenya. The strategy, developed with support of UNICEF and a multisectoral Care Reform Core Team, under the leadership of the National Council for Children's Services (NCCS), seeks to guide national steps towards Prevention and Family Strengthening, robust alternative family care, and Tracing, reintegration and transitioning from institutional care to Family and Community Based Care for all children in need of care and protection. It sets out areas of focus for various agencies in the sector for the next ten years and calls for collaborative effort and active coordination to achieve collective impact approach.

Care reform is a priority and an obligation that is shared by both state and non-state actors in the children sector, and I urge all of us to embrace this agenda and play our part in implementing the strategy. Together we will need to mainstream child protection, alternative care, and family care and community-based care into national social protection systems and programmes to ensure holistic and integrated approaches, continuity and sustainability.

The Ministry is calling upon all partners and stakeholders to forge together in complementing the Government efforts to transform the childcare system from institution-based care to family and community-based care. The successful implementation of this strategy will make it possible for children in Kenya to enjoy their right to grow up in a family environment and receive appropriate care for wholesome growth and development.

Prof. Margaret Kobia, Ph.D, EGH
Cabinet Secretary,
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WORD FROM THE CHIEF EXECUTIVE OFFICER

Institutionalization of children has become a global concern. This has led to numerous international and regional conventions, resolutions and other interventions that, at the minimum, seek to ensure such institutionalization is only undertaken as a measure of last resort. At the national level, the realization that children are better taken care of in families and communities as opposed to institutions is gaining traction through the enactment of de-institutionalization legislation, policies and programmes. It has been proven that institutionalization of children has far-reaching negative consequences on their growth and development. There is also evidence that children in families show better outcomes in key areas than those that are placed under residential care.

Global momentum is building, with increasing numbers of governments, donors and childcare and protection providers advocating for the rights of children separated from their families and placed in institutions, ensuring that the issue remains at the top of the child protection and global development agenda. The global shift is towards family and community-based care by intentionally preventing the separation of children from their families and communities.

The international, regional and national legal framework clearly outlines the need to support children in a family environment. The United Nations Convention on the Rights of the Child (UNCRC) is particularly emphatic on the protection of the family and the rights of the child to parental care. The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.

Kenya has an estimated 845 privately owned residential institutions of care with about 45,000 children, as per the records held by the NCCS. These children are at risk of inappropriate care and protection that could adversely affect their social, emotional, cognitive and intellectual development by exposing them to myriad of child rights violations. The experience is particularly damaging for children less than three years of age.

NCCS has been at the forefront in championing transformation of the system of care in Kenya. Working closely with other players in the industry, the Council has, among other initiatives, developed the National Care Reform Strategy for Children in Kenya. The strategy paints a clear picture of the care system in the country while drawing important insights from other countries that have successfully undertaken reforms, and outlines the necessary steps and resources needed for successful reforms.

Care Reform is a journey that requires the involvement of all the stakeholders. The strategy is an important step as it gives us the direction to take. However, the onus still lies with our individual and collective efforts to stay the course until all our children are back with their families and communities, while fully enjoying their other rights. Let us all come together and fully implement the strategy for the good of our children.

Abdinoor S. Mohamed.
National Council for Children's Services
Ag. Chief Executive Officer

ACKNOWLEDGEMENTS

The National Care Reform Strategy for Kenya was developed through a consultative process involving a number of key stakeholders including National Care Reform Strategy for Children in Kenya, under the leadership of NCCS.

We would like to express our appreciation and gratitude to the children and young people who were involved in the process for their invaluable contribution.

We are highly indebted to the Care Reform Core Team for dedicating their time and expertise towards the development of the Strategy. We underline our appreciation to UNICEF Kenya Country Office for providing technical expertise and by hiring Mr Martin Punaks, international consultant, who supported, in a participatory manner, the development of the first draft Strategy, in the midst of COVID-19 and the resultant restrictions and ensured that it reflected the views of all the stakeholders in the sector.

Special thanks to the following key departments and agencies in the Ministry of Labour and Social Protection for their support and involvement in the finalization of the Strategy: the Directorate of Human Resource Management, Directorate of Children Services (DCS), the Street Families Rehabilitation Trust Fund (SFRTF), the National Council for Persons with Disabilities (NCPWD), the Directorate of Social Development (DSD), the Directorate of Social Assistance (DSA) and the Social Protection Secretariat (SPS).

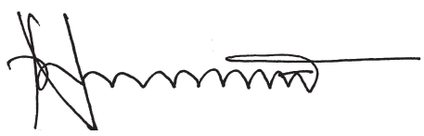
We also acknowledge with gratitude, the contribution of other Government MDAs to the process. They include; the National Police Service, Ministry of Health, Probation and After Care Services, Ministry of Education, National Council on Administration of Justice (NCAJ), and the Judiciary among others.

Further, we appreciate the following non-state agencies for their financial and technical support: Changing the Way We Care (CTWWC), Kenya Society of Care Leavers (KESCA), Lumos, Hopes and Homes for children, Stahili Foundation, FADV, SOS, ChildFund Association for Adoptive parents and many others.

In addition, we are thankful to the elders from the various communities that were involved in the process, as well the religious leaders for their willingness to be part of this noble task.

Once more, we also would like to deeply thank the UNICEF Kenya Country Office for their unwavering technical and financial support without which the development of the Strategy would not have been possible. We would also like to thank SIDA Sweden and USAID for funds provided to UNICEF for this work.

Finally, the Ministry reaffirms its commitment to the Care Reform Strategy implementation and childcare system transformation in Kenya.



Nelson Marwa Sospeter, CBS
Principal Secretary, State Department of Social Protection, Senior Citizens Affairs and Special Programmes.

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ACRONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
AAC	Area Advisory Council
CCI	Charitable Children's Institution
CT-OVC	Cash Transfer – Orphans and Vulnerable Children
DCS	Directorate of Children Services
DSD	Department of Social Development
CPIMS	Child Protection Information Management System
CTWWC	Changing the Way We Care
CWSK	Child Welfare Society of Kenya
HIV	Human immunodeficiency virus
ICT	Information and communications technology
M&E	Monitoring and evaluation
NCAJ	National Council on the Administration of Justice
NCCS	National Council for Children's Services
NCPWD	National Council for Persons with Disabilities
NCRCOD	National Care Reform Coordination and Oversight Division
NGAO	National Government Administrative Officers
NGO	Non-governmental organization
NIMES	National Integrated Monitoring and Evaluation System
OVC	Orphans and Vulnerable Children
PBO	Public Benefit Organization
PWSD-CT	Persons with Severe Disabilities – Cash Transfer
SAU	Social Assistance Unit
SCI	Statutory Children's Institution
SMART	Specific, measurable, achievable, relevant, time-bound
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Children
UNCRPWD	United Nations Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

DEFINITIONS OF KEY TERMS[1]

Adoption: Adoption is the complete severance of the legal relationship between a child and his/her biological parent(s) and birth family, and the establishment of a new legal relationship between the child and his/her adoptive parent(s). Adoption is a permanent care solution and because of its permanent nature is not considered as alternative care but a permanent solution for a child who cannot be with his/her biological parents. Domestic (national) adoption is adoption by a couple/individual who are Kenyan and where the child they are adopting is resident in Kenya. Applications for domestic adoption are initiated through a registered local adoption society. Foreign resident adoption is adoption by a couple/individual who are not Kenyan nationals but have lived in Kenya for over three years and adopt a child who is Kenyan. International adoption is adoption by two spouses who are not Kenyan citizens and not resident in Kenya.

Aftercare: Aftercare support/services is a process whereby a variety of services are offered to children after they leave alternative care and move on to independent living or are reunified with their families. Such services include supervision and provision of a toolkit or kitty as appropriate.

Alternative care: Alternative care is a formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary carers, or spontaneously by a care provider in the absence of parents. It includes kinship care, kafaala, foster care, guardianship, adoption, traditional approaches to care and places of safety and temporary shelter. Alternative care is also the second pillar of care reform.

Area Advisory Council: Area Advisory Councils (AACs) are statutorily recognized structures established by NCCS at the county, sub-county, ward and location levels which specialize in various matters affecting the rights and welfare of children. Their membership is composed of both State and non-state agencies operating at these levels with an interest in children's matters. The main objective of AACs is to plan, coordinate and determine priority areas for intervention in order to enhance child rights and child welfare in their areas of operation.[2]

Assessment: Assessment is the process of building an understanding of the problems, needs and rights of a child and his/her family in the wider context of the community. It should cover the physical, intellectual, emotional and social needs and development of the child. There are various types of assessments, e.g. rapid, initial, risk, comprehensive. etc. A child assessment is a systematic, holistic evaluation of the situation of a child, taking into consideration the specific needs of the child, risk/vulnerabilities, as well as the strengths of and resources available to the child. Child assessments explore issues related to development, any known disabilities, socio-economic status, health status, nutrition, shelter, psychosocial well-being, education and protection that affect the child. A family assessment is a process for identifying the specific needs and strengths/resources of a family. Family assessments explore issues related to socioeconomic

1 Unless stated otherwise, or unless they are terms specific to this Strategy, these definitions have been aligned as far as possible with the Republic of Kenya, *Guidelines for the Alternative Family Care of Children in Kenya,* 2014.

2 NCCS, *Guidelines for the Formation and Operation of Area Advisory Councils 2006 (Revised 2015),* 2015.

status, health status, disability, nutrition, shelter, psychosocial well-being, education and protection. It is important to assess individual children, as well as conditions affecting the primary carer and household as a whole.

Care: Looking after a person and providing what is necessary to ensure their physical, emotional, intellectual and social needs are being met.

Care leavers: A care leaver is anyone who spent time in alternative care as a child. Such care could be in foster care, institutional care (mainly children's homes), or other arrangements outside the immediate or extended family.

Care reform: Care reform is a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. It consists of three pillars, all of which need to function and fulfil their purpose for care reform to be holistic and sustainable: 1. Prevention of separation and family strengthening: This involves support measures and services which strengthen families and prevent children being separated from their families. It includes education, health care, social protection, food security, livelihood support, positive parenting, psychosocial support, day-care facilities, community-based rehabilitation services for children with disabilities, employment support, support for child-headed households, and so on. 2. Alternative care: This involves strengthening and expanding family and community-based alternative care options for children who are unable to live in parental care. Alternative care includes kinship care, kafaala, foster care, guardianship, adoption, traditional approaches to care, places of safety and temporary shelter and institutional care, as well as strong gatekeeping mechanisms. 3. Tracing, reintegration and transitioning to family and community-based care: This relates to the safe and sustainable transition of institutionalized children and unaccompanied and separated children to family and community-based care. This includes tracing, reintegration and case management, as well as support for leaving care, aftercare and supported independent living. Furthermore it involves the redirection of resources from institutional care to family and community-based care, as well as the retraining and redeployment of institutional personnel. The care reform process changes the attitudes and practice of duty bearers and other stakeholders towards family and community-based care solutions and away from institutional care as a primary response. It strengthens duty bearers' accountability in meeting their obligations to ensure children's rights are met. It involves the meaningful participation of children and young people. It will result in more children in Kenya living safely, happily and sustainably in families and communities where their best interests are served.

Care Reform Committee: A sub-committee of the AAC that oversees and monitors the implementation of care reform at the county level and sub-county level.[3]

Care Reform Core Team: Kenya's Care Reform Core Team is an intersectoral and multidisciplinary team of professionals working in areas related to care reform. It is made up of both State and non-state actors and has a remit to provide technical advice and support for the care reform process in Kenya.

Case management: The process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other carers and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress.

3 Definition provided by NCCS.

Charitable Children's Institution: A Charitable Children's Institution (CCI) is an institution established by a person, corporate or non-corporate, religious organization, NGO or PBO. Registered CCIs have been granted approval by NCCS to manage a programme for the care, protection, rehabilitation or control of children. Non-registered CCIs offer similar services but have not been granted approval by NCCS.

Child: Any person under the age of 18 years.

Child-headed household: A household in which a child or children (typically an older sibling) assumes the primary responsibility for the day-to-day running of the household, providing and caring for those within the household. The children in the household may or may not be related.

Child participation: Child participation is the informed and willing involvement of children, including the most marginalized and those of different ages and abilities, in any matter or decision concerning them. Participation encompasses the opportunity to express a view, and to influence decision-making and achieving change. Children should be provided with relevant information in an age and development appropriate manner and to participate effectively, and their views should be given due consideration in accordance with their age and maturity. The General Comment No. 12 of the Committee on the Rights of the Child specifically mentions the need to introduce mechanisms to ensure that children in all forms of alternative care, including in institutions, are able to express their views and that those views be given due weight in matters of their placement, the regulations of care in foster families or homes and their daily lives.

Child protection: Child protection is the process of ensuring children are protected from all forms of harm through structures and measures to prevent and respond to abuse, neglect, exploitation and violence, including putting into place the procedures necessary for handling situations or issues that may arise.

Children with chronic health conditions: Children with health conditions that last for more than 12 months and are severe enough to create some limitations in usual activity. Children with chronic health conditions may have some activity limitations, frequent pain or discomfort, abnormal growth and development, and more hospitalizations, outpatient visits, and medical treatments than other children.[4]

Children with disabilities: The World Health Organization defines disability as neither purely biological nor social, but instead the interaction between health conditions, and environmental and personal factors. Disability includes any physical, sensory, mental, psychological or other impairment, condition or illness that has, or is perceived by significant sectors of the community to have, a substantial or long-term effect on an individual's ability to carry out ordinary day-to-day activities. The Persons with Disability Act defines disability as physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic or environmental participation. A person with a disability, according to the United Nations Committee on the Rights of Persons with Disabilities, is one who is prevented from participating fully in the society by a combination of their impairment and other barriers associated with it. Children with disabilities are therefore persons under the age of 18 that are living with a disability.

4 Compas, B. E., S. S. Jaser, M. J. Dunn et al., 'Coping with Chronic Illness in Childhood and Adolescence', *Ann Rev Clin Psychol*, vol. 8, 2012, pp. 455–480.

Children with complex health conditions: Children with complex health conditions have one or more chronic conditions, regardless of types, whose trajectories are dynamic, requiring services across settings and/or sectors, taking into account the severity/intensity of conditions and the children's developmental age, while being unique to each child and family's context, often resulting in a lower quality of life.[5]

Children's Assemblies: The promulgation of the Constitution of Kenya of 2010 provided the impetus for developing a framework for establishing Children Assemblies. The Kenya Children Assembly was adopted in 2010/2011 and coincided with the launch and operationalization of the County Children Assemblies in all 47 counties. To increase children's participation DCS formulated operational guidelines for the Children Assembly which would enhance the Assembly's potential to reach marginalized children. These guidelines seek to develop effective child participation at all levels – in families, communities, organizations and institutions – and to provide practice standards aimed at providing skills for effective engagement with children as well as to protect children from abuse during participation. Several methodologies engage children in adult forums: drama, role-play, music, poetry, painting, sculpture, print and electronic media, child-led initiatives, child clubs, child-to-child forums and daily life in families and schools.[6]

Community-based care: A range of approaches designed to enable children to remain with their own (or extended) family and prevent the need for separation, or to be placed with an alternative family within their community. It includes supported child-headed households and supported independent living and is supported by broader prevention of separation and family strengthening services.

County-level care reform: The focus on care reform at the county level is on the provision of family and community-based services for children and families, and the transition of children to family and community-based care. County-level implementation includes: developing and maintaining effective county-level care reform management, coordination and monitoring structures, with clear roles and responsibilities of stakeholders; undertaking a detailed situational analysis to gather county data on institutionalized children, children at risk of institutionalization or family separation, family and community-based services and systems including gatekeeping, case management, alternative care and the workforce, county legislation, regulations, policies and procedures, financing of the care and child protection systems, and any other relevant data needed to develop a detailed county action plan; and drawing on the data gathered from the county situational analysis to develop and implement a contextually appropriate SMART action plan for care reform implementation.

County Action Plan: Each county implementing care reform will develop its own contextually appropriate SMART action plan for care reform implementation within the county. County Action Plans will be guided by the National Care Reform Strategy for Children in Kenya with support from the NCRCOD. County Action Plans will cover the following areas of implementation: developing and strengthening county legislation, regulations, policies and procedures so they are supportive of family and community-based care; supporting nationally managed initiatives to develop and strengthen family and community-based services and systems; undertaking family tracing, reintegration and case management of all institutionalized children and unaccompanied and separated children, and those at risk of institutionalization, ensuring they are placed in family and community-based care according to their best interests and/or prevented from family separation by ensuring they are receiving prevention of separation and family strengthening services, as required; developing and implementing an effective county care reform communications and advocacy strategy; supporting nationally managed initiatives to

5 Azar M., S. Doucet, A. R. Horsman et al., 'A Concept Analysis of Children with Complex Health Conditions: Implications for Research and Practice', *BMC Pediatrics* 20(251), 2020.

6 Sanganyi, N. M. O., 'Enhancing Children's Participation and the Enforcement of Their Rights: The Kenyan Experience', in *The United Nations Convention on the Rights of the Child: Taking Stock after 25 Years and Looking Ahead*, Brij |Nilhoff, 2017.

finance care reform including County Government financial contributions and county-level redirection of resources activities; and procedures for guiding, working in partnership with and monitoring Government and non-state actors implementing care reform at the county level.

Day care: Care of a child during the day by a person other than the child's parent(s) or legal guardian. It is an ongoing service during specific periods of time, such as the time when parents are at work. It can be provided in nurseries, crèches or a childcare provider caring for children in their own home.

Demonstration county: Demonstration counties work on implementing care reform within an established learning agenda, thus demonstrating, documenting, sharing and modelling for other counties. Demonstration counties represent a diversity of: geographic location, population, poverty figures, numbers of institutionalized children, problems identified and data existing, demonstrated leadership, coordination and level of local government support for care reform, non-state actors engagement in care reform, availability of services and support for children and families, drivers pushing children into institutional care, and operating profiles of CCIs. Demonstration sites have applicability nationally and increase the likelihood that approaches and interventions can be contextualized and scaled across the wide range of settings in Kenya. They strengthen coordination mechanisms and increase allocation of resources to support care reform.

Duty bearer: The Government and its agents are the primary duty bearers responsible for realizing the rights of all children. Parents, community members and others who care for children are secondary duty bearers, with specific legal responsibilities for upholding the rights of children under their care.[7]

Family: This includes relatives of a child, including both immediate family (mother, father, stepparents, siblings, grandparents) and extended family also referred to as relatives or 'kin' (aunts, uncles, cousins).

Family-based care: Short-term or long-term placement of a child in a family environment with one consistent carer and a nurturing environment where the child is part of a supportive family and the community. It includes parental care, kinship care, kafaala, foster care, guardianship, adoption, and traditional community approaches to care.

Family and community-based alternative care: Family and community-based alternative care refers to all forms of alternative care where children are placed in family-based care or community-based care. It does not include parental care or institutional care.

Family and community-based care: Family and community-based care refers to all forms of care where children are placed in family-based care or community-based care. It includes parental care and non-institutional forms of alternative care. It does not include institutional care.

Family and community-based services: Family and community-based services is a term which refers to all forms of family and community-based care, prevention of separation and family strengthening services, and services which support the transition of children from institutional care or unaccompanied or separated to family and community-based care. Together, these services enable children to safely live in family and community-based care.

Family tracing: Activities undertaken by authorities, community members, relatives or other agencies for the purpose of gathering information and locating the parents or extended family of the separated or lost child.

7 Aligned with the United Nations Convention on the Rights of the Child.

Formal care: All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in an institutional environment, including in private facilities, whether or not as a result of administrative or judicial measures. Examples include foster, guardianship, kafaala, etc.

Foster care: Placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child.

Guardianship: This term is used in three different ways:

(i) A legal device for conferring parental rights and responsibilities to adults who are not parents.

(ii) An informal relationship whereby one or more adults assume responsibility for the care of a child.

(iii) A temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests.

Informal care: Any private arrangement provided in a family environment whereby a child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person(s) without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Institution: Institutional care can be understood as all types of residential care for children with an institutional culture. An institutional culture can be understood as meaning a childcare environment where children are separated from their families, isolated from the broader community and/or they are compelled to live together; children and their families do not have sufficient control over their lives and the decisions which affect them; and the requirements of the organization take precedence over the individualized needs of the children.[8]

Justice system institutions: Institutions which provide care for children in the justice system. These included remand homes, rehabilitation schools, probation hostels, borstals, youth corrective training centres and, in some cases, also prisons.

Kafaala: According to Islamic law, this is the commitment by a person or family to voluntarily sponsor and care for an orphaned or abandoned child. The individual or family sponsors the child to meet his/her basic needs for health, education, protection and maintenance. Kafiil refers to an individual who is providing kafaala to a child as defined above. Normally, the kafiil is a Muslim.

Kinship care: Kinship care is a term used in two different ways:

(i) Informal kinship care: A private arrangement within an extended family whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family, without it being ordered by an administrative or judicial authority. Family members include grandparents, aunts, uncles and older siblings.

(ii) Formal kinship care: An arrangement, ordered by an external administrative or judicial authority, whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family. Family members include grandparents, aunts, uncles and older siblings.

National Care Reform Coordination and Oversight Division: The National Care Reform Coordination and Oversight Division (NCRCOD) is a team of inter-agency and multidisciplinary staff dedicated to

8 Špidla, Vladimír, *Report of the Ad Hoc Expert Group on the Transition from Institutional Care to Community-based Care,* European Commission, 2009.

implementing the National Care Reform Strategy for Children in Kenya through a series of Steering Committee-approved national workplans and budgets for each phase of implementation. It is directly accountable to the National Care Reform Steering Committee and works in close coordination with the National Care Reform Technical Advisory Committee and national children's and young people's participation mechanisms. It also works in close coordination with county-level AACs and Care Reform Committees.

National Care Reform Steering Committee: The National Care Reform Steering Committee comprises the NCCS Board, with the inclusion of co-opted members for the purpose of overseeing the care reform process. The National Care Reform Steering Committee has strategic responsibility and accountability for the care reform process. It has strategic decision-making authority on all matters concerning care reform. It meets every four months.

National Care Reform Technical Advisory Committee: The National Care Reform Technical Advisory Committee comprises the existing Care Reform Core Team along with any additional members required to support the care reform process. The National Care Reform Technical Advisory Committee is an intersectoral and multi-agency advisory committee made up of service managers and technical experts in areas related to care reform for children; for example: children's services, social development, disability, education, health, etc. It provides technical advice to the National Care Reform Steering Committee and NCRCOD. It assists the NCRCOD in the practical implementation of phased national workplans and provides recommendations for policy changes for consideration by the National Care Reform Steering Committee. The National Care Reform Technical Advisory Committee meets every two months.

National-level care reform: The focus of care reform at the national level of government is on creating an enabling environment for children to live safely and sustainably in family and community-based care. An enabling environment requires: strengthening national legislation, regulations and policies so they are supportive of family and community-based care; developing and strengthening nationally managed family and community-based services and systems; developing and implementing an effective national care reform communications and advocacy strategy; developing and implementing an effective redirection of resources strategy; developing and maintaining effective national-level care reform management, coordination and monitoring structures and systems; providing guidance and support to counties and non-state actors implementing care reform; financing care reform; and monitoring and evaluating care reform.

National workplan: Workplans are developed by the NCRCOD to accompany each phase of implementation of the National Care Reform Strategy for Children in Kenya. Workplans will use the Strategy to define the detail of what needs to happen during each phase, including: planned actions, time frame, responsible stakeholders, indicators of success, and budget.

Non-state actor: Non-state organizations, groups and informal structures with a role to play in care reform. These include civil society organizations, NGOs, PBOs, faith-based organizations, traditional community structures and networks, community-based organizations and informal structures and safety nets, as well as businesses.

Non-state level care reform: The focus of care reform at the non-state actor level will be on encouraging and supporting non-state actors to align their values, strategies, policies, programmes and activities with the National Care Reform Strategy for Children in Kenya. The purpose of a specific non-state actor level of care reform implementation is that it allows for non-state actors from across Kenya to engage, coordinate and align with the National Care Reform Strategy for Children in Kenya regardless of whether or not their resident county is implementing care reform, as well as to reinforce developments at the county level.

Non-state actors receive guidance and support from the NCRCOD and County Care Reform Committees to ensure activities align with the National Care Reform Strategy for Children in Kenya and are being delivered to a high standard; work in close coordination with national and county-level management, coordination and monitoring structures by sharing information on progress and learning, and engaging as members or advisors to management structures when invited to do so; and deliver services which support care reform.

Orphanage tourism and volunteerism: Orphanage tourism and volunteerism are terms used to define a spectrum of activities related to visiting or volunteering in children's institutions and collectively known as 'orphanage voluntourism'. These activities relate to the support of children's institutions by individuals who are primarily, or were initially, tourists on vacation. In most cases, they involve a tourist who wishes to include an element of social work-oriented volunteering in their vacation or travels and who chooses to do this by volunteering their time – sometimes coupled with financial or material support – to an institution. For some tourists this element of volunteering may be planned in advance of their vacation, while for others it may be more spontaneously arranged once they are already on vacation. It is common for the tourist to pay for this experience, either directly to the institution, or through a volunteer agency or tour company. Having volunteered in an institution, some tourists return to their place of origin and continue to financially or materially support their chosen institution, and may even establish more formalized fundraising mechanisms to achieve this. In some instances, the tourist may establish a registered charity or an international NGO to continue financially supporting the institution.[9] Orphanage tourism and volunteerism can also include faith-based mission trips and other non-professionals who visit institutions for short periods, motivated by philanthropic or experiential purposes. Orphanage tourists and volunteers include Kenyans as well as foreigners.

Orphanage trafficking: The active recruitment of children into orphanages or residential care institutions in developing nations for the purpose of ongoing exploitation, particularly through orphanage tourism.[10]

Places of safety and temporary shelter: A place of safety or temporary shelter is a safe environment where children in distress are placed for a short time (from a couple of hours to a maximum of six months), while arrangements for family reunification or placement in alternative care are made. It includes halfway homes, safe havens and rescue centres. While the care is temporary, the child should be cared for in a stable, nurturing and safe environment.[11]

Placement: A social work term for the arranged out-of-home accommodation provided for a child or young person on a short- or long-term basis.

Preparation: The planning and preparation required of both the child and the family as part of the case management process to prepare children for reintegration or placement in family and community-based care. Preparation reduces the trauma and anxiety associated with transitioning from one placement to another and helps ensure the success and sustainability of the new placement.

Prevention of separation and family strengthening services: Prevention of separation and family strengthening services is the first pillar of care reform. It includes a range of support measures and services which strengthen families and prevent children being separated from their families. Services and support may include education, health care, social protection, food security, livelihood support, positive

9 Punaks, M., and K. Feit, *The Paradox of Orphanage Volunteering: Combatting Child Trafficking Through Ethical Voluntourism*, Next Generation Nepal, 2014.

10 Commonwealth of Australia,'8. Orphanage Trafficking', *Hidden in Plain Sight,* 2017, Available at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/ModernSlavery/Final_report

11 Republic of Kenya, *Guidelines for the Alternative Family Care of Children in Kenya,* 2014.

parenting, psychosocial support, day-care facilities, community-based rehabilitation services for children with disabilities, employment support, support for child-headed households, and so on.

Redirection of resources: The principle that existing financial and non-financial resources within the institutional system of care can be effectively redirected to support a reformed system of family and community-based care, thus ensuring that this reformed system has the resources it needs to support children to live in family and community-based care.

Small Group Home: A form of residential care for children that does not have an institutional culture. As well as 'small group home', terms such as small family home and small-scale residential care are also used. Family for Every Child defines a small group home as a form of residential care where children are cared for in smaller groups, with usually one or two consistent carers responsible for their care. This care is different from foster care in that it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children.[12] UNICEF defines a small-scale residential care as a public or private, registered, non-family-based arrangement, providing temporary care to a group of four to six children, staffed by highly trained, salaried carers, applying a key-worker system, with a high caregiver-to-child ratio that allows for individualized attention for each child, based on a professionally developed case plan that takes the voice of the child into account.[13]

Social service workforce: A broad range of governmental and non-governmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. The social service workforce focuses on preventative, responsive and promotive services that are informed by the humanities and social sciences, indigenous knowledge, discipline-specific and interdisciplinary knowledge and skills, and ethical principles. Social service workers engage people, structures and organizations to: facilitate access to needed services, alleviate poverty, challenge and reduce discrimination, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect and family separation.

Special needs: Children with special needs are those who have, or are at risk of developing, chronic physical, developmental, behavioural or emotional conditions and require health and related services beyond what children generally require.[14]

Special therapeutic health institutions: Residential health facilities with an institutional culture where children are placed for long-term care, in particular children with disabilities, special needs and chronic and complex health conditions. These do not include residential health facilities providing short-term and medium-term care, such as day-care and respite care facilities for children with disabilities and special needs.

Statutory Children's Institution: Statutory Children's Institutions (SCIs) include all children's institutions established by the Government of Kenya. These include the following: (i) DCS-managed: reception centres (to receive a child prior to being referred onwards to another type of SCI); rescue homes (to rescue children in need of care and protection); remand homes (confining children in conflict with the law while their cases are being handled in court); and rehabilitation schools (rehabilitating children who have been in conflict with the law); (ii) Probation and Aftercare Service-managed probation hostels (for

12 Family for Every Child, *Towards a Family for Every Child. A conceptual framework,* London: Family for Every Child, 2013.

13 UNICEF Europe and Central Asia, *White paper: The role of small-scale residential care for children in the transition from institutional- to community-based care and in the continuum of care in the Europe and Central Asia Region*. 1 July 2020.

14 McPherson, M. et al., 'A New Definition of Children with Special Health Care Needs', *Pediatrics*, vol. 102, no. 1, 1998, pp. 137–139.

juvenile offenders serving a community sentence); (iii) Prisons Service-managed borstal institutions, youth corrective training centres and prisons; and (iv) Government-managed special therapeutic health institutions.

Supported Independent Living: Supported independent living is where a young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. Support/social workers are available as needed and at planned intervals to offer assistance and support but not to provide supervision. Assistance may relate to timekeeping, budgeting, cooking, job seeking, counselling, vocational training and parenting.

Traditional community approaches to care: Traditional community approaches to care are semi-formal forms of care which are given cultural recognition by communities in Kenya, and practised in these communities, but are not well recognized, documented or reconciled with the formal child protection system. For example, Gusii and Kikuyu community traditional 'adoption' practices.[15]

Tracing, reintegration and transitioning to family and community-based care: Tracing, reintegration and transitioning to family and community-based care is the third pillar of care reform. It relates to the safe and sustainable transition of institutionalized children and unaccompanied and separated children to family and community-based care. It includes tracing, reintegration and case management, as well as support for leaving care, aftercare and supported independent living. Furthermore it involves the redirection of resources from institutional care to family and community-based care, as well as the retraining and redeployment of institutional personnel.

Reintegration: Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

Unaccompanied and separated children: Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. Separated children are children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives.[16] These may include street-connected children, lost and abandoned children, children on the move, and refugee and asylum-seeking children.

Young people: For the purpose of this Strategy, young people can be understood as older children, as well as those aged 18 and over who are still residing in children's institutional care, or are care leavers aged 18 and over requiring an extension of support.

15 Note that further research is needed to understand these practices in Kenya. This is an activity required as part of the Strategy.

16 See Committee on the Rights of the Child, general comment No. 6 (2005) on the treatment of unaccompanied and separated migrant children outside their country of origin, para. 7.

EXECUTIVE SUMMARY

Introduction

Care reform is a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. It consists of three pillars, all of which need to function and fulfil their purpose for care reform to be holistic and sustainable.

1. Prevention of separation and family strengthening: This involves support measures and services which strengthen families and prevent children being separated from their families. It includes education, health care, social protection, food security, livelihood support, positive parenting, psychosocial support, day-care facilities, community-based rehabilitation services for children with disabilities, employment support, support for child-headed households, and so on.

2. Alternative care: This involves strengthening and expanding family and community-based alternative care options for children who are unable to live in parental care. Alternative care includes kinship care, kafaala, foster care, guardianship, adoption, traditional approaches to care, places of safety and temporary shelter and institutional care, as well as strong gatekeeping mechanisms.

3. Tracing, reintegration and transitioning to family and community-based care: This relates to the safe and sustainable transition of institutionalized children and unaccompanied and separated children to family and community-based care. This includes tracing, reintegration and case management, as well as support for leaving care, aftercare and supported independent living. Furthermore it involves the redirection of resources from institutional care to family and community-based care, as well as the retraining and redeployment of institutional personnel.

The care reform process changes the attitudes and practice of duty bearers and other stakeholders towards family and community-based care solutions and away from institutional care as a primary response. It strengthens duty bearers' accountability in meeting their obligations to ensure children's rights are met. It involves the meaningful participation of children and young people. It will result in more children in Kenya living safely, happily and sustainably in families and communities where their best interests are served.

The global care reform movement to end child institutionalization is informed by 80 years of research which demonstrates the harm of institutional care and is supported by international and regional instruments including the UNCRC, the UNCRPWD, the UN Guidelines for the Alternative Care of Children and the ACRWC. Over the last few decades, and especially in recent years, global momentum towards care reform has grown significantly and Kenya is a key player in this global movement.

The National Care Reform Strategy for Children in Kenya was developed by the National Council for Children's Services (NCCS), with full support from an intersectoral and multi-agency Care Reform Core Team consisting of State and non-state actors, as well as being supported by an external UNICEF care reform specialist.

The focus of the National Care Reform Strategy for Children in Kenya is on creating an enabling environment at the *national level* for care reform to be implemented effectively. The transition of children and young people from institutions and situations where they are unaccompanied or separated into family and community-based care will happen at the *county level*. This will happen under the direction of county-specific action plans which will be developed by each county based on this Strategy.

Care reform context

Children constitute nearly half the population of Kenya. There are high levels of vulnerability amongst Kenya children: 3.6 million are classified as OVC, 9.5 million are deprived of three or more basic rights, 15,752 are connected with the streets, 266,524 are refugee and asylum-seeking children, and potentially up to 15 per cent have a disability. Over 47,000 children were living in institutional care prior to the COVID-19 pandemic. Their institutionalization was driven by orphanhood, poverty, neglect and abandonment, violence and abuse including harmful cultural practices, lack of access to basic services, disability and/or being in conflict with the law.

The legislative, regulatory and policy environment in Kenya is robust and, for the most part, provides a strong foundation upon which Kenya will embark on care reform. This includes the Children's Act 2001 which domesticates and expounds the UNCRC and ACRWC, and is currently in the process of being updated through a new Children's Bill. The Children's Act is elaborated through CCI Regulations 2005, Children (Adoption) Regulations 2005, a National Children Policy Kenya, National Plan of Action for Children in Kenya and *Guidelines for the Alternative Family Care of Children in Kenya*, 2014. The Government has also issued a moratorium on intercountry adoption in 2014, a moratorium on registration of CCIs in 2017, and established the NCAJ Special Taskforce on Children Matters to champion the best interests of children in the justice system. The Government of Kenya however recognizes that there are a number of areas of legislation, regulations and policy which support forms of institutional care and need to be reformed.

Institutional care in Kenya currently faces multiple challenges in the quality of care and compliance with Government guidelines and procedures which allow for the unnecessary long-term placement of children in institutions, instead of being used as a temporary and last resort when family and community-based care is not possible.

The family and community-based alternative care options in Kenya are mixed in their quality and scope, and require improvement in a number of areas. The situation is similar for prevention of separation and family strengthening services such as education, health, social protection and other services. There is however a high level of commitment and momentum towards care reform within the Government of Kenya and within civil society.

Care reform strategic framework

The Strategy's vision is for all children and young people in Kenya to live safely, happily and sustainably in family and community-based care where their best interests are served. The Strategy's goal is to transition from a system of care where many children and young people are living in institutional care, or are unaccompanied or separated, to a system which allows children to live safely, happily and sustainably in family and community-based care. The expected overall result of the Strategy is that by 2031 most children and young people in Kenya will live safely, happily and sustainably in family and community-based care.

The Strategy is guided by principles which champion the best interests of the child; family being the best environment for a child; addressing the causes of family separation and institutionalization; prioritizing the most vulnerable; doing no harm; meaningful child and youth participation; dignity, respect and non-discrimination; sustainability; the duty of the State to protect child rights; the importance of the Kenyan context; a collaborative and inclusive process; institutions as key partners; and care reform as a journey.

The scope for the Strategy defines what is meant by an 'institution' and which institutions are covered by the Strategy and on which terms. These include: CCIs, SCIs, places of safety and temporary shelter with an institutional culture, justice system institutions and special therapeutic health institutions. The scope also defines primary beneficiaries as children and young people living in institutional care and or who are unaccompanied or separated, or are at risk of institutionalization or becoming unaccompanied or separated, as well as young people and care leavers living in institutional care or who have left institutional care but require an extension of support. The secondary beneficiaries are families and communities. The Strategy applies to the entire country of Kenya and covers a ten-year period from 2021 to 2031.

Care reform activities

The activities to be undertaken as part of the implementation of the Strategy consist of:

- The **reform of existing national legislation, regulations and policies** to make them supportive of family and community-based services.
  - In relation to **prevention of separation and family strengthening** this includes: social protection; children with disabilities and special needs; child trafficking and orphanage tourism and volunteerism; refugee and asylum-seeking children; and supported child-headed households.
  - In relation to **alternative care** this includes: institutional care; places of safety and temporary shelter; kinship care; kafaala; foster care; adoption; and gatekeeping.
  - In relation to **tracing, reintegration and transitioning to family and community-based** care this includes: family tracing and reintegration; leaving care, aftercare support and supported independent living; and transitioning funding from CCIs to family and community-based services.
  - In relation to **issues which cut across the three pillars** this includes: duty to implement care reform; the social service workforce; the roles of NCCS and DCS; and the roles of National and County Governments.

- Increased provision and quality **of family and community-based services**.
  - In relation to **prevention of separation and family strengthening services** this includes: standards, guidelines and procedures; provision of education; provision of health; social protection and economic empowerment services; other areas of prevention of separation and family strengthening services; supported child-headed households; children in the justice system; children with disabilities and special needs; street-connected children; refugee and asylum-seeking children; children affected by child trafficking and orphanage tourism and volunteerism; and children affected by the COVID-19 pandemic.
  - In relation to **alternative care** this includes: standards, guidelines and procedures; CCIs; justice system institutions and children in the justice system; special therapeutic health institutions; places of safety and temporary shelter; kinship care; kafaala; foster care; adoption; guardianship; small group homes; traditional community approaches to care; gatekeeping; and increasing awareness, accessibility and safeguarding of alternative care.
  - In relation to **tracing, reintegration and transitioning to family and community-based** care this includes: tracing, reintegration and case management; leaving care, aftercare and supported independent living; and transitioning CCIs and the CCI workforce.
  - In relation to **issues which cut across the three pillars** this includes: information management; workforce development; and coordination and risk mitigation.
- To **raise awareness of care reform** and its components through the design and implementation of a communications and advocacy strategy that will change beliefs, social norms, attitudes and behaviour which contribute towards institutionalization and family separation, and inhibit care reform implementation. The Strategy outlines how this will be supported by guiding principles and will include target groups, messages, mediums and coordination with other communications and advocacy initiatives.
- To **transition funds from institutional care** to family and community-based services through the design and implementation of a redirection of resources strategy. Some of these institutional resources exist within National and County Government budgets, but the majority come from a diverse range of non-state donors and other sources. The Strategy outlines how resources will be redirected from three categories of funders: (i) public domestic funders (the Government of Kenya); (ii) public international funders (multilateral and bilateral funders); and (iii) private funders and private sources of funding.

Care reform implementation

Care reform will be implemented at three levels, each with its own respective responsibilities and management, coordination and monitoring structures which interlink with each other.

- The focus at the **national level of Government** is on creating an enabling environment for children to live safely and sustainably in family and community-based care. At this level, the Cabinet Secretary for Public Service, Gender, Senior Citizens Affairs and Special Programmes, State Department for Social Protection, Senior Citizens Affairs and Special Programmes has overall responsibility and accountability for the care reform process, while NCCS in collaboration with partners will manage, coordinate, monitor and fund care reform activities. A National Care Reform Steering Committee, National Care Reform Technical Advisory Committee and children's and young people's participation mechanisms will be established to manage, coordinate and monitor implementation of the care reform strategy. A National Care Reform Coordination and Oversight Division will also be established with a central role to play in the coordination and implementation of care reform at all levels.
- The focus on care reform at the **county level of Government** is on gathering county-level data to inform county-specific action plans, M&E plans and budgets. At this level, the AAC develops and maintains management, coordination and monitoring structures, while implementation is overseen by County Care Reform Committees with support from the National Care Reform Coordination and Oversight Division. These structures will also work in close coordination with county-level children's and young people's participation mechanisms. County action plans will guide care reform implementation within each county. They will outline the necessary provision of family and community-based services for children and families and the logistical plans related to the transition of children to family and community-based care.
- The purpose of a specific **non-state actor level** of implementation is that it ensures non-state actors from across Kenya engage and coordinate with the Government of Kenya and align their work with the National Care Reform Strategy for Children in Kenya. Regardless of whether or not a non-state actors' resident county is implementing care reform, all non-state actors will have the opportunity to become partners of the Government in implementing care reform. This will be particularly important in the earlier stages of the Strategy when county-level roll-out is not yet fully realized. In this way, county levels and non-state actor levels of implementation will mutually reinforce each other.

Care reform will be implemented in three phases. **Phase 1** will prepare the ground for scaling care reform implementation across Kenya. This includes the demonstration of care reform through demonstration counties (which implement care reform with an established learning agenda) as well as non-state actor partners. The Strategy allocates specific tasks to be undertaken during Phase 1, including establishing baseline figures to demonstrate the impact of implementing the strategy over time. **Phase 2** overlaps with Phase 1 and will build on these foundations to scale up the implementation of care reform across all counties in Kenya and through increased numbers of non-state actors. Phase 2 will also carefully monitor the process and effectiveness as care reform scales up. Specific details on the areas of work to be carried out during this phase will be determined by data and learning gathered during Phase 1. **Phase 3** will overlap with the end of Phase 2 and will involve an external evaluation of the ten-year Strategy to review its success and impact and determine what the next steps should be for care reform. This will build off of the baselines established during Phase 1.

The Government is committed to costing the National Care Reform Strategy for Children in Kenya at the national level, while at the county level guidance, templates and training will be provided for counties to develop their own detailed budgets. With support from partners where necessary, the Government is committed to funding the National Care Reform Strategy for Children in Kenya. This will include contributions from both National and County Governments. The National Care Reform Strategy for Children in Kenya requires three areas of financing and resourcing. These are:

- One-off investment and capital costs
- Ongoing running costs of family and community-based services.
- Transitional costs of running new services in parallel with institutions that are in the process of transitioning.

The Government is also committed to monitoring and evaluating the process and effectiveness of implementing this strategy. More specific details about metrics and methods and metrics for monitoring and evaluation are presented in the National Care Reform Strategy for Children in Kenya Monitoring and Evaluation Plan, a supplementary document to this strategy.

1. INTRODUCTION

1.1 Approach to care reform

Care reform is a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. It consists of three pillars, all of which need to function and fulfil their purpose for care reform to be holistic and sustainable.

1. **Prevention of separation and family strengthening:** This involves support measures and services which strengthen families and prevent children being separated from their families. It includes education, health care, social protection, food security, livelihood support, positive parenting, psychosocial support, day-care facilities, community-based rehabilitation services for children with disabilities, employment support, support for child-headed households, and so on.

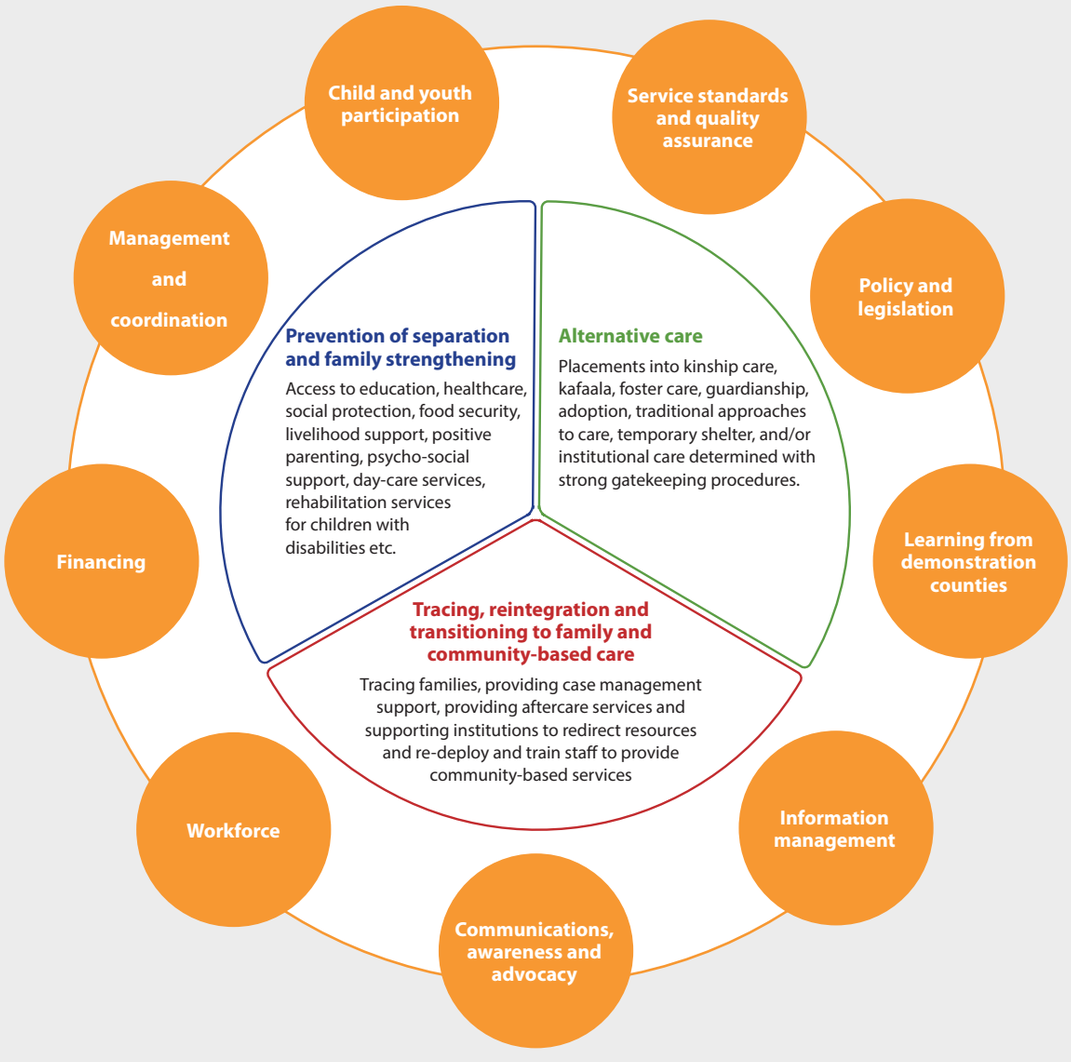
2. **Alternative care:** This involves strengthening and expanding family and community-based alternative care options for children who are unable to live in parental care. Alternative care includes kinship care, kafaala, foster care, guardianship, adoption, traditional approaches to care, places of safety and temporary shelter and institutional care, as well as strong gatekeeping mechanisms.

3. **Tracing, reintegration and transitioning to family and community-based care:** This relates to the safe and sustainable transition of institutionalized children and unaccompanied and separated children to family and community-based care. This includes tracing, reintegration and case management, as well as support for leaving care, aftercare and supported independent living. Furthermore it involves the redirection of resources from institutional care to family and community-based care, as well as the retraining and redeployment of institutional personnel.

The care reform process The care reform process changes the attitudes and practice of duty bearers and other stakeholders towards family and community-based care solutions and away from institutional care as a primary response. It strengthens duty bearers' accountability in meeting their obligations to ensure children's rights are met. It involves the meaningful participation of children and young people. It will result in more children in Kenya living safely, happily and sustainably in families and communities where their best interests are served.

This approach to care reform suggests the following theory of change: If prevention of separation and family strengthening services are accessible and used, families will be more resilient to withstand the risks that can lead to child–family separation. If a range of family-based alternative care options are available and of high quality, and if placements into alternative care are made using strong gatekeeping mechanisms, children's long-term care will be family-based, only done when necessary, meet their individual needs and be temporary in nature whenever possible. All care decisions will centre on the best interests of the child. If the families of children in institutional care are traced and assessed, and these children's cases are carefully managed and supported, they can be safely reintegrated to live and grow up with their families. If institutional facilities are supported they can redirect funding to community-based services and redeploy their staff to support children and families through community-based services that are in the best interests of children and families. If all three of these pillars – prevention, alternative care and transition to family and community-based services – happen together through a government-led care system that prioritizes family-based care and involves the active participation of civil society, communities and those with lived experience, more children in Kenya will live safely, happily and sustainably in families and communities where their best interests are served.

STRATEGIC APPROACH TO CARE REFORM



THE THREE PILLARS OF CARE REFORM

Throughout this document a colour-coding system is used to notate information and activities related to each one of the three pillars:

Blue **Pillar 1: Prevention of separation and family strengthening**

Green **Pillar 2: Alternative care**

Red **Pillar 3: Tracing, reintegration and transitioning to family and community-based care**

Orange **Issues which cut across all three pillars.**

For more information on which areas of care reform are covered under each pillar, see the Three Pillars of Care Reform diagram on above.

1.2 The care reform movement

The global movement to end child institutionalization and promote family and community-based care is informed by 80 years of research which demonstrates the harm of institutional care.[17] The research shows that meeting children's sanitary and nutritional needs in an institutional setting is not enough. Instead it harms the physical, psychological and cognitive development of children, increases the risk of them developing attachment problems, and limits their long-term life chances. High turnovers of institutional staff limit effective relationship building and mean there is insufficient time to provide a basic standard of care. Children in institutions are also at risk of maltreatment by staff or peers, and are denied access to kinship networks which have a major role to play in many societies. Children whose needs are provided for in family and community-based care fare much better.

Care reform is informed by the UNCRC and the UN Guidelines for the Alternative Care of Children, which recognize the rights of children not to be separated from their families, as well as the harm caused by institutional care and the need to progressively replace it with quality family and community-based alternative care. The ACRWC similarly recognizes the primacy of a child growing up in a family environment, and the UNCRPWD recognizes the rights of children with disabilities to live in the community and have equal rights with respect to family life.

Over the last few decades global momentum towards care reform has grown significantly.[18] In December 2019 the United Nations General Assembly passed a new resolution on the Protection and the Rights of the Child. The Resolution reaffirms commitments within the UNCRC and UN Guidelines for the Alternative Care of Children for governments to safely and sustainably replace institutional care with family and community-based care. The Resolution was passed by all 193 UN Member States, including Kenya.[19]

17 Berens, A. E., and C. A. Nelson, 'The Science of Early Adversity: Is There a Role for Institutions in the Care of Vulnerable Children?', *The Lancet*, Vol. 386, Issue 9991, 2015, pp.388–398; Van IJzendoorn, M. H. et al., 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', *The Lancet Psychiatry*, vol. 7, no. 8, 2020.

18 Goldman, P. H. et al., 'Institutionalisation and Deinstitutionalisation of Children 2: Policy and Practice Recommendations for Global, National, and Local Actors', *The Lancet Child & Adolescent Healt*h, vol. 4, no. 8, 2020.

19 Quigley, N., *Landmark Moment as the UN Calls for the End of Orphanages,* Hope and Homes for Children, 18 December 2019, Online

This growing momentum is well demonstrated in African countries such as Ghana, Liberia and Rwanda which have issued government policies, directives and strategies prioritizing care reform, and have made significant progress in implementing them.[20] Rwanda is a shining example of this success, having enabled a 70 per cent reduction of children living in institutional care and reintegrated into families or placed in foster care by the end of the first phase of its Tubarerere Mu Muryango (Let's Raise Children in Families) programme. The African Union's Agenda 2063 is supportive of alternative care – and in particular fostering and adoption – for children outside of family-based care.[21] The global shift in favour of care reform is also demonstrated by the policies of governments such as the United States, which supports "promoting, funding, and supporting nurturing, loving, protective, and permanent family care",[22] and the European Union, which supports the "transition from institution-based to quality family- and community-based care for children without parental care".[23]

Kenya is a key player in the global movement towards care reform. The Government of Kenya has made care reform one of its priorities and has received strong support for this agenda from both state and non-state actors. Article 45 of the Constitution of Kenya recognizes that the family is the natural and fundamental unit of society and the necessary basis of social order and should therefore enjoy the recognition and protection of the state. The Children's Act 2001 determines that children have the right to parental care, unless DCS or the Court determines otherwise, in which case they have the right to the best alternative care. The *Guidelines for the Alternative Family Care of Children in Kenya* recommends that "the alternative care system be reformed to reduce overreliance on institutional care… [and that] alternatives to institutional care be developed in the context of an overall deinstitutionalization strategy".[24] Furthermore, the Ministry of Labour and Social Protection Strategic Plan 2018–2022 commits to promoting family and community-based alternative care services and the development of a deinstitutionalization strategy. It states:

> Community support services to children are more efficient and effective for improved child welfare than residential care approach where children are exposed to abuse and other compounded deleterious effects to children's well-being. There is need to create systems that enhance family-based care to ensure that all children, including children with disabilities, enjoy their rights to grow up in a family environment and receive appropriate care, and to prevent the need for placement of children in residential care. Community sensitizations should therefore be emphasized through outreach programs for awareness creation on child welfare (page 19).

It is in this context that NCCS, in consultation with other Government and non-state agencies, has developed the National Care Reform Strategy for Children in Kenya.

20 Better Care Network and UNICEF, *An Analysis of Child-Care Reform in Three African Countries: Summary of Key Findings*, March 2015.

21 African Committee of Experts on the Rights and Welfare of the Child, *Africa's Agenda for Children 2040: Fostering an Africa Fit for Children,* Undated.

22 United States Government, *Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for International Assistance 2019–2023*, 2019.

23 European Commission, *ANNEX to the JOINT COMMUNICATION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL EU Action Plan on Human Rights and Democracy 2020–2024,* Brussels, 25 March 2020.

24 Republic of Kenya, *Guidelines for the Alternative Family Care of Children in Kenya*, 2014.

1.3 How the strategy was developed

NCCS was supported by a Care Reform Strategy Sub-Committee of the Care Reform Core Team to develop the National Care Reform Strategy for Children in Kenya. The Care Reform Core Team is an intersectoral and multidisciplinary team of state and non-state professionals working in areas related to care reform. NCCS, with support from UNICEF, tasked a care reform specialist to undertake a comprehensive review of relevant literature, an in-depth consultation with key stakeholders, and develop the Strategy through a process of consensus building. The literature review included government legislation, regulations, policies, standards, guidelines and procedures, as well as relevant research reports and media articles. The consultation involved over 120 different stakeholder groups with an interest in care reform whose views were listened to through 35 key informant interviews and 29 focus group discussions. The findings of this research have informed the Strategy and have been published separately as the *National Care Reform Situational Analysis of Kenya 2020*, and should be read alongside the Strategy. The Strategy document itself was developed through a series of highly-consultative, intersectoral and multi-agency consensus-building workshops and reviews. These included input from the Cabinet Secretary of the Ministry of Labour and Social Protection to advise on management and coordination structures, as well as from CTWWC to advise NCCS in the development of the M&E components of the Strategy.

For a summary of the Strategy's development process, including timelines and key stakeholders involved, see Annex 1. For more detailed information on the individuals and agencies involved in the development and consultation process, see Annex 2.

1.4 What the strategy covers

The National Care Reform Strategy for Children in Kenya covers the following:

- The context in which care reform will be implemented in Kenya (Chapter 2).
- The vision, goals and objectives of the Strategy, the results it will achieve, and how this change will occur (Chapter 3).
- The principles under which care reform will be implemented (Chapter 3).
- The scope of work which the Strategy will cover (Chapter 3).
- The activities to be undertaken as part of the implementation of the Strategy to realize the following outcomes:
    - Reform legislation, regulations and policies to make them supportive of family and community-based services (Chapter 4.1).
    - Strengthen family and community-based services and systems (Chapter 4.2.).
    - Raise awareness of care reform and its components, and change beliefs, social norms, attitudes and behaviour which contribute towards institutionalization (Chapter 4.3).
    - Redirect resources and transition funds from institutional care to family and community-based services (Chapter 4.4).

- How care reform will be implemented at the national level, county level and non-state actor level through each level's respective management, coordination and monitoring structures, their respective roles and responsibilities, and how each of these levels will relate to and coordinate with each other (Chapter 5.1).
- How care reform will be implemented in three phases, starting with a preparation and demonstration phase (Phase 1), followed by a scaling implementation phase (Phase 2) and finishing with a review and planning phase (Phase 3) (Chapter 5.2).
- How the Strategy will be costed and financed (Chapter 5.3).
- How care reform will be monitored and evaluated (Chapter 5.4).

The focus of the National Care Reform Strategy for Children in Kenya is on creating an enabling environment at the *national level* for care reform to be implemented effectively. It does this through its focus on legislation, regulation and policy reform; services and systems strengthening; communications and advocacy; the redirection of resources; management, coordination and monitoring structures; finance; and monitoring and evaluation. The transition of children and young people from institutions, and situations where they are unaccompanied or separated, into family and community-based care (sometimes called 'deinstitutionalization') will happen at the *county level* under the direction of context-specific county action plans. This Strategy supports counties to develop and implement their own county action plans.

2. CARE REFORM CONTEXT

This chapter provides a short overview of the context for care reform in Kenya. A more detailed context analysis is available in Annex 3. For further details and the sources for this analysis please refer to the *National Care Reform Situational Analysis of Kenya 2020*.[25]

2.1 Key statistics

CHILDREN IN KENYA[26]

Total population of Kenya[27]	47.6 million
Population under the age of eighteen[28]	21.9 million
Number of children classified as Orphans and Vulnerable Children (OVC)[29]	3.6 million
Number of children in Kenya deprived of more than three basic rights[30]	9.5 million
Estimated number of street-connected children and young people under the age of nineteen[31]	15,752
Estimated percentage of Kenyan population with disabilities[32]	Up to 15%
Number of refugee and asylum-seeking children in Kenya as of February 2021[33]	266,524

25 UNICEF, *National Care Reform Situational Analysis of Kenya 2020*, 2021.

26 Data for other categories of at-risk and unaccompanied and separated children in Kenya is not available. This includes child-headed households, lost and abandoned children, children of incarcerated parents and carers, trafficked children, etc.

27 Government of Kenya, *Kenya National Population and Housing Census: Volume III: Distribution of Population by Age and Sex.* Kenya National Bureau of Statistics, 2019.

28 Ibid.

29 UNICEF Kenya, *Situational Analysis of Women and Children in Kenya 2017*, 2018.

30 Ibid.

31 Republic of Kenya and Street Families Rehabilitation Trust Fund, *2018 National Census of Street Families Report,* 2020.

32 Ministry of East African Community, Labour and Social Protection, *National Plan of Action on Implementation of Recommendations Made by the Committee on the Rights of Persons with Disabilities in Relation to the Initial Report of the Republic of Kenya, September 2015–June 2022*, 2015.

33 UNHCR, *Kenya Statistics Package: Statistical Summary as of 28 February 2021,* 2021.https://www.unhcr.org/ke/wp-content/uploads/sites/2/2020/08/Kenya-Statistics-Package-28-February-2021.pdf

CHILDREN IN INSTITUTIONAL CARE[34]

Number of CCIs in Kenya prior to COVID-19 in 2020	850
Number of children in CCIs prior to COVID-19 in 2020	45,480
Number of children in CCIs following Government COVID-19 directives in March 2020 for children to be released from institutions back to families	26,198
Number of DCS-managed SCIs in 2020	30
Number of children in DCS-managed SCIs prior to COVID-19 in 2020	1,428
Number of children in DCS-managed SCIs following Government COVID-19 directives in March 2020 for children to be released from institutions	1,101
Percentage of children in DCS-managed SCIs having never committed an offence35	Almost 80%
Number of Probation and Aftercare Service-managed probation hostels36	6
Estimated number of children in Probation and Aftercare Service-managed probation hostels prior to COVID-19 in 202037	300

THE SOCIAL SERVICE WORKFORCE[38]

Number of DCS-employed Children's Officers working as field officers at the county and sub-county levels	410
Number of DCS-recruited Child Protection Volunteers operating at the county and sub-county levels	421
Number of DCS-employed Children's Officers working in DCS-managed SCIs	117
Number of DSD-employed Social Development Officers working at the county and sub-county levels.	388
Number of DSD-recruited Social Development Lay Volunteer Counsellors working at the county and sub-county levels.	1800
Number of Ministry of Health recruited Community Health Volunteers working at the sub-county level.	100,372
Number of Disability Officers working at the national and county levels.	57

34 Unless otherwise stated, the sources for this data are: Ministry of Labour and Social Protection, *Summary of Data Analysis from Charitable Children's Institutions.* State Department for Social Protection. 4 April 2020; and data provided by DCS Institution Section, 14 April 2020.

35 Kabata, R., K. Kamau, and S. P. Wamahiu, *Status Report on Children in the Justice System in Kenya*, National Council on the Administration of Justice, 2019.

36 Data provided by Probation and Aftercare Service, 8 July 2020.

37 Ibid.

38 Data provided by DCS, DSD, Ministry of Health and NCPWD respectively, 2021.

2.2 Drivers of institutionalization and family separation

Some of the main drivers for children being institutionalized are: orphanhood, poverty, neglect and abandonment, violence and abuse (including escaping from harmful cultural practices such as female genital mutilation and child marriage), lack of access to basic services (such as education and health) and disability. In justice system institutions, children being in conflict with the law is also a major driver, although these institutions contain many children who are not in conflict with the law.

2.3 Legislation, regulations and policy

The legislative, regulatory and policy environment in Kenya is robust and, for the most part, provides a strong foundation upon which Kenya will embark on care reform. This includes the Children's Act 2001 which domesticates and expounds the UNCRC and ACRWC, and is currently in the process of being updated through a new Children's Bill. The Children's Act is elaborated through CCI Regulations 2005, Children (Adoption) Regulations 2005, a National Children Policy Kenya and National Plan of Action for Children in Kenya. The Government has also issued a moratorium on intercountry adoption in 2014, a moratorium on registration of CCIs in 2017, and established the NCAJ Special Taskforce on Children Matters to champion the best interests of children in the justice system.

The Government however recognizes that there are a number of areas of legislation, regulations and policy which support forms of institutional care and need to be reformed. Similarly there are areas of legislation, regulations and policy which need strengthening to better support the primacy of the family, or to address specific areas of risk and vulnerabilities for children. The effective implementation of legislation, regulations and policy is a significant challenge for Kenya. This is in part due to the many areas of responsibility which fall under the care reform umbrella being spread across multiple government agencies in several different ministries. The Government is aware that this could be addressed through better coordination and information management, as well as clearer standards, guidelines and procedures to help improve the awareness, understanding and operationalization of laws, regulations and policies. Through the work undertaken in four care reform demonstration counties (Kilifi, Kisumu, Murang'a and Nyamira), a number of important and relevant guidelines and procedures have been developed and approved and will support the implementation of this strategy. Limited workforce capacity is a further hindrance to the implementation of legislation, regulations and policy.

2.4 Services and systems

Institutional care in Kenya faces multiple challenges in the quality of care and compliance with Government guidelines and procedures. The family and community-based alternative care options in Kenya are mixed in their quality and scope, and require improvement in a number of areas. Although institutional care is intended as a last and temporary resort it is often used to provide care for children in situations where this is not the case. Furthermore, many institutions do not operate in compliance with Government guidelines and procedures and quality of care is often below Government-approved standards. Prevention of separation and family strengthening services – such as education, health, social protection – are also mixed in their quality and scope and require improvement. Overall, family and community-based services need strengthening and scaling up if care reform is to be successful.

Care reform in Kenya closely intersects with other issues such as children in the justice system, children with disabilities, street-connected children, refugee and asylum-seeking children, child trafficking, orphanage tourism and volunteerism and children at risk of or rescued from harmful cultural practices. A number of interventions will be needed in these areas to support the implementation of this Strategy. Several Government standards, guidelines and procedures have recently been developed to improve service delivery while others are being developed. Improvements also need to be made under this Strategy to information management systems – including CPIMS – to capture real-time data concerning children, as well as strengthening the capacity of the social service workforce.

2.5 Care reform in Kenya

There are high levels of commitment towards care reform within Kenya among State and non-state actors. This can be seen through: (i) a supportive legislative, regulatory and policy environment, and in particular the Children's Act 2001, Children's Bill 2021, CCI Regulations 2005, and the Government moratoriums on intercountry adoption and registration of CCIs; (ii) Government programmes promoting and supporting family and community-based alternative care and prevention of separation and family strengthening services; (iii) four care reform demonstration counties; and (iv) high numbers of non-state actor led projects providing family and community-based alternative care and prevention of separation and family strengthening services.

Community perceptions of care reform are mixed; many community members are sympathetic towards family and community-based care in principle, but are sceptical about how realistic it is in practice. Many parents and carers express concerns about families' abilities to adequately care for their children. Institutional care providers are varied in their level of openness towards care reform. Awareness-raising of care reform, the harm of institutionalization and the importance of family and community-based care will be carried out throughout the implementation of the strategy.

CARE REFORM IN THE TIME OF COVID-19

Following the outbreak of the COVID-19 pandemic in early 2020, the Government issued a directive on 17 March calling for children in institutions to be released to their homes to prevent their exposure to the virus. In response to this, NCCS with support from the Care Reform Core Team, established an emergency response sub-committee to address child protection issues arising from the release of these children. The sub-committee's remit was to collect further data on the released children, increase awareness of COVID-19 risks through communications and advocacy, and plan an emergency response to support children and families affected by the pandemic. On recommendation of the sub-committee a second Government directive was issued on 30 March 2020 which supported the call for further data to be gathered on the released children, for their continued monitoring and for them to be referred to Government services in their new placements.

Government data shows that 19,282 children were released from CCIs and 327 children were released from DCS-managed SCIs as a result of the Government directive. This translates to a 42 per cent reduction in children residing in CCIs and a 23 per cent reduction in children residing in DCS-managed SCIs,[39] representing a total 42 per cent reduction in child institutionalization overall. However, many children were released without individual or family assessments, with minimal preparation, and with limited available information as to where they were moved to or which services they were being referred to (if at all), as would normally be considered good practice. Children with disabilities and special needs were also those most likely to have been 'left behind' in institutions. Due to the nature of the release there are already reports of children being re-admitted to CCIs, especially after schools fully reopened in January 2021.

The immediate impact of COVID-19 on vulnerable and at-risk children has been manifested in multiple ways. It has:

- negatively impacted the livelihoods and overall vulnerability of many parents and carers;
- increased the marginalization of care leavers from society, due in part to their limited access to technology for mobile education, and increased risk of mental health problems due to lack of access to their peers;
- seen a reported rise in teenage pregnancies;
- seen a reported rise in violence against children, including sexual and gender-based violence;
- reduced the usage of some health services due to people's fear of contracting COVID-19 at health facilities;
- severely disrupted children's education through the closure of schools;
- caused a reported loss of funding to institutions which risks a further rapid release of children, as well as reducing longer-term opportunities for a redirection of funding to family and community-based care;

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39 Ministry of Labour and Social Protection, *Summary of Data Analysis from Charitable Children's Institutions.* State Department for Social Protection, 4 April 2020, and data about SCIs provided by DCS Institution Section on 14 April 2020.

The longer-term impact of the pandemic on vulnerable and at-risk children is yet to be seen, but its socioeconomic effects could still potentially inspire an increase in the re/institutionalization of children and child trafficking, and general exploitation of children as they try to cope with the economic impact on their families. On the more positive side, these conditions could create opportunities for fast-tracking of care reform in Kenya (subject to proper reintegration and case management procedures being followed), and new developments in mobile education and distance learning for nomadic and pastoralist communities. Similarly, the temporary halting of foreign tourism and volunteering could provide an opportunity to reset the narrative and approach taken towards orphanage trafficking and orphanage tourism and volunteerism.

3. CARE REFORM STRATEGIC FRAMEWORK

The strategic framework for the National Care Reform Strategy for Children in Kenya is built around the three pillars of care reform, as well as issues which cut across the three pillars.

3.1 Vision

All children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served.

3.2 Goal

To transition from a system of care where children and young people are living in institutional care, or are unaccompanied or separated, to a system which allows all children to live safely, happily and sustainably in family and community-based care where their best interests are served.

3.3 Objectives

1. To increase high-quality and accessible services to strengthen families and prevent them from separating so that the best interests of children and young people are served.
2. To increase high-quality and accessible family and community-based alternative care services which provide for the best interests of children and young people without parental care.
3. To increase high-quality and accessible tracing, reintegration, case management, leaving care and aftercare services to support the transition ofhildren and young people in institutional care and unaccompanied and separated children into family and community-based care.
4. To redirect financial resources and redeploy personnel from institutional care to family and community-based care through effective and safe mechanisms and support.

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5. To support duty bearers to fulfil their obligations and responsibilities to meet children's and young people's rights to a family environment by providing:
   - Sufficient financial resources for the care reform transition process and to fill any deficit in funding for family and community-based services not covered by the redirection of resources from institutional care.
   - Legislation, regulations and policies supportive of family and community-based care.
   - Clear standards, guidelines and procedures for service delivery.
   - An adequately resourced and trained workforce capable of fulfilling its roles and responsibilities.
   - Information management systems that record and make accessible information about all vulnerable and at-risk children and young people and the services available for them.
   - Guidance, support and capacity-building to counties and non-state actors to effectively implement care reform.

3.4 Results

OVERALL RESULT

By 2031 all children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served.

SPECIFIC RESULTS

1. Families are resilient so children and young people are not unnecessarily separated, and their best interests are served.
2. Children and young people in need of alternative care are accessing effective family and community-based care which serves their best interests.
3. Children and young people living in institutional care and unaccompanied and separated children have safely transitioned to family and community-based care.
4. Financial resources and personnel supporting institutions have been effectively redirected to family and community-based care.
5. Duty bearers fulfil their obligations and responsibilities to ensure children's and young people's rights to a family environment are being met.

3.5 Results framework

By 2031 all children and young people in Kenya live safely, happily and sustainably in family and community-based care where their interests are served

Families are resilient so children and young people are not unneccessarily separated and their best interests are served.	Children and young people in need of alternative care are accessing effective family and community-based care which serves their best interests.	Children and young people living in institutional care and unaccompanied and separated children at risk of institutionalisation have safely reintegrated to family and community-based care.

4.1 Legislation, regulations, and policies reformed to be more supportive of family and community-based services

- 4.1.1 Strengthened prevention of family separation and family strengthening policies
- 4.1.2 Strengthened alternative care policies
- 4.1.3 Strengthened policies related to tracing, reintegration and transitioning to family and community-based care
- 4.1.4 Strengthened cross-cutting care refrm policies

4.2 Increased provision and quality of family and community-based services

- 4.2.1 Increased provision and quality of family and community-based services
- 4.2.2 Increased provision and quality of alternative care services
- 4.2.3 Increased provision and quality of services to support transitioning to family and comunity-based care (e.g. tracing, reintegration, case management. etc)
- 4.2.4 Strengthened cross-cutting systems areas to support services (information management, workforce, coordination and risk mitigation)

4.3 Raised awareness of care reform and the harm of institutionalization

- 4.3.1 Communications and advocacy strategy developed and implemented

4.4 Funds and personnel redirected from institutional care to family and community services

- 4.4.1 Public domestic funding redirected
- 4.4.2 Public international funding redirected
- 4.4.3 Private funding redirected

5.1 At the national level, NCCS and partners manage, coordinate, monitor and fund care reform activites

5.2 At the county level, AACs develop and maintain management, coordination and monitoring structures including county action plans and M&E plans

5.3 Non-state actors implement activities that align with national and county management, coordination and monitoring structures and guidance

3.6 Principles

The implementation of the National Care Reform Strategy for Children in Kenya is guided by the following principles:

1. **Best interests of the child:** The best interests of the child will be the primary consideration in all actions or decisions that concern him or her, both in the public and private sphere.
2. **Family is the best environment for a child:** A family environment in an atmosphere of happiness, love and understanding is the best place for the growth, well-being and protection of the child. Families should be at the centre of the care reform process; they should be strengthened, supported and prevented from separating, and they should actively participate.
3. **Address the causes of family separation and child institutionalization:** The reasons families become separated and children become institutionalized are diverse, complex and multifaceted. These reasons must be identified, understood and addressed.
4. **Prioritize the most vulnerable:** The most vulnerable groups of children – such as children aged 0–3 years, children with disabilities and special needs, and children with chronic and complex health conditions – are those most at risk of harm when living in institutional care and they must therefore be prioritized in the care reform process.
5. **Do no harm:** Any action taken should always avoid causing inadvertent harm to children and families in pursuit of its objectives.
6. **Meaningful child and youth participation:** Children and young people have the right to freely express their views and to receive information. It is vital to listen to children's views and to facilitate their participation in all matters affecting them. It is also important to ensure children's and young people's views are taken into account, in accordance with their age and maturity.
7. **Dignity, respect and non-discrimination:** All children and young people should be treated with dignity, respect and non-discrimination at all times.
8. **Sustainability:** The care reform process strives to achieve long-term and sustainable change for children and young people and their families.
9. **Duty of the State to protect child rights:** It is the duty of the State and State organs to protect the rights and address the needs of children and young people in Kenya. The Government should therefore lead the care reform process and provide the necessary budget to achieve it.
10. **The importance of the Kenyan context:** Care reform in Kenya works best when it is contextualized in the histories, cultures, values, practices and traditions of the people of Kenya.
11. **A collaborative and inclusive process:** Care reform in Kenya requires intersectoral and multi-agency collaboration within and between the Government and non-state actors. It requires strong leadership and participation at both senior levels of National and County Government and at the community level.
12. **Institutions are key partners:** Institutional care providers are vital partners in the process of care reform and should be actively and meaningfully engaged throughout.
13. **Care reform as a journey:** Care reform is a gradual change process which takes time to achieve. It requires participation, debate and learning for it to be successful and bring everyone along on its journey to success. It requires a balance of aspiration and pragmatism to ensure deep and sustainable change occurs.

3.7 Scope

It is important for the Strategy to clarify its scope in relation to specific issues.

INSTITUTIONS

For the purpose of this Strategy children's institutional care can be understood as all types of residential care for children with an institutional culture. An institutional culture can be understood as meaning a childcare environment where children are separated from their families, isolated from the broader community and/or they are compelled to live together; children and their families do not have sufficient control over their lives and the decisions which affect them; and the requirements of the organization take precedence over the individualized needs of the children.[40]

Children's institutional care in Kenya includes both private CCIs and Government-managed SCIs. Children's institutions are known by many names such as 'children's homes', 'orphanages', 'children's villages', 'rescue centres', 'remand homes', 'rehabilitation schools' and so on. The name of an organization should not be the main determinant as to whether or not it is an institution, but whether it has an institutional culture as outlined in the definition given above.

The National Care Reform Strategy for Children in Kenya is focused on particular types of children's institutions as follows:

- **Charitable Children's Institutions (CCIs):** The aim of the Strategy will be to transition these institutions into family and community-based service providers, or otherwise support them to close and allow the children in them to be safely reintegrated or placed in family and community-based alternative care.
- **Places of safety and temporary shelter with an institutional culture:** These include DCS-managed rescue centres and reception centres, CWSK-run places of safety and county-managed institutions. The aim of the Strategy will be to reduce reliance on these institutions by instead encouraging family and community-based alternatives to be used as places of safety and temporary shelter. Where services of these institutions are still needed, the Strategy aims to prevent children being admitted unless it is a last and temporary resort, and to reduce the amount of time children spend in them by keeping within the legal limits.
- **Justice system institutions:** These include DCS-managed remand homes and rehabilitation schools, Probation and Aftercare Service-managed probation hostels, and Prisons Service-managed borstal institutions, youth corrective training centres and prisons. This Strategy is concerned with those children in need of care and protection that are not in conflict with the law. The aim of the Strategy will be to remove such children from these institutions and place them in family and community-based care.
- **Special therapeutic health institutions:** These include residential health facilities with an institutional culture where children are placed for long-term care, in particular children with disabilities, special needs and chronic and complex health conditions. These do not include residential health facilities providing short-term and medium-term care, such as day care and respite care facilities. Subject to further research to be undertaken into these facilities, and if found to be institutional in nature, then the Government will review what action needs to be taken.

40 This is based on the definition given by the European Commission. See: Špidla, Vladimír, *Report of the Ad Hoc Expert Group on the Transition from Institutional Care to Community-based Care,* European Commission, 2009.

While the focus of this Strategy is not directed at all types of institutions in Kenya, it does advocate against all forms of child institutionalization and for the promotion of family and community-based care so far as possible. For example, the Strategy supports the work of the NCAJ and the Special Taskforce on Children Matters[41] to promote the best interests of children in the justice system who are in conflict with the law, and encourage the use of family and community-based alternatives to justice system institutions wherever possible through diversionary justice, alternative dispute resolution, and other measures.

PRIMARY BENEFICIARIES – CHILDREN, YOUNG PEOPLE AND CARE LEAVERS

The primary beneficiaries of the Strategy are children and young people living in institutional care and other unaccompanied and separated children, as well as those children living with families but at risk of family separation. As per the Constitution of Kenya, children can be understood as all persons under the age of 18. Young people can be understood as older children, as well as those aged 18 and over who are still residing in children's institutional care. Primary beneficiaries are also care leavers below the age of 18, as well as those aged 18 and over requiring an extension of support.

SECONDARY BENEFICIARIES – FAMILIES AND COMMUNITIES

As duty bearers responsible for protecting and ensuring the welfare of children and young people, families and communities need to be supported to enable them to fulfil these responsibilities. Families and communities are therefore secondary beneficiaries of the Strategy.

GEOGRAPHICAL SCOPE

The Strategy applies to the entire country of Kenya and includes provisions to be implemented at both the national and county levels of Government, as well as engaging non-state actors.

TIME FRAME

The Strategy covers a ten-year period from 2021 to 2031. After this time, if there is further work to be done to complete care reform, a new strategy will be developed. The Strategy is split into three phases which are outlined in Chapter 5.

41 See Kabata, R., K. Kamau, and S. P. Wamahiu, *Status Report on Children in the Justice System in Kenya*, National Council on the Administration of Justice, 2019.

4. CARE REFORM ACTIVITIES

This chapter details the activities which need to happen to implement care reform in Kenya. These activities come under four areas as follows:

1.1 The **reform of existing national legislation, regulations and policies** to make them supportive of family and community-based services.

1.2 Increased provision and quality **of family and community-based services and systems**.

1.3 **Raising awareness of care reform and its components**, and to change beliefs, social norms, attitudes and behaviour which contribute towards institutionalization and inhibit care reform implementation.

1.4 **Transitioning funds from institutional care** to family and community-based services.

4.1 Legislation, regulations and policies reformed to be more supportive of family and community-based services

An enabling national legislative, regulatory and policy environment supportive of family and community-based services is necessary for successful care reform. The following tables summarize national legislative, regulatory and policy issues which will need to be addressed to enable care reform to be implemented effectively. These issues are presented under the framework of the three pillars of care reform (see Chapter 1.1). The NCRCOD will determine the specifics of legislation, regulations and policies requiring reform and pursue the implementation of these reforms through the appropriate channels.[42]

42 For a more detailed analysis of these legislative and policy issues, see the *National Care Reform Situational Analysis of Kenya 2020*.

4.1.1 Strengthened prevention of separation and family strengthening policies

Legislative, regulatory and policy issues related to care reform which need to be addressed	Relevant laws, regulations and policies
1. Social protection	
1.1 Strengthen legal, regulatory and policy provision to enable better access to social protection for children and families living in/ providing alternative family and community-based care. Furthermore, extend criteria for vulnerability eligibility to cover broader categories of children and families at risk of separation.	Social Assistance Act 2013, National Social Protection Policy 2011, draft National Social Protection Policy 2019, draft Kenya Social Protection Strategy 2018/19–2022/23.
1.2 Strengthen the legal framework to attract funding for social assistance programmes from a wider range of sources and thus increase available funding for social assistance.	
2. Children with disabilities and special needs	
2.1 Ensure legal, regulatory and policy provisions on disability recognize the specific needs of *children* with disabilities and special needs within the wider category of persons with disabilities and special needs.	Persons with Disabilities Act 2003, National Policy for Persons with Disabilities 2016, Sector Policy for Learners and Trainees with Disabilities 2018, National Children Policy Kenya 2010, NCPWD Strategic Plan 2018–22, National Disability Mainstreaming Strategy 2018–22, National Plan of Action on Implementation of Recommendations Made by the Committee on the Rights of Persons with Disabilities in Relation to the Initial Report of the Republic of Kenya September 2015–June 2022, National Plan of Action for Children in Kenya 2015–2022.
2.2 Strengthen legal, regulatory and policy provisions on disability to more explicitly support the development of inclusive services for children with disabilities and special needs, including being able to access inclusive education within children's own localities.	
2.3 Strengthen legal, regulatory and policy provision for respite care and day care for children with disabilities.	

Legislative, regulatory and policy issues related to care reform which need to be addressed	Relevant laws, regulations and policies
3. Child trafficking and orphanage tourism and volunteerism	
3.1 Ensure legal, regulatory and policy provision recognizes and addresses the existence of orphanage trafficking in Kenya and its close links with institutional donors, tourists and volunteers.	The Counter-Trafficking in Persons Act 2010, Children's Act 2001 / Children's Bill 2021, Kenyan Citizenship and Immigration Act 2011, Kenya Citizenship and Immigration Regulations 2012, National Action Plan for Combatting Human Trafficking: Strategic Framework 2013–2017, National Plan of Action for Children in Kenya 2015–2022, National Volunteerism Policy.
3.2 Ensure there is legal, regulatory and policy provision to encourage the redirection of financial resources away from institutions and towards family and community-based services.	
3.4 Ensure there is legal, regulatory and policy provision to regulate orphanage tourism and volunteerism, banning orphanage tourism and preventing orphanage volunteerism without explicit Government approval.	
4. Refugee and asylum-seeking children	
4.1 Ensure legal, regulatory and policy provision prevents the institutionalization of refugee and asylum-seeking children and promotes family and community-based care alternatives.	Refugees Act 2006, Children's Act 2001 / Children's Bill 2021.
5. Supported child-headed households	
5.1 Ensure there is legal, regulatory and policy provision for recognition and support to be provided to child-headed households, and for them to receive government services directed at families.	Children's Act 2001 / Children's Bill 2021, Social Assistance Act 2013 / Social Assistance Bill 2020, National Children Policy Kenya 2010, National Social Protection Policy, National Plan of Action for Children in Kenya, draft Kenya Social Protection Strategy 2018/19–2022/23.

4.1.2 Strengthened alternative care policies

Legislative, regulatory and policy issues related to care reform which need to be addressed	Relevant laws, regulations and policies
Institutional care	
6.1 Ensure that legal, regulatory and policy provision does not support the ongoing and long-term use of institutional care for children in need of care and protection. This includes preventing the use of institutional care as a means to 'protect' children from harmful cultural practices, trafficking, substance misuse, street-connected life, etc., as well as being used to 'rehabilitate' children following trauma. Instead legal, regulatory and policy provision should promote family and community-based alternative care.	Children's Act 2001 / Children's Bill 2021, NGOs Coordination Act 1990, Public Benefit Organizations Act 2013, The Children (Charitable Children's Institutions) Regulations 2005, NGOs Coordination Regulations 1992, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022.
6.2 Review the requirements and thresholds of registration for CCIs within legal, regulatory and policy provision so as to discourage institutionalization.	
6.3 Strengthen legal, regulatory and policy provision to better monitor and regulate financial support for institutions, as well as other forms of non-financial support such as volunteerism or material donations, so as to encourage their gradual transition and redirection of resources towards family and community-based services.	
6.4 Strengthen legal, regulatory and policy provision to ensure clarity on the purpose of remand homes and rehabilitation schools as being for children in conflict with the law, and not suitable for children requiring care and protection who are *not* in conflict with the law.	
6.5 The Children (Charitable Children's Institutions) Regulations are updated once the Children's Bill is enacted to align with the provisions in the new Children's Act.	
7. Places of safety and temporary shelter	
7.1 Strengthen legal, regulatory and policy provision to ensure institutional places of safety and temporary shelter, including rescue centres, are used as a last resort and for the shortest time possible, and wherever possible family and community-based alternatives are used instead.	Children's Act 2001 / Children's Bill 2021, Prohibition of Female Genital Mutilation Act 2001, National Children Policy Kenya 2010, draft National Street Families Rehabilitation Policy 2020, National Plan of Action for Children in Kenya 2015–2022.

Legislative, regulatory and policy issues related to care reform which need to be addressed	Relevant laws, regulations and policies
8. Kinship care	
8.1 Ensure there is adequate legal, regulatory and policy provision to allow for the appropriate use of kinship care as a form of family and community-based care.	Children's Act 2001 / Children's Bill 2021, Children (Charitable Children's Institutions) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022.
8.2 Strengthen legal, regulatory and policy provision to provide State monitoring and support to kinship carers where appropriate.	
9. Kafaala	
9.1 Ensure there is adequate legal, regulatory and policy provision to allow for the appropriate use of kafaala as forms of family and community-based care.	Children's Act 2001 / Children's Bill 2021, Children (Charitable Children's Institutions) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022.
9.2 Strengthen legal, regulatory and policy provision to provide State monitoring and support to kafaala carers, where appropriate.	
9.3 Ensure that legal, regulatory and policy provision reflects how the term 'kafaala' is used in practice in Muslim communities in Kenya and distinguishes between 'kafaala institutional care' and 'kafaala family and community-based care'.	
10. Foster care	
10.1 Ensure gatekeeping decision-making authority related to children being placed in foster care and their ongoing monitoring does not rest with institutions, but instead rests with the appropriate gatekeeping decision makers, as specified in the draft Gatekeeping Guidelines.	Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022.
10.2 Ensure there is legal, regulatory and policy provision for foster carers to be able to foster children of the opposite sex.	
10.3 Ensure there is legal, regulatory and policy provision for long-term foster care, short-break respite care, remand fostering and specialized foster care for children with disabilities and special needs.	
10.4 Ensure legal, regulatory and policy provision related to foster care only allows this form of care to take place in a family and community-based setting, and does not allow for foster care placements in an institutional setting.	

Legislative, regulatory and policy issues related to care reform which need to be addressed	Relevant laws, regulations and policies
11. Adoption	
11.1 Ensure there is legal, regulatory and policy provision for case management and counselling for children prior to entering the adoption system; specialist support for adoptive parents of children with disabilities; and disclosure of information on a child's biological parents when they are of the appropriate age and maturity.	Children's Act 2001 / Children's Bill 2021, Counter-Trafficking in Persons Act 2010, Children (Adoption) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022.
12. Gatekeeping	
12.1 Strengthen policy provision to ensure strong gatekeeping whereby no child is placed in institutional care without a committal order and strong monitoring mechanisms are in place to implement this.	Children's Act 2001 / Children's Bill 2021, Establishment of Children's Homes Bill 2019, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya.
12.2 Ensure legal, regulatory and policy provision allows for a balance between formal and informal gatekeeping procedures, so as to ensure State oversight of childcare placements while simultaneously not dis-incentivizing informal carers.	
12.3 Ensure legal, regulatory and policy provision recognizes the need for children of incarcerated parents to be placed in appropriate family and community-based alternative care.	

4.1.3 Strengthened policies related to tracing, reintegration and transitioning to family and community-based care

Legislative, regulatory and policy issues related to care reform which need to be addressed	Relevant laws, regulations and policies
13. Family tracing and reintegration	
13.1 Strengthen the legal, regulatory and policy provision to ensure fast and safe reintegration of children back to their families once their families have been identified.	Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya, draft National Street Families Rehabilitation Policy 2020.
14. Leaving care, aftercare support and supported independent living	
14.1 Ensure there is legal, regulatory and policy provision to enable care leavers to receive preparation for leaving care, support while leaving care, and appropriate aftercare support including supported independent living.	Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya.
15. Transitioning funding from CCIs to family and community-based services	
15.1 Strengthen laws, regulations and policies which encourage funders to support CCIs which are committed to transitioning to family and community-based services, and discourage funding to CCIs which are not committed to transitioning.[43]	Children's Act 2001 / Children's Bill 2021, Establishment of Children's Homes Bill 2019, NGOs Coordination Act 1990, Public Benefit Organizations Act 2013, The Children (Charitable Children's Institutions) Regulations 2005, NGOs Coordination Regulations 1992.

43 For example, funding regulations could restrict donors from supporting CCIs which do not have a viable transition plan in place which aligns with the National Care Reform Strategy for Children in Kenya or local county action plan. Funders should be supported to understand the rationale for these rules, and thus dissuaded from withdrawing their support altogether.

4.1.4 Strengthened cross-cutting issues care reform policies

Legislative, regulatory and policy issues related to care reform which need to be addressed	Relevant laws, regulations and policies
16. Duty to implement care reform	
16.1 Ensure legal, regulatory and policy provision adequately reflects the State's duty to implement care reform and ensure the right of children to live in a family environment.	Children's Act 2001 / Children's Bill 2021, Establishment of Children's Homes Bill 2019, The Children (Charitable Children's Institutions) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022.
17. Social service workforce	
17.1 Ensure legal, regulatory and policy provision recognizes Child Protection Volunteers and lay counsellors in a formal capacity and provides training, a qualification and professional supervision.	Children's Act 2001 / Children's Bill 2021, draft National Volunteerism Bill, Children (Charitable Children's Institutions) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, National Volunteerism Policy 2016.
18. Roles of NCCS and DCS	
18.1 Ensure the respective and complementary roles and responsibilities of NCCS and DCS are clarified.	Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya.
19. Roles of National and County Governments	
19.1 Clarify the respective and complementary roles and responsibilities of National and County Governments with regard to child protection and alternative care.	Constitution of Kenya 2010, Children's Act 2001 / Children's Bill 2021, forthcoming Government framework clarifying the child protection mandates of County Governments, county-level legislation and policy.

4.1.5 County-level implementation

At the county level, as part of county actions plans, County Care Reform Committees will be responsible for leading work to strengthen County Government legal, regulatory and policy frameworks to support care reform. This will ensure they align with national legislative, regulatory and policy provision. This work is supported by the County Governments Act 2020 and a draft county-level child protection policy and legal framework being developed under the leadership of NCCS and the Council of Governors. Examples of County Government legislation and policy in this area include: Nairobi County Children's Facilities Act 2017 and Declaration by HE Mwangi WA IRA, Governor of Murang'a County Dated 6 September 2019 ('The Leiden Declaration').

4.2 Increased provision and quality of family and community-based services and systems

High-quality and accessible family and community-based services are an essential part of care reform. These will allow children to live safely and sustainably in family and community-based care. Under the National Care Reform Strategy for Children in Kenya these services and systems will be strengthened and scaled up.

These services and system fall under the responsibility of many different Government agencies. This Strategy allocates **primary responsible agencies** to be accountable for specific areas of services and systems strengthening. Primary responsible agencies take lead responsibility for coordinating all relevant **implementation agencies** to fulfil their mandate in improving services and systems as detailed within this Strategy. These issues are presented under the framework of the three pillars of care reform (see Chapter 1.1).

The NCRCOD will coordinate closely with the primary responsible agencies. Working under the authority of the National Care Reform Steering Committee, the NCRCOD will hold each primary responsible agency to account in developing a SMART plan to implement Phase 1 activities, and to implement these activities in coordination with other implementation agencies. The NCRCOD will monitor and document progress of these activities against the plans developed by primary responsible agencies.

4.2.1 Increased provision and quality of prevention of separation and family strengthening services

1. Standards, guidelines and procedures	
Primary responsible agency: DSD **Implementing agencies:** NCCS, DCS, DSD, NCPWD, Social Protection Secretariat, SAU, Street Families Rehabilitation Trust Fund, NGAO, State Department for Early Learning and Basic Education, State Department for Family Health, County Governments, non-state actors.	
Relevant laws, regulations, policies, standards, guidelines and procedures: Basic Education Act 2013, Persons with Disabilities Act 2003, Health Act 2017, Social Assistance Act 2013 / Social Assistance Bill 2020, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, Kenya Health Policy 2014–2030, National Social Protection Policy, draft Kenya Social Protection Strategy 2018/19–2022/23, NCPWD Strategic Plan 2018–22, draft National Policy on Family Promotion and Protection and draft National Parenting Programme.	
Activities:	Phase:
1.1 Relevant State agencies to endorse the DSD's draft National Policy on Family Promotion and Protection as a strong framework under which prevention of separation and family strengthening services can be coordinated and delivered.	1
1.2 Develop clearer guidelines and procedures to assist the social service workforce in understanding, recognizing and providing support to child-headed households.	1

1.3 Develop procedures to assist the social service workforce in working with children with disabilities and special needs, and children with chronic and complex health conditions. These will assist professionals in understanding the specific needs of these groups of children and their families, as well as locating and making referrals to appropriate services.	1
1.4 Develop national parenting guidelines to support positive parenting support and practices for parents and carers of children of all ages.	1
1.5 Ensure relevant guidelines, standards and procedures reflect the need for balance between under-offering support to families (which can put children at risk of harm and lead to family separation) and over-offering support to families (which can contribute towards dependency and undermine families' responsibility for their children).	1
1.6 Ensure relevant guidelines, standards and procedures recognize that families often require a package of different types of family support, and therefore it is important that there is close coordination between Government, civil society and faith sector agencies offering different types of support.	1

2. Education

Primary responsible agency: State Department for Early Learning and Basic Education

Implementation agencies: State Department for Early Learning and Basic Education, NCCS, NCPWD, SAU, DSD, NGAO, Department of Immigration Services, National Police Service, State Department for Youth Affairs, National Treasury, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Basic Education Act 2013, Persons with Disabilities Act 2003, Births and Deaths Registration Act 1972 (Revised 2012), National Policy for Persons with Disabilities 2016, Sector Policy for Learners and Trainees with Disabilities 2018, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, NCPWD Strategic Plan 2018–22, National Disability Mainstreaming Strategy 2018–22, National Plan of Action on Implementation of Recommendations Made by the Committee on the Rights of Persons with Disabilities in Relation to the Initial Report of the Republic of Kenya September 2015–June 2022, Presidential Secondary School Bursary Operational Guidelines.

Areas of intervention:	Phase:
2.1 Build on commitments in the National Plan of Action for Children in Kenya 2015–2022 to increase school enrolment. Ensure enrolment drives are directed towards children living in family and community-based care.	1, 2
2.2 Create provisions or bursaries for uniforms and free school meals for primary school children vulnerable to institutionalization.	1, 2
2.3 Increase educational scholarship support schemes for children living in family and community-based care. Ensure bursaries are prioritized for children residing in family and community-based care over institutional care (unless there is a good reason why a child has no other option than to be educated in an institutional educational setting).	1, 2
2.4 Support the inclusive education agenda, including increased provision of specialist teacher training and assistive devices, as outlined in the Sector Policy for Learners and Trainees with Disabilities. Recognize that for inclusive education to be successful and sustainable it needs to be implemented alongside a communications campaign to address stigma against children with disabilities and special needs.	1, 2
2.5 Increase provision of accessible day care and after-school care to allow parents and carers to work during the school day.	1, 2

2.6 Support the development of accessible mobile education and distance learning for nomadic and pastoralist communities in Kenya.	1, 2

3. Health

Primary responsible agency: Ministry of Health

Implementation agencies: State Department for Family Health, Social Protection Secretariat, SAU, NCPWD, DSD, NGAO, State Department for Early Learning and Basic Education, Ministry of Agriculture Livestock Fisheries and Cooperatives, National Treasury, County Governments.

Relevant laws, regulations, policies, standards, guidelines and procedures: Health Act 2017, Kenya Health Policy 2014–2030, Kenya Vision 2030, Big Four Agenda, National Plan of Action for Children in Kenya 2015–2022, draft Kenya Social Protection Strategy 2018/19–2022/23.

Areas of intervention:	Phase:
3.1 Support commitments made in the National Plan of Action for Children in in Kenya 2015–2022, draft Kenya Social Protection Strategy 2018/19–2022/23, Kenya Vision 2030 and Big Four agenda to: • Increase free maternity care. • Increase free antenatal, delivery and postnatal care. • Tailor reproductive health services towards the needs of young women. • Improve family planning services. • Increase access to all health services by single mothers, divorced women and widows. • Improve paediatric care and treatment, and ensure children with chronic illnesses and conditions get access to health services equitably. • Increase access to supplementary feeding programmes in health clinics for children under two. • Expand access to the National Health Insurance Fund to achieve universal health coverage. • Ensure children with mental health needs receive psychosocial support and care. • Improve disability health services. • Develop a creative and sustainable financing mechanism for the community health system.	1, 2
3.2 Support and increase provision for respite care and specialist day care for children with chronic and complex health conditions.	1, 2
3.3 Support and increase provision of specialist community-based rehabilitation and health services for children with chronic and complex health conditions.	1
3.4 Increase and improve support for parents and carers of children with chronic and complex health conditions, including support for the establishment of mutual-aid groups.	1, 2

4. Social protection and economic empowerment

Primary responsible agency: Social Protection Secretariat

Implementation agencies: Social Protection Secretariat, SAU, DCS, DSD, NCPWD, Street Families Rehabilitation Trust Fund, State Department for Family Health, Department of Refugee Affairs, Ministry of Interior and Coordination of National Government, Ministry of Agriculture Livestock Fisheries and Cooperatives, Ministry of Water and Natural Resources, National Treasury, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Social Assistance Act 2013 / Social Assistance Bill 2020, Refugees Act 2006, National Social Protection Policy, draft Kenya Social Protection Strategy 2018/19–2022/23, Big Four Agenda.

Areas of intervention:	Phase:
4.1 Support and build on the proposed short-term provisions in the draft Kenya Social Protection Strategy 2018/19–2022/23 to expand cash transfers to a larger eligible population. Vulnerability eligibility should be broadened to include families of children returned from institutions, families providing family and community-based alternative care for children, families at risk of separation, care leavers, refugee and asylum-seeking families and street-connected families.	1
4.2 Cash transfer support for families of children with disabilities and special needs should be increased in value.	1
4.3 Support recipients of cash transfers to better access referrals to non-financial prevention of separation and family strengthening services.	1
4.4 Support and build on the proposed long-term provisions in the draft Kenya Social Protection Strategy 2018/19–2022/23 for cash transfers to transition to universal benefits and to expand access to the National Health Insurance Scheme to achieve universal health coverage.	1, 2
4.5 Increase provision of livelihood training schemes for parents and carers.	1, 2

5. Other areas of prevention of separation and family strengthening services

Primary responsible agency: DSD

Implementation agencies: NCCS, DSD, DCS, Social Protection Secretariat, SAU, NGAO, Kenya Prisons Service, State Department for Youth Affairs, State Department of Gender, National Treasury, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Counter-Trafficking in Persons Act 2010, Kenya Youth Development Policy 2019, National Action Plan for Combatting Human Trafficking: Strategic Framework 2013–2017, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, draft National Street Families Rehabilitation Policy 2020, draft National Policy on Family Promotion and Protection.

Areas of intervention:	Phase:
5.1 Early childhood development and education – Increase health, nutrition, security and safety, responsive caregiving, and early learning provision for under-fives.	1, 2
5.2 Positive parenting – Support the development of a national parenting programme including the development of a positive parenting training curricula. Increase the provision of positive parenting support for parents and carers of children of all ages, from different backgrounds and with differing needs.	1, 2
5.3 Food security – Increase and support provision to improve food security for parents, carers and care leavers residing in supported independent living.	1, 2
5.4 Abuse and neglect awareness – Increase and support provision of abuse and neglect awareness schemes, including awareness of referral and support pathways.	1, 2
5.5 Psychosocial counselling, mediation and dispute resolution – Increase and support provision of psychosocial counselling, mediation and dispute resolution services.	1, 2

5.6 Families with parents in prison – Increase and support specialist provision for families and children with parents in prison.	1, 2
5.7 Disaster preparedness and response – Increase and support disaster preparedness and response services, with a focus on family preservation during emergencies.	1, 2
5.8 Employment services – Increase and support services which assist parents and carers to gain paid employment.	1, 2
5.9 Youth development – Support the implementation of the Kenya Youth Development Policy 2019 to improve the quality of life of youth, through their empowerment and participation in economic and democratic processes as well as community and civil affairs.	1, 2

6. Supported child-headed households

Primary responsible agency: DCS

Implementation agencies: DCS, NCCS, DSD, NCPWD, Street Families Rehabilitation Trust, CWSK, Social Protection Secretariat, SAU, Department of Immigration Services, Ministry of Health, Ministry of Education, Ministry of Interior and Coordination of National Government, County Governments, non-state actors

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Social Assistance Act 2013 / Social Assistance Bill 2020, Births and Deaths Registration Act 1972 (Revised 2012), National Children Policy Kenya 2010, National Social Protection Policy, National Plan of Action for Children in Kenya, draft Kenya Social Protection Strategy 2018/19–2022/23, *Guidelines for the Alternative Family Care of Children in Kenya*, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-Based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
6.1 Ensure that supported child-headed households are included within the full framework of Government services provided to families.	1, 2

7. Children in the justice system

Primary responsible agency: NCAJ

Implementation agencies: DCS, NCCS, NCAJ, Probation and Aftercare Service, State Department for Interior and Citizen Services, Kenya Prisons Service, Judiciary, National Police Service, Office of the Director of Public Prosecutions, National Legal Aid, Department of Immigration Services, Ministry of Health, Ministry of Education, Ministry of Interior and Coordination of National Government, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Police Services Act 2011, Probation Offenders Act (Cap 64), Borstal Institutions Act (Cap 92) Prisons Act (Cap 90), Community Service orders Act No 10 of 1998, Aftercare of Offenders Bill, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, draft National Aftercare Service Policy, *Guidelines for the Alternative Family Care of Children in Kenya*, Throughcare and Aftercare Procedures for Children in Statutory Institutions in Kenya, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
7.1 Support the ongoing work of the NCAJ Special Taskforce on Children Matters to reform the justice system for children and decrease reliance on institutionalization by promoting diversionary justice, alternative dispute resolution, court-annexed mediation and plea bargaining.	1, 2

8. Children with disabilities and special needs

Primary responsible agency: NCPWD

Implementation agencies: NCPWD, DSD, Ministry of Health, NCRCOD, Social Protection Secretariat, SAU, NGAO, Department of Immigration Services, Ministry of Education, National Treasury, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Persons with Disabilities Act 2003, Health Act 2017, Kenya Health Policy 2014–2030, National Policy for Persons with Disabilities 2016, Sector Policy for Learners and Trainees with Disabilities 2018, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, NCPWD Strategic Plan 2018–22, National Disability Mainstreaming Strategy 2018–22, National Plan of Action on Implementation of Recommendations Made by the Committee on the Rights of Persons with Disabilities in Relation to the Initial Report of the Republic of Kenya September 2015–June 2022.

Areas of intervention:	Phase:
8.1 Support existing campaigns to tackle false information about and stigma against children with disabilities and special needs.	1, 2
8.2 Support the work of the NCPWD to increase registration of children with disabilities and special needs at birth, to ensure targeted services can be appropriately planned and directed towards them.	1
8.3 Support and increase provision for respite care and specialist day care for children with disabilities and special needs.	1, 2
8.4 Support and increase provision of disability social workers and specialist community-based rehabilitation and health services for children with disabilities and special needs.	1
8.5 Increase and improve support for parents and carers of children with disabilities and special needs, including support for the establishment of mutual-aid groups.	1, 2

9. Street-connected children

Primary responsible agency: Street Families Rehabilitation Trust Fund

Implementation agencies: Street Families Rehabilitation Trust Fund, NCCS, DCS, DSD, NCPWD, Department of Immigration Services, National Police Service, National Agency for Control of Drug Abuse, Ministry of Education, Ministry of Health, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Births and Deaths Registration Act 1972 (Revised 2012), National Children Policy Kenya 2010, draft National Street Families Rehabilitation Policy 2020, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
9.1 Direct prevention of separation and family strengthening services to families where children are at risk of becoming connected with the streets and therefore at risk of family separation.	1, 2
9.2. Design programmes that integrated child protection case management, social protection and livelihood improvement including economic empowerment for both families.	
9.3 Support tracing of families of children connected to the streets, and services towards reintegration including re-socialization and rehabilitation of these children, conducting family mediations, positive parenting skills training, supported independent living and provision of social protection as relevant	

10. Refugee and asylum-seeking children

Primary responsible agency: Department of Refugee Affairs

Implementation agencies: Department of Refugee Affairs, NCCS, DCS, Department of Immigration Services, non-state actors including UNHCR, County Governments.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Refugees Act 2006, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
10.1 Support refugee and asylum-seeking children and families to access Kenyan Government services which support family preservation and family and community-based care, so far as possible.	1, 2

11. Children affected by child trafficking and orphanage tourism and volunteerism	
Primary responsible agency: DCS and NCCS **Implementation agencies:** DCS, NCCS, National Police Service, Judiciary, Anti-Human Trafficking Child Protection Unit, NGO Coordination Board, Ministry of Foreign Affairs, State Department of Tourism, Department of Immigration, National Treasury, non-state actors, foreign embassies, County Governments, non-state actors including CCIs.	
Relevant laws, regulations, policies, standards, guidelines and procedures: Counter-Trafficking in Persons Act 2010, Kenyan Citizenship and Immigration Act 2011, Children's Act 2001 / Children's Bill 2021, Public Benefit Organizations Act 2013, National Volunteerism Bill, Kenya Citizenship and Immigration Regulations 2012, Revised National Tourism Policy 2020, National Volunteerism Policy, National Plan of Action for Combatting Human Trafficking: Strategic Framework 2013–2017, National Plan of Action for Children in Kenya 2015–2022, National Standards for Best Practices in Charitable Children's Institutions, National Standard for Rescue Centres.	
Areas of intervention:	Phase:
11.1 Improve Government oversight, regulation and monitoring to prevent tourism and volunteerism in institutions by Kenyans and foreigners. This should include: Warnings against orphanage tourism and volunteerism placed on Kenya's eCitizen portal, Ministry of Foreign Affairs website and foreign embassies' websites. Sensitization of Government border agents.	1
11.2 Undertake research to increase understanding of Kenyan orphanage tourism and volunteerism, including the numbers, backgrounds, motives and patterns of behaviour of Kenyan tourists and volunteers, especially in the context of the COVID-19 pandemic and its impact on the tourism and volunteerism sectors.	1
11.3 Ensure orphanage trafficking and orphanage tourism and volunteerism – by both foreigners and Kenyans – is recognized, understood and included in research, policy and programmes related to child protection and anti-trafficking.	1, 2
11.4 Ensure orphanage trafficking is recognized as a crime and prosecuted as a matter of justice for victims and as a deterrent.	1, 2
11.5 Ensure prosecutors, the Judiciary, National Police Service and DCS receive appropriate training on orphanage trafficking in relation to their roles.	1, 2
11.6 Develop a campaign targeted at Kenyans to prevent orphanage donations, tourism and volunteerism, and encourage the redirection of funding towards family and community-based services. Engage the support of institutional donors, tourists and volunteers in a way that supports family and community-based care.	1, 2
11.7 Support existing anti-trafficking prevention, protection and victims' support services.	1, 2

12. Children affected by the COVID-19 pandemic	
Primary responsible agencies: NCCS **Implementation agencies:** NCCS, DCS, DSD, NCPWD, Social Protection Secretariat, SAU, Street Families Rehabilitation Trust Fund, Ministry of Education, Ministry of Health, NGAO, non-state actors.	
Relevant laws, regulations, policies, standards, guidelines and procedures: Unpacking COVID-19 Technical Guidance document developed by Core Team, County Governments.	
Areas of intervention:	Phase:
12.1 Ensure that the children released from institutions and returned to families in March 2020 (following Government directives) remain safely and sustainably living with their families, or in family and community-based alternative care, and that they are supported by prevention of separation and family strengthening services as per their individual needs.	1
12.2 Closely monitor the impact of the COVID-19 pandemic on children and families and its implications for alternative care and family separation. Use monitoring data to inform future policy and service provision.	1
12.3 Closely monitor children in institutions, children returned from institutions (to their families and communities) and other vulnerable children and families to assess changing trends which may be influenced by the evolving COVID-19 pandemic. Use monitoring data to inform and adapt policy and services for children so as to prevent family separation and child institutionalization, and promote family preservation.	1

4.2.2 Increased provision and quality of alternative care services

13. Standards, guidelines and procedures	
Primary responsible agency: NCCS and DCS **Implementation agencies:** DCS, NCCS, CWSK, NCAJ, State Department for Interior and Citizen Services, Probation and Aftercare Service, Kenya Prisons Service, Judiciary, National Police Service, adoption societies, non-state actors including traditional leaders.	
Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Police Services Act 2011, Probation Offenders Act (Cap 64), Borstal Institutions Act (Cap 92), Prisons Act (Cap 90), Community Service Orders Act No 10 of 1998, Aftercare of Offenders Bill, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, draft National Aftercare Service Policy, *Guidelines for the Alternative Family Care of Children in Kenya*, Throughcare and Aftercare Procedures for Children in Statutory Institutions in Kenya, draft Gatekeeping Guidelines, draft Standard Operating Procedures for Alternative Family Care.	
Areas of intervention:	Phase:
13.1 Update the *Guidelines for the Alternative Family Care of Children* in Kenya to reflect the following: Changes in the legal, regulatory and policy context since 2014, including the anticipated enactment of the Children Bill. Developments in family and community-based care since 2014, including: Lessons learnt from the implementation of care reform programmes in demonstration counties (including the testing of the draft Standard Operating Procedures for Alternative Family Care and specialist services for children with disabilities and special needs). Research undertaken according to provisions given in this Strategy (Chapter 4.2). Any other changes arising from provisions given in this Strategy (specifically Chapter 4.2). Clearer references to 'care reform' as an active process in Kenya, in the context of the implementation of the National Care Reform Strategy for Children in Kenya.	1
13.2 Update and finalize the draft *Gatekeeping Guidelines* based on provisions given in this Strategy.	1
13.3 Update and finalize the Standard Operating Procedures for Alternative Family Care based on provisions given in this Strategy.	1
Finalize DCS' forthcoming National Standard for Rescue Centres.	1
13.5 Finalize DCS forthcoming Handbook for Child Protection Volunteers 2019.	1
Finalize the Diversion Toolkit for Child Practitioners.	1
13.8 The Government to endorse the standard operating procedures to assist the social service workforce to process guardianship placements, ensuring they include child and family assessments prior to placement, and monitoring after placement, and ensure placements are always in the best interests of the child.	1
13.9 Improve recognition of traditional community approaches to care in guidelines and procedures related to alternative care in Kenya. Show how they can be reconciled with formal alternative family and community-based care practices as detailed in the *Guidelines for the Alternative Family Care of Children in Kenya*.	1

13. Charitable Children's Institutions

Primary responsible agency: NCCS

Implementation agencies: NCCS, DCS, DSD, NCPWD, Street Families Rehabilitation Trust, NGAO, County Governments, CCIs

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, The Children (Charitable Children's Institutions) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, National Standards for Best Practices in Charitable Children's Institutions, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
Ensure the full and effective implementation of all laws, regulations, policies, standards, guidelines and procedures relating to CCIs to lay firm foundations in preparation for care reform. These include: Proper assessments and gatekeeping of children prior to admission in institutions to ensure their best interests are met. All children resident in CCIs have committal orders, are registered in CPIMS, and are only placed in CCIs within their county of residence – ensure compliance with this practice through unannounced monitoring visits. Proper case management and reintegration of children in institutions, including the regular review of cases. All CCIs that are required to be registered with the Government do so. All CCIs that have been established since the moratorium on registration of new CCIs in 2017 (and therefore cannot legally register with the Government) are identified and recorded.	1, 2
14.2 Ensure CCIs receive high-quality training and support to assist them in the effective implementation of laws and policies.	2
14.3 Implement a robust monitoring and inspection system of CCIs, ensuring there is full and effective implementation of laws, regulations, policies, procedures and standards. The system should include monitoring of income sources of CCIs, so as to provide data to support a strategy to redirect funding towards family and community-based services.	1, 2
14.4 Prepare CCIs for the safe and sustainable transition to other services which support family and community-based care, or to safely close, and the children residing in them to safely and sustainably be placed in family and community-based alternative care (see Chapter 4.2, section 4.2.2 point 14 in table).	1, 2

15. Justice system institutions and children in the justice system

Primary responsible agency: DCS

Implementation agencies: DCS, NCCS, NCAJ, Probation and Aftercare Service, Kenya Prisons Service, Judiciary, National Police Service, Office of the Director of Public Prosecutions, Department of Immigration Services, Ministry of Health, Ministry of Education, Ministry of Interior and Coordination of National Government, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Police Services Act 2011, Probation Offenders Act (Cap 64), Borstal Institutions Act (Cap 92), Prisons Act (Cap 90), Community Service Orders Act No 10 of 1998, Aftercare of Offenders Bill, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, draft National Aftercare Service Policy, *Guidelines for the Alternative Family Care of Children in Kenya*, Throughcare and Aftercare Procedures for Children in Statutory Institutions in Kenya, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
15.1 Ensure the full and effective implementation of laws, regulations, policies, standards, guidelines and procedures relating to justice system institutions. This includes ensuring proper gatekeeping and admission procedures so that children not in conflict with the law are not admitted to these institutions, and ensuring case management and reintegration procedures follow national standards.	1, 2
15.2 Support the ongoing work of the NCAJ's Special Taskforce on Children Matters to reform the justice system for children and ensure their best interests by promoting diversionary justice, alternative dispute resolution, court-annexed mediation, plea bargaining and the use of family and community-based care wherever possible (for example, supporting the provision of remand fostering).	1, 2
15.3 Ensure that children of incarcerated parents and carers, upon being separated from their parents and carers, are placed in appropriate family and community-based care.	1, 2

16. Special therapeutic health institutions

Primary responsible agency: NCCS

Implementation agencies: NCCS, Ministry of Health, County Governments.

Relevant laws, regulations, policies, standards, guidelines and procedures: To be determined as part of the scope of this work.

Areas of intervention:	Phase:
16.1 Undertake research to gain a better understanding of special therapeutic health institutions in Kenya. In relation to these institutions the research should investigate: • Numbers and locations of these institutions. • Scope of work of these institutions. • Responsible Government agencies with oversight. • Numbers of children resident and other relevant information about them. • Other relevant issues. Use the research findings to determine the position and course the Government should take in relation to these institutions.	1

17. Places of safety and temporary shelter

Primary responsible agency: NCCS and DCS

Implementation agencies: DCS, NCCS, CWSK, Anti-FGM Board, Street Families Rehabilitation Trust Fund, Anti-Human Trafficking Child Protection Unit, County Governments, non-state actors

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Prohibition of Female Genital Mutilation Act 2001, National Children Policy Kenya 2010, draft National Street Families Rehabilitation Policy 2020, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
17.1 Ensure the full and effective implementation of laws, regulations, policies, standards, guidelines and procedures for places of safety and temporary shelter including rescue homes. In particular, ensure institutions serving the purpose of places of safety and temporary shelter including rescue homes only admit children as a last resort and temporary measure, and for a period no longer than that specified by national standards.	1, 2
17.2 Ensure places of safety and temporary shelters which use family and community-based care are prioritized over places of safety and temporary shelters which use institutional care (such as rescue homes) wherever possible.	1, 2

18. Kinship care

Primary responsible agency: DSD

Implementation agencies: DCS, NCCS, DSD, Judiciary, Ministry of Health, non-state actors including religious leaders and traditional elders, County Governments.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, draft National Policy on Family Promotion and Protection, National Guidelines for the Alternative Family Care of Children in Kenya, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
18.1 Recognize the high levels of existing informal kinship care being used as an effective form of family and community-based alternative care, and its potential to be expanded significantly.	1, 2
18.2 Ensure that – where necessary and appropriate – kinship care is properly supported through increased oversight by DCS, DSD and AACs, including gatekeeping and monitoring of kinship care placements, and the provision of prevention of separation and family strengthening services and support to families providing kinship care, including social protection programmes.	1, 2
18.3 Ensure kinship care is not over-monitored and over-regulated, where there is no need for this, so as to prevent it being viewed as over-bureaucratic and becoming unattractive to prospective carers (for whom evidence shows many prefer informal care arrangements).	1, 2

19. Kafaala

Primary responsible agency: DCS

Implementation agencies: DCS, Supreme Council of Kenyan Muslims, NCCS, DSD, County Governments, non-state actors including Islamic religious leaders (including Khadis) and traditional elders.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
19.1 Recognize the importance and potential of kafaala care for Muslim communities in Kenya.	1, 2
19.2 Seek clarity on the discrepancy between how the term 'kafaala' is used in laws, policies and procedures, and how it is used by Muslim communities themselves. Ensure references to 'kafaala' distinguish between 'kafaala institutional care' and 'kafaala family and community-based care'.	1
19.3 In close coordination with the Muslim community, develop accessible and user-friendly information to assist the social service workforce to better understand kafaala family and community-based care.	1, 2
19.4 Ensure that – where necessary and appropriate – kafaala family and community-based care is properly supported through increased oversight by the social service workforce, including gatekeeping and monitoring of kafaala family and community-based care placements, and the provision of prevention of separation and family strengthening services to support families providing kafaala care.	1, 2

20. Foster care

Primary responsible agency: DCS

Implementation agencies: DCS, NCCS, DSD, NCPWD, Judiciary, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
20.1 Increase the number of foster care programmes offering high-quality foster care placements, including identification, selection and training of foster families and maintaining a foster carers' register, as well as suitable matching to support children's specific needs. This should happen under the close supervision and monitoring of NCCS. Provision should include a full range of foster care placements: short-term foster care, long-term foster care, emergency foster care, short-break respite care, remand fostering and specialized foster care placements for children with disabilities.	1, 2
20.2 Ensure that – where necessary and appropriate – foster care placements are properly supported through increased oversight by the social service workforce, including gatekeeping, monitoring and the provision of prevention of separation and family strengthening services to support families providing foster care.	1, 2
20.3 Ensure foster care services are accompanied by accessible and user-friendly information to attract prospective foster carers, as well as support packages including pre-foster training and social assistance, as well as stipends and material support for foster carers where appropriate.	1, 2

20.4 Ensure a range of services are provided for foster families including support packages, pre-foster training and social assistance, foster families support groups, and stipend and material support for foster carers where appropriate.	1, 2

21. Adoption

Primary responsible agency: DCS

Implementation agencies: NCCS, Judiciary, DCS, DSD, NCPWD, CWSK, Adoption Committee, Department of Immigration Services, National Police Service, Office of the Attorney General, Ministry of Health, Ministry of Education, State Department for ICT, County Governments, adoption societies, non-state actors including religious leaders and traditional elders.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Births and Deaths Registration Act 1972 (Revised 2012), Children (Adoption) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
21.1 Improve family tracing, reunification and assessments for children prior to being declared free for adoption. Maintain a central register of all children declared free for adoption, ensuring family tracing and options for placement with biological family have been exhausted. Ensure that adoption and the matching process is always based on the best interests of the child.	1, 2
21.2 Enable adoptions to be processed from a wider range of non-institutional settings such as foster care.	1, 2
21.3 Ensure adoption is an accessible option for potential adoptive parents from all socioeconomic backgrounds and across all areas of Kenya.	1, 2
21.4 Ensure children receive proper preparation prior to adoption. Increase and improve support and counselling services for adoptee children prior to adoption.	1, 2
21.5 Increase and improve support and counselling services for adoptive parents prior to adoption, as well as the provision of parental leave after adoption.	1, 2
21.6 Improve post-adoption monitoring of adopted children and their adoptive families.	
21.7 Strengthen services which support disclosure of information regarding adoption by adoptive parents to adopted children, as appropriate to the child's evolving capacity.	1, 2
21.8 Increase and improve specialist support services for adoptive parents of children with disabilities, special needs and chronic and complex health conditions.	1, 2

22. Guardianship

Primary responsible agency: DCS

Implementation agencies: DCS, DSD, NCCS, NGAO, Judiciary, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.	
Areas of intervention:	Phase:
22.1 Ensure that – where necessary and appropriate – guardianship placements are properly supported through increased oversight by the social service workforce, including gatekeeping, monitoring and the provision of prevention of separation and family strengthening services to support families providing guardianship.	1, 2
22.2 Ensure guardianship placements are properly documented.	
22.3 Ensure that the property of children under guardianship is properly documented, safeguarded and handed over to the children at the appropriate time.	

23. Small group homes

Primary responsible agency: NCCS

Implementation agencies: NCCS

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.	
Areas of intervention:	Phase:
23.1 Undertake research on small group homes to determine the Government's policy position on the use of this form of alternative care as part of the continuum of care services offered within Kenya. The research should consider: • Evolving work on this issue by the UN Committee on the Rights of the Child. • International discourse, research, policy and experience of using of small group homes. • The Kenyan legislative, regulatory and policy context. • The specific needs of groups of children and young people in Kenya whose needs may be served through small group home placements (particularly children with disabilities and special needs as well as children with chronic and complex health conditions).	1
23.2 Determine the Government of Kenya's position on whether or not small group homes will be included within the approved scope for alternative care in Kenya. If small group homes are approved, develop guidelines outlining the terms and conditions under which they can and cannot be used.	1

24. Traditional community approaches to care

Primary responsible agency: NCCS

Implementation agencies: NCCS, DCS, County Governments, non-state actors including traditional leaders.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, County Government's Act 2012, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
24.1 Undertake research to better understand and document the range of traditional community approaches to care which exist in Kenya.	1
24.2 Build on the opportunities offered by traditional community approaches to care in supporting the care reform agenda, while also ensuring there is adequate oversight and monitoring of these practices by the social service workforce.	1, 2

25. Gatekeeping

Primary responsible agency: DCS

Implementation agencies: DCS, NCCS, AACs, NGAO, Probation and Aftercare Service, Kenya Prisons Service, Judiciary, National Police Service, Anti-Human Trafficking Child Protection Unit, Ministry of Foreign Affairs, State Department of Tourism, Department of Immigration, Anti-FGM Board, State Department for Family Health, State Department for Interior and Citizen Services, County Governments, non-state actors.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Counter-Trafficking in Persons Act 2010, Kenyan Citizenship and Immigration Act 2011, Kenya Citizenship and Immigration Regulations 2012, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, National Plan of Action for Combatting Human Trafficking: Strategic Framework 2013–2017, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
25.1 Ensure gatekeeping procedures and practices maintain a balance between formal and informal care by ensuring there is sufficient oversight to enable the best interests principles to be followed in placing children in alternative care, while simultaneously preventing overly bureaucratic and legalistic processes that dis-incentivize potential carers from providing care placements such as kinship care, kafaala and foster care.	1, 2
25.2 Ensure gatekeeping procedures recognize traditional community approaches to care and ensure they are reconciled with the formal care system.	1, 2
25.3 Ensure gatekeeping procedures emphasize the importance of the prevention of family separation.	1, 2
25.4 Closely monitor incidences of children being trafficked from institutions into forms of exploitation, and use monitoring data to inform future policy and service provision in this area.	

25.5 Prevent the use of institutions as a means to 'protect' children from child trafficking or 'rehabilitate' child trafficking victims, and instead promote family and community-based care alternatives for the protection and rehabilitation of victims of trafficking.	1, 2
25.6 Prevent the use of institutions as a means to 'protect' children from harmful cultural practices or 'rehabilitate' child victims of harmful cultural practices, and instead promote family and community-based care alternatives.	1, 2

26. Increasing awareness, accessibility and safeguarding of alternative care

Primary responsible agency: NCRCOD

Implementation agencies: NCRCOD, NCCS, DCS, Office of the Director of Public Prosecutions, Kenya Police Service, State Department for ICT, County Governments, adoption societies.

Relevant laws, regulations, policies, standards, guidelines and procedures: *Guidelines for the Alternative Family Care of Children in Kenya*

Areas of intervention:	Phase:
26.1 Develop user-friendly materials on each area of alternative care. Disseminate these in appropriate mediums to members of the public wishing to understand how family and community-based alternative care works in practice, how children access it, and how to become a care provider.	1
26.2 Support initiatives to spread awareness of the DCS Helpline 116 among children in alternative care, care providers and the general public, so as to improve safeguarding within alternative care.	1

4.2.3 Increased provision and quality of services to support transitioning to family and community-based care (e.g. tracing, reintegration, case management)

27. Tracing, reintegration and case management	
Primary responsible agency: DCS **Implementation agencies:** DCS, NCCS, NCPWD, DSD, CWSK, Street Families Rehabilitation Trust Fund, NCAJ, State Department for Family Health, State Department for Interior and Citizen Services, Department of Immigration Services, Probation and Aftercare Service, Kenya Prisons Service, Judiciary, National Police Service, Department of Refugee Affairs, Ministry of Education, Ministry of Health, National Treasury, County Governments, non-state actors.	
Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Persons with Disabilities Act 2003, Health Act 2017, Counsellors and Psychologists Act 2014, Mental Health Act 1991 (Revised 2012), Aftercare of Offenders Bill, National Police Services Act 2011, Probation Offenders Act (Cap 64), Borstal Institutions Act (Cap 92) Prisons Act (Cap 90), Community Service orders Act No 10 of 1998, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, draft National Street Families Rehabilitation Policy 2020, Kenya Health Policy 2014–2030, National Policy for Persons with Disabilities 2016, draft National Aftercare Service Policy, NCPWD Strategic Plan 2018–22, National Disability Mainstreaming Strategy 2018–22, National Plan of Action on Implementation of Recommendations Made by the Committee on the Rights of Persons with Disabilities in Relation to the Initial Report of the Republic of Kenya September 2015–June 2022, Throughcare and Aftercare Procedures for Children in Statutory Institutions in Kenya, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.	
Areas of intervention:	Phase:
27.1 Expand and improve provision for case management for the reintegration of children in institutional care and unaccompanied and separated children. Case management should include: child assessment, family tracing, family assessment, case planning, pre-placement case review and approval, child preparation, family preparation, referrals to services, reunification or placement in family and community-based alternative care, monitoring, case review, and case conferencing.	1, 2
27.2 Expand and improve tracing and reintegration for all unaccompanied and separated children. This includes street-connected children, lost and abandoned children, children on the move and refugee and asylum-seeking children, including cross-border reintegration where appropriate.	1, 2
27.3 Provide psychosocial support to all institutionalized and unaccompanied and separated children during and after the reintegration process.	
27.4 Recognize the severe harm which institutionalization can cause children with disabilities and special needs, and children with chronic and complex health conditions. Ensure the following: • There is provision for specialist assessments to be undertaken and care plans made for these groups of children. • These groups of children are a priority for reintegration or placement in family and community-based alternative care.	1

27.5 Improve mechanisms for children to easily transfer between schools and colleges during the transition process from institutional care to family and community-based care. It is particularly important to ensure there are mechanisms which allow children in transition to take scholarships with them and sit exams near their new care placement.	1
27.6 Support the ongoing work of the NCAJ Special Taskforce on Children Matters to reform the justice system for children and decrease reliance on institutionalization and the promotion of family and community-based care by pursuing family tracing, reintegration and case management for children in the justice system. Priority should be given to children with disabilities and other vulnerable groups.	1, 2
27.7 Develop procedures for cross-border tracing and reintegration, both between counties in Kenyan, and between countries with which Kenya borders.	1

28. Leaving care, aftercare and supported independent living

Primary responsible agency: DSD

Implementation agencies: DSD, DCS, NCCS, Social Protection Secretariat, SAU, State Department for Youth Affairs, Department of Immigration Services, Ministry of Agriculture, Livestock and Fisheries, non-state actors including the private sector.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Social Assistance Act 2013 / Social Assistance Bill 2020, Births and Deaths Registration Act 1972 (Revised 2012), National Social Protection Policy, National Children Policy Kenya 2010, Kenya Youth Development Policy 2019, National Plan of Action for Children in Kenya 2015–2022, draft Kenya Social Protection Strategy 2018/19–2022/23, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
28.1 Undertake research to increase understanding of the challenges care leavers face in leaving care and the support they require to assist them in this process.	1
28.2 Increase understanding among the social service workforce and the general public as to why care leavers face challenges in leaving care and why they require specialist support to assist them through this process.	1, 2
28.3 Improve preparation and support for care leavers before leaving institutional care, improve support during the process of leaving care, and improve aftercare support including the provision of supported independent living packages and linking care leavers to government programmes for youth. Prioritize support for care leavers with disabilities and special needs and other vulnerabilities.	1, 2
28.4 Support the development of county care leaver support groups.	1, 2
28.5 Build stronger coordination between providers of alternative care and providers of prevention of separation and family strengthening services, such as State Department for Early Learning and Basic Education, State Department for Family Health, State Department for Youth Affairs, Ministry of Agriculture, Livestock and Fisheries and SAU, to support care leavers in accessing the necessary support to keep them in family and community-based care.	1, 2

29. Transitioning CCIs and the CCI workforce	
Primary responsible agency: NCRCOD **Implementation agencies:** NCRCOD, NCCS, DCS, DSD, NCPWD, County Governments, CCIs	
Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, The Children (Charitable Children's Institutions) Regulations 2005, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, National Standards for Best Practices in Charitable Children's Institutions, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.	
Areas of intervention:	Phase:
29.1 Develop guidelines to support the transition of CCIs from institutions to providers of family and community-based services.	1
29.1 Ensure CCIs receive high-quality training and support to assist their gradual transition away from institutional care and towards the provision of family and community-based services. Training and support should assist CCIs to envision responsible alternatives to their current institutional models, and guide them towards these models in accordance with the identified needs in their county.	1, 2
29.2 Support CCIs to safely and sustainably transition to other services which support family and community-based care, or to safely close, and the children residing in them to safely and sustainably be placed in family and community-based alternative care.	1, 2

4.2.4 Strengthened cross-cutting systems areas to support services

30. Information management

Primary responsible agencies: NCCS

Implementation agencies: NCCS, DCS, DSD, NCPWD, Social Protection Secretariat, SAU, Street Families Rehabilitation Trust Fund, State Department for Early Learning and Basic Education, State Department for Family Health, Department of Immigration Services, State Department for Youth Affairs, Department of Refugee Affairs, Probation and Aftercare Service, State Department for Interior and Citizen Services, Kenya Prisons Service, Judiciary, non-state actors including CCIs.

Relevant laws, regulations, policies, standards, guidelines and procedures: Data Protection Act 2019, National Integrated Monitoring and Evaluation System (NIMES): Methodological and Operational Guidelines.

Areas of intervention:	Phase:
30.1 Support government initiatives to improve CPIMS and ensure it is being effectively utilized by all required stakeholders. Ensure all admissions and exits to and from institutions are immediately recorded by all child institutions.	1
30.2 Investigate the feasibility of integrating CPIMS, NEMIS and the Social Protection Information Management System to enable closer coordination between child protection and education services for vulnerable children.	1
30.3 Develop a national database of alternative care provision to improve coordination and avoid duplication among State and non-state actors.	1
30.4 Develop a national database of prevention of separation and family strengthening services provision to improve coordination and avoid duplication among State and non-state actors.	1
30.5 Develop a national database of lost and abandoned children.	1
30.6 Ensure relevant data concerning children held on national databases is available to members of the social service workforce with the appropriate levels of clearance.	1

31. Workforce development

Primary responsible agencies: NCCS

Implementation agencies: NCCS, DCS, DSD, State Department for Interior and Citizen Services, non-state actors, Ministry of Health, Ministry of Education, Commission for University Education, National Treasury, learning institutions offering social service workforce-related courses.

Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, draft Kenya Social Protection Strategy 2018/19–2022/23, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.

Areas of intervention:	Phase:
31.1 Support the development of a strategy and action plan to inform the Government's workforce strengthening plans. Ensure this is aligned with the Government's planned National Social Work Strategy as outlined in the draft Kenya Social Protection Strategy.	1

31.2 Increase social service workforce personnel to meet the level of demand for child protection and welfare support.	1, 2
31.3 Incorporate Child Protection Volunteers within the care reform workforce and provide them with the required training.	1
31.4 Build the capacity of the social service workforce in the following ways: • Ensure the social service workforce is trained in the implementation of all relevant standards, guidelines and procedures, including: draft Gatekeeping Guidelines, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care. • Improve practical and professional curricula and training for the social service workforce in practical and foundational social work skills, ensuring it can carry out effective case management including specialist assessments for children with disabilities and chronic and complex health conditions. • Build the capacity of social worker professional organizations to further support the professional development of the social service workforce. • Better connect the social service workforce with higher learning institutions and universities to further improve its status and academic rigour as a discipline. • Increase levels of professional supervision for the social service workforce.	1
31.5 Support the redeployment of CCI staff into social service workforce positions, wherever possible and appropriate, or support them to attain other employment to prevent the re-opening of institutions.	1, 2
31.6 Assess whether there are other specific technical skills gaps in the social service workforce which need to be filled; for example, psychologists, mental health specialists, community health workers, etc.	
31.7 Support the engagement of the broader workforce – in particular the Police and Chiefs – in understanding and supporting family and community-based care and prevention of separation and family strengthening services. Provide the workforce with awareness-raising and training to ensure they are engaged in the work of care reform and that they coordinate closely with the social service workforce.	1, 2

32. Coordination and risk mitigation	
Primary responsible agency: NCRCOD **Implementation agencies:** NCRCOD, NCCS, DCS, Street Families Rehabilitation Trust Fund, NCPWD, DSD, SAU, NGAO, NCAJ, State Department for Family Health, Department of Immigration Services, Department of Refugee Affairs, National Police Service, UNHCR, County Governments, non-state actors.	
Relevant laws, regulations, policies, standards, guidelines and procedures: Children's Act 2001 / Children's Bill 2021, Refugees Act 2006, National Children Policy Kenya 2010, National Plan of Action for Children in Kenya 2015–2022, *Guidelines for the Alternative Family Care of Children in Kenya*, draft Gatekeeping Guidelines, Guidelines for Child Protection Case Management and Referral, *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit), draft Standard Operating Procedures for Alternative Family Care.	
Areas of intervention:	Phase:
32.1 Build stronger coordination between stakeholders working to address care reform and other areas of child protection which are not specifically referenced in this Strategy but have shared objectives in relation to promoting family and community-based alternative care. For example: children on the move, lost abandoned children, children in emergency situations.	1, 2
32.2 Develop formal referral protocols between stakeholders implementing the care reform process. This may be based on and build upon the Guidelines for Child Protection Case Management and Referral and other procedures.	
32.3 Ensure a risk analysis is undertaken concerning the impact on children and families which is used to inform any Government directives, moratoriums or other key decisions taken in relation to children without parental care and care reform.	

4.2.5 County-level implementation

Many of the Government agencies detailed above provide services at the county level. County Governments also have key roles to play as implementation agencies in many of these areas. Strengthening family and community-based services and systems concerns both national-level and county-level implementation of care reform. Implementation at the county level will happen under the guidance of a county action plan (see Chapter 5.1), developed under the leadership of the County Care Reform Committee. These will specify the roles of both National Government and County Government agencies working at the county level. Non-state actors will complement the activities of government agencies as appropriate.

4.3 Raised awareness of care reform and the harm of institutionalization

A key ingredient of successful care reform is effective communications and advocacy to help stakeholders understand the concept of care reform and tackle beliefs, social norms and behaviour which may inhibit care reform. Effective communication helps address any resistance by stakeholders towards the reform process.

Communications and advocacy strategy developed and implemented

A comprehensive communications and advocacy strategy will be developed by the NCRCOD. This chapter outlines what the communications and advocacy strategy will need to include. The communications and advocacy strategy can be considered an activity which cuts across the three pillars of care reform (see Chapter 1.1).

Objectives

The objectives of the communications and advocacy strategy will be:

1. Increase awareness, understanding and support for care reform as a concept and its individual parts, namely the range of family and community-based care placements and prevention of separation and family strengthening services, and in doing so mitigate risks that may come with badly managed care reform processes.
2. Change beliefs, social norms, attitudes and behaviour which contribute towards child institutionalization and family separation and inhibit care reform implementation.

Guiding principles

The communications and advocacy strategy requires effective approaches to influence stakeholders. To enhance the effectiveness of these approaches the communications and advocacy strategy will be informed by behavioural science,[44] communications for development approaches, the findings of the *National Care Reform Situational Analysis of Kenya 2020* and other studies that relate to unaccompanied and separated children. On this basis the communications and advocacy strategy will be guided by the following ten principles:

1. Messages should be framed with shared and broad values which find common ground, such as love, protection, the importance of family, and respect for tradition.
2. Messages should inspire awe in a common vision for children in society by encouraging actors to think beyond themselves and their immediate situation, and frame children's future with hope.
3. Messages should combine data and evidence with compelling emotional and personal stories which draw on the centrality of love of a family in children's lives.
4. Messages should always use activating emotions, such as joy and awe, in conjunction with any deactivating emotions such as sadness and disgust.

44 Assembly for and Hope and Homes for Children. 2016. *Communicating About Ending Institutional Care in East and Southern Africa: Foundational Research and Strategy Development Final Report.* 15 March 2016.

5. Messages should use imagery which emphasizes realistic and effective solutions that exist.
6. Trustworthy messengers and champions should be cultivated, such as National Government leaders, faith leaders, traditional leaders and media figures.
7. Where appropriate, 'African', 'Kenyan' and community specific values, practices, traditions, histories, cultures and religious beliefs should be invoked, as evidence from other African countries shows these can be powerful motivators.
8. Where appropriate, previous commitments made by leaders and other actors towards family and community-based care should be referenced, to emphasize consistency in messaging.
9. Where appropriate, statements and policies made by figures of respect which support family and community-based care should be invoked, to demonstrate wide support for care reform.
10. Where appropriate, the opportunity-cost of not acting should be invoked, as this can be a powerful motivator.

These principles will be supported by ethical communications guidelines which ensure that all communications and advocacy messaging and materials – particularly relating to children, young people and other vulnerable groups – are portrayed in a sensitive and dignified way, ensuring the full and meaningful consent of those involved. These guidelines will be developed with input from children, young people and other vulnerable groups involved in care reform.

Target groups

The communications and advocacy strategy will build a constituency of support for care reform among a broad range of stakeholders with roles to play. Target audiences will include both high-level leaders and actors with power and influence over the care reform process, and community-level actors with roles to play in the implementation of care reform.

Target groups for the communications and advocacy strategy are:

- Children and young people (including vulnerable children such as care leavers, children with disabilities and special needs, and children with chronic and complex health conditions)
- Parents and carers
- Community members
- Front-line practitioners and workers
- Traditional leaders and elders
- Community leaders and community-based organizations
- Civil society leaders and civil society organizations
- Faith leaders and faith-based organizations
- Institutional founders, owners, managers and staff from CCIs and SCIs
- Providers of family and community-based alternative care and prevention of separation and family strengthening services
- Donors and supporters of both institutional care and family and community-based care
- National and County politicians
- Government officials working at senior levels, mid-level and junior levels for National Government agencies and for County Governments.
- Media
- Businesses

- Tourism and volunteering stakeholders
- Professional organizations representing social workers, psychologists, lawyers, etc.
- General public

Messages

Messages are the content or information which the communications and advocacy strategy should convey, for example: 'children do better in life if they grow up in a family'. Messages should be adapted to suit each target group. They should cover two main areas:

1. **Care reform as an overall concept:** Raising awareness, increasing understanding and winning support for care reform as an overall concept, as well as raising awareness, understanding and support for specific elements of care reform. For example: 'kinship care', 'adoption', etc.

2. **Specific beliefs, social norms, attitudes and behaviour:** Addressing specific beliefs, social norms, attitudes and behaviour which may directly or indirectly influence institutionalization and the ability for families to care for their children. For example, addressing incorrect stigmatizing beliefs and attitudes associated with 'disability' or 'harmful cultural practices' which result in children being institutionalized.

See Annex 4 for full details of issues required messaging under each area.

Mediums

Mediums are the way the messages are communicated. The communications and advocacy strategy should determine the most appropriate and effective mediums through which messages can be communicated to each target group.

Communications mediums will include the following:

- Media
- Printed leaflets and guidance
- Social media and the Internet
- Demonstrations of successful care reform
- Training
- Conferences, meetings and events
- Messengers and champions
- Children and young people
- People with lived experience
- Workforce
- Schools
- Health services and medical professionals
- Civil society and faith-based organizations and forums
- Community-level forums and structures
- Donors
- Financial modelling

Annex 5 provides further information about each of the above communications mediums.

Coordination with other communications and advocacy initiatives

The communication and advocacy strategy will coordinate with and reinforce other existing Government and non-state campaigns pursuing similar objectives. These campaigns include the following and/or are referenced in the following policies:

- Campaigns against violence against children.
- Campaigns against harmful cultural practices such as female genital mutilation / cutting and child marriage.
- National Plan of Action for Children in Kenya.
- Draft National Policy on Family Promotion and Protection.
- Draft Kenya Social Protection Strategy 2018/19-2022/23.
- Sector Policy for Learners and Trainees with Disabilities 2018
- Draft National Street Families Rehabilitation Policy 2020

BUILDING A COMMUNICATIONS AND ADVOCACY STRATEGY

The communications and advocacy strategy will bring together the above components to break down resistance to care reform and promote ownership and support. The following is a hypothetical example of how this will work in practice:

A group of County Government officials are sceptical of the proposal for children with disabilities to live in family and community-based care. They believe it is not in the children's best interests to live in the community because of a lack of services to support them and the stigma and discrimination they may experience. In this scenario, the communications and advocacy strategy may propose the following:

- Target group: County Government officials.
- Message: Children with disabilities can live safely, happily and sustainably in family and community-based care. There is evidence that this is possible and can work well, and evidence that this approach results in better outcomes for these children.
- Medium: The officials visit a project in a demonstration county which has successfully reunified some children with disabilities with their families; has referred the children to local services which support the families through social assistance, respite day care, regular visits by specialist social workers and health-care needs; and has assisted the parents in setting up a mutual-aid group to support each other. The officials also meet some of the parents who tell them their personal stories of how they initially doubted that this was possible, but their positive experience has proved otherwise. This helps the officials believe that this approach really is possible in Kenya, and inspires them to replicate it in their own county.
- Guiding principles: This activity is influenced by the following themes within the guiding principles:
  - Shared and broad values such as love, protection and the importance of family.
  - Messages which inspire joy and awe in a common vision and shape children's future with hope.
  - Compelling emotional and personal stories.
  - Messages which emphasize realistic and effective solutions.

County-level implementation

At the county level, as part of county actions plans, County Care Reform Committees will be responsible for developing their own county care reform communications and advocacy strategies which align with and support the national communications and advocacy strategy.

4.4 Funds and personnel redirected from institutional care to family and community-based services

Chapter 5.2 outlines how the National Care Reform Strategy for Children in Kenya will be financed. However, a key area of financing ongoing running costs involves the redirection of resources which *already* exist within the institutional system of care. The process and mechanisms required to redirect these resources should be considered a stand-alone activity within the Strategy, and is therefore outlined in this section.

The institutional care system in Kenya is well financed and as part of the reform process it is important to protect these resources and redirect them towards the new family and community-based services being developed or strengthened. In the case of Kenya, some of the institutional resources exist within Government budgets, but the majority come from a diverse range of non-state donors and other sources. This Strategy intends to direct a large proportion of these institutional funds towards family and community-based services, and a more detailed redirection of resources strategy will outline how this will happen.

The redirection of resources strategy will be developed by the NCRCOD. This will help create a financially enabling environment for care reform to happen successfully. This section outlines what the redirecting resources strategy will include. The redirection of resources strategy can be considered an activity under the tracing, reintegration and transition to family and community-based care pillar of care reform.

Funding ecology of Kenya

Research undertaken by CTWWC to identify funders of institutions in Kenya and the scale and dynamics of this funding[45] identifies the following funding ecology:

	Domestic funders	International funders
Public funders	Ministry of Labour and Social Protection Other Government ministries	Multilateral funders Bilateral funders
Private funders	Kenyan faith-based funders Kenyan companies Kenyan charitable organizations Kenyan citizens and communities Kenyan volunteers and tourists Institution income-generation activities	Foreign faith-based funders Multinational corporations International charitable organizations Foreign sponsors Foreign volunteers and tourists

45 CTWWC. Forthcoming. *Analysis of Funding Streams to Children's Institutions in Kenya.*

While the CTWWC research is able to make some broad estimates as to the levels of institutional funding from some specific groups of donors, it does not estimate the total amount of funding within the institutional system in Kenya.

The multiple sources of funding for institutions in Kenya – as well as in-kind support provided through volunteers' time and material donations – requires a multifaceted redirection strategy. This Strategy will focus on three broad categories of donors, as follows:

1. Public domestic funders (the Government of Kenya).
2. Public international funders (multilateral and bilateral funders).
3. Private funders and private sources of funding.

The requirements for each category are discussed in turn:

4.4.1 Public domestic funding redirected

The CTWWC research shows that of identified National Government funding being channelled to institutions, most goes to State Department for Social Protection-funded SCIs, although a small proportion is also being channelled to CCIs. Other research suggests that County Governments are similarly contributing funds to both SCIs and CCIs.[46]

The following will be implemented:

1. **Documentation of Government funds to institutions:** All Government funds, from the State Department for Social Protection and other Government departments and ministries, which are being channelled to institutions will be identified and clearly documented, including those managed by DCS, CWSK and County Governments.
2. **Proportion of SCI funding redirected to family and community-based services:** SCIs which are not subject to full closure under this Strategy (for example, justice system institutions and rescue centres) will be assessed to determine what proportion of their funding can be safely redirected to family and community-based services. This financial sum will represent the proportion of children which will be transitioned out of these institutions to family and community-based care (for example, children that are not in conflict with the law will be transitioned out of justice system institutions and placed in family and community-based care).
3. **Government funding to CCIs redirected to family and community-based services:** Government funds channelled to CCIs will be redirected in their entirety to family and community-based services.

4.4.2 Public international funding redirected

The CTWWC research shows that some unrestricted bilateral and multilateral funding for the Government of Kenya may be being used to fund SCIs and CCIs. Because this funding is directed *through* Government budgets, it should be redirected, where appropriate, using the approach outlined above for public domestic funders.

46 See: The Stahili Foundation. Forthcoming. *Moving Towards Family Based Care in Murang'a: Situational Analysis of Registered and Unregistered Institutions for Children.*

4.4.3 Private funding redirected

The *National Care Reform Situational Analysis of Kenya 2020* shows that, while there is a reasonable understanding among stakeholders of the principle of redirecting resources, micromanaging this at a funder-by-funder level would be logistically very challenging, if not impossible. This is due to a number of reasons:

- The very high numbers of private funders and their diversity (as demonstrated in the funding ecology table above), making the redirection process extremely resource intensive for those managing it.
- The restrictions private funders face from their own governments and donors in redirecting funds for new purposes, which due to the very high number of private funders would make the management of this process extremely resource intensive to support.
- The personal and individualized relationships many private funders have with specific institutions, institutional staff and the children themselves. These are relationships they value highly and may not wish to lose. This could result in private funders refusing to allow funds to be redirected away from the institutions, or allowing for funds to be redirected but insisting on maintaining the same direct contact with child beneficiaries, which could circumnavigate case management processes and be detrimental to the quality of children's care.
- The mistrust many donors have for family and community-based services, such as a belief that families will misuse financial support offered to them directly, or they will abuse or neglect children in their care.

The redirecting resources strategy will therefore not attempt to micromanage the redirection of resources at a funder-by-funder level. Instead it will invest in creating an enabling and encouraging environment for private donors themselves to voluntarily choose to redirect their funds towards family and community-based services.

The following will be implemented:

1. **Ensure understanding of the redirection principle:** Ensure institutions, family and community-based service providers, and private funders, understand the redirection of resources principle. This will help avoid a situation where funders withdraw their financial support without redirecting it appropriately. It is vital that childcare funding is not 'lost' from the system because it is not redirected, or at least for any loss to be minimized.

2. **Invest in awareness-raising for private funders and practical mechanisms to help them redirect:** Invest in communications, advocacy and educational programmes for private donors to help them understand their critical role in supporting a successful care reform process by safely and appropriately redirecting their funding (this will be managed in coordination with the communications and advocacy strategy – see Chapter 4.3). These programmes will include how the redirection principle works in both theory and practice. Clear mechanisms will be created to enable funders to redirect funding safely, sustainably and in a strategic way towards family and community-based services based on where the highest levels of need are (see below). Faith leaders, traditional leaders and business leaders will be engaged as champions.

3. **Harness private funders' existing relationships with institutions:** Harness private funders' existing relationships with institutions by encouraging them to support the institution through the transition process to become an organization offering family and community-based services. This will allow the funder to maintain its close connection with the institution/organization. It will reduce anxiety within the institution about the possibility of 'losing its donors' and reduce anxiety for the funder about potentially 'abandoning' the institution and its children. This may allow for an altogether smoother and more reliable redirection of resources and overall care reform process at the institutional level. This will not however be appropriate or safe for all institutions and will depend on the institution's willingness to transition and the potential for running safe and high-quality family and community-based services.

4. **Create service-oriented funding pools:** To help ensure that redirected funding is allocated towards specific areas of family and community-based services with the highest levels of need, the potential to create service-specific funding pools will be explored under the guidance of fundraising experts. This concept will allow funders to redirect their funding towards specific causes such as: education, health, economic empowerment, disability services, and so on. This will help private funders maintain more control over – and personal 'connection' with – where and how their funding is being used, and enable those managing care reform fundraising to highlight and direct funding towards areas of greatest need.

It is important to note that realistically not all private funders will agree to redirect resources towards family and community-based care. This will leave a deficit in the funding required for family and community-based services which the Government will fill – see Chapter 5.3 for more information.

County-level implementation

At the county level, as part of county actions plans, County Care Reform Committees will undertake a more comprehensive financial analysis of funding within the county care system. This will inform the county-level redirection of resources strategy. There is greater scope at the county level to more directly manage the redirection process through communication with institutions and their donors, as well as being able to assess and advise on areas of need where funds should be redirected.

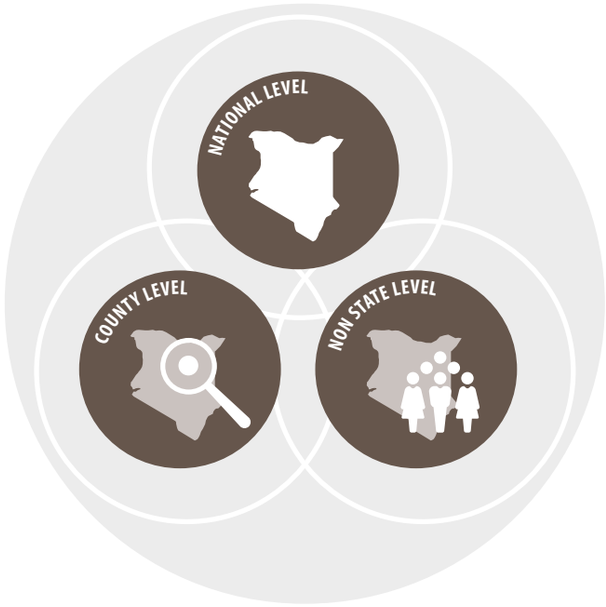
5. CARE REFORM IMPLEMENTATION

This Chapter explains how the National Care Reform Strategy for Children in Kenya will be implemented. It outlines:

- Management, coordination and monitoring structures and functions including the roles and responsibilities of stakeholders operating within these structures at national, county and non-state levels.
- The three phases of care reform implementation across the ten-year term of the Strategy.
- Financing and resourcing care reform.
- Monitoring and evaluation of care reform.

5.1 Levels of implementation

The National Care Reform Strategy for Children in Kenya will be implemented at three levels: national level, county level and non-state actor level.



The national level closely inter-relates and connects with the county and non-state actor levels, primarily through the work of the NCRCOD.

5.1.1 At the national level, NCCS and partners manage, coordinate, monitor and fund care reform activities

The National Government operates at the national level including, in many cases, through localized services in each county. The focus of care reform at the national level of Government is on creating an enabling environment for stakeholders to implement their mandate, and parents and carers to be supported and empowered, thus leading to children living safely and sustainably in family and community-based care.

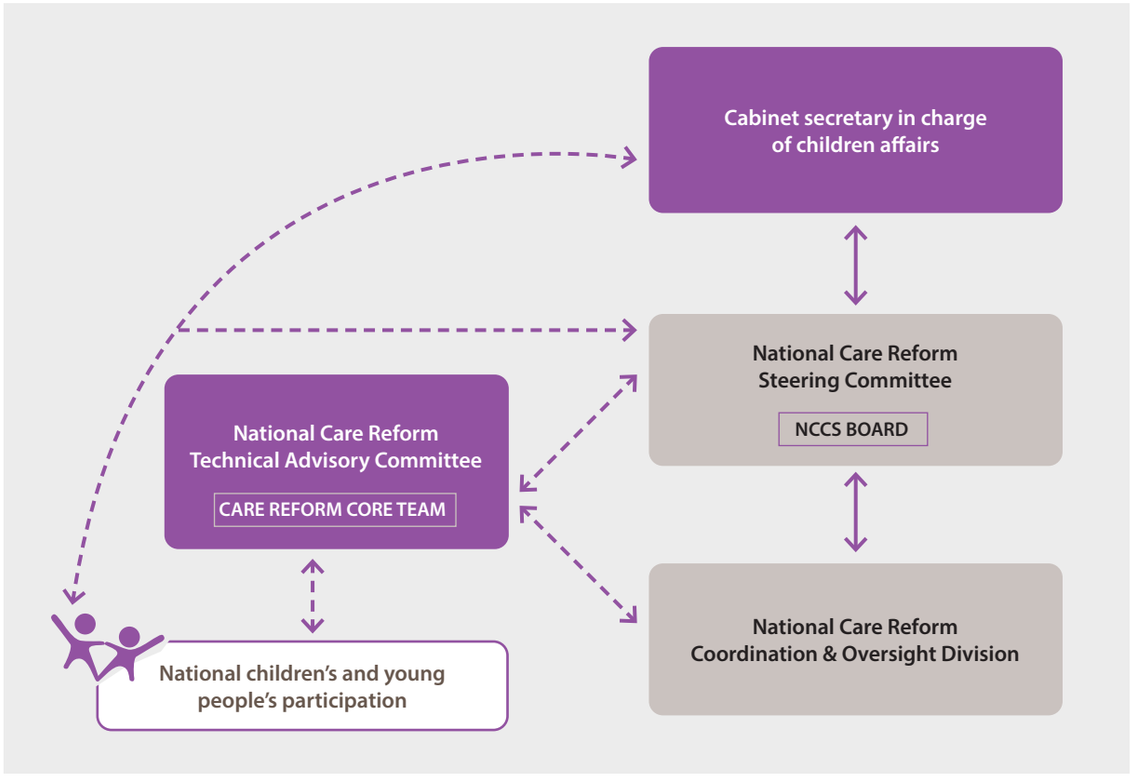
NATIONAL-LEVEL AREAS OF RESPONSIBILITY

National-level implementation covers the following areas of responsibility:

- Strengthening national legislation, regulations and policies so they are supportive of family and community-based services (Chapter 4.1).
- Strengthening nationally managed family and community-based services and systems (Chapter 4.2).
- Developing and implementing an effective national care reform communications and advocacy strategy (Chapter 4.3).
- Developing and implementing an effective national redirection of resources strategy (Chapters 4.4 and 5.3).
- Developing and maintaining effective national-level care reform management, coordination and monitoring structures and systems, with clear roles and responsibilities of stakeholders (Chapter 5.1 – National level).
- Providing guidance and support counties and non-state actors implementing care reform (Chapter 5.1 – County level and non-state actor level).
- Financing the care reform process (Chapter 5.3).
- Monitoring and evaluating the care reform process at the national level including the using data gathered at the county level (Chapter 5.4).
- Maintain accurate data on institutionalized and unaccompanied and separated children, and those reintegrated or placed in family and community-based care.
- Remain aware of the issues affecting children at risk of separation and emerging issues that may cause family separation.

NATIONAL-LEVEL MANAGEMENT, COORDINATION AND MONITORING STRUCTURES

The following outlines the management, coordination and monitoring structures which will oversee the implementation of care reform at the national level.



The **Cabinet Secretary for Public Service, Gender, Senior Citizens Affairs & Special Programmes, State Department for Social Protection, Senior Citizens Affairs & Special Programmes** has overall responsibility and accountability for the care reform process. The Cabinet Secretary has final decision-making authority on all matters concerning care reform and will be supported by the Principal Secretary in the State Department for Social Protection, Senior Citizens Affairs & Special Programmes

National Care Reform Steering Committee (NCCS Board)

The National Care Reform Steering Committee comprises the NCCS Board, with the inclusion of co-opted members for the purpose of overseeing the care reform process. The National Care Reform Steering Committee has strategic responsibility and accountability for the care reform process. It has strategic decision-making authority on all matters concerning care reform. It meets every four months. Specific functions are as follows:

- Approve key strategic decisions related to the care reform process.
- Approve national workplans and budgets developed by the NCRCOD in consultation with the National Care Reform Technical Advisory Committee.
- Authorize and enforce data collection to be undertaken by the NCRCOD to inform care reform policy and plans.
- Receive from the NCRCOD periodic progress updates that monitor progress on result areas.

- Provide strategic advice, feedback on progress and support to the National Care Reform Technical Advisory Committee and NCRCOD.
- Support the NCRCOD to conduct evaluations and use results to communicate outcomes of the care reform process with policy-level stakeholders in Government, as well as with external stakeholders in the international community and donors.
- Support the NCRCOD to ask for feedback from the national children's and young people's participation mechanisms, ensuring their participation is appropriate and that their advice and recommendations are integrated into care reform plans and implementation wherever practically possible.
- Ensure all management, coordination and monitoring structures at national and county levels are appropriately resourced to fulfil their mandates.
- Ensure children and young people are able to meaningfully engage and participate in the care reform process.
- Ensure the best interests and safety of children are maintained throughout the implementation process.

The National Care Reform Steering Committee will comprise NCCS Board members and other co-opted senior-level representatives. It may include representation from the following stakeholder groups:

- Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes of Kenya, State Department for Social Protection, Senior Citizens Affairs & Special Programmes
- Ministry of Education
- Ministry of Health
- Ministry of Interior and Coordination of National Government
- Ministry of ICT, Innovation and Youth Affairs
- Ministry of Foreign Affairs
- Ministry of Tourism and Wildlife
- Judiciary of Kenya
- National Treasury
- Other relevant Government agencies
- Relevant non-state actors from international organizations, civil society, faith sector, parent and caregiver representatives, etc.

National Care Reform Coordination and Oversight Division (NCRCOD)

The NCRCOD is a team of inter-agency and multidisciplinary staff dedicated to implementing the National Care Reform Strategy for Children in Kenya through a series of Steering Committee-approved national workplans and budgets for each phase of implementation. It is directly accountable to the National Care Reform Steering Committee and works in close coordination with the National Care Reform Technical Advisory Committee and national children's and young people's participation mechanisms. It also works in close coordination with county-level AACs and Care Reform Committees. NCRCOD staff members are from the following backgrounds: (i) newly employed by the Government; (ii) deployed from relevant agencies within the Government; and/or (iii) seconded from development partners and civil society organizations.

The NCRCOD's specific functions are as follows:

- Establish, facilitate and support the functioning of national management, coordination and monitoring structures to oversee the implementation of care reform, i.e. National Care Reform Steering Committee, National Care Reform Technical Advisory Committee and national children's and young people's participation mechanisms.
- Provide specialist support to children and young people to ensure their meaningful participation in the care reform process, in particular through Children's Assemblies.
- Generate progress reports that monitor progress on result areas to submit to the National Care Reform Steering Committee and National Care Reform Technical Advisory Committee.
- Implement decisions and recommendations made by the National Care Reform Steering Committee, National Care Reform Technical Advisory Committee and national children's and young people's participation mechanisms.
- Develop, implement and monitor detailed national workplans for each phase of implementation.
- Document, quality assure, monitor and evaluate the process of care reform implementation.
- Commission/carry out research and collect and analyse data to inform effective care reform planning and implementation.
- Consolidate and disseminate learning from the experience of demonstration counties and non-state actors.
- Lead the reform of national legislation, regulations, policies and procedures to ensure they are supportive of family and community-based care.
- Coordinate with and support Government agencies to strengthen nationally managed family and community-based services and systems.
- Develop, implement and monitor an effective national care reform communications and advocacy strategy.
- Develop, implement and monitor effective national financing mechanisms for care reform, including redirection of resources mechanisms and Government funding.
- Provide guidance and support to counties and non-state actors implementing care reform by:
  - Identifying counties and non-state actors to scale care reform implementation.
  - Designing the process and time frames for evaluating scalability, implementing scale-up and monitoring the effectiveness of implementation at the county level and non-state actor level as they go to scale.
  - Providing guidance, training, templates and other tools to guide and support counties and non-state actors, including assisting them in developing, implementing and monitoring their own localized county-level care reform action plans, M&E plans and detailed budgets.

Staff appointed to the NCRCOD should have the necessary skills and experience to fulfil these functions.

National Care Reform Technical Advisory Committee (Care Reform Core Team)

The National Care Reform Technical Advisory Committee comprises the existing Care Reform Core Team along with any additional members required to support the care reform process. The National Care Reform Technical Advisory Committee is an intersectoral and multi-agency advisory committee made up of service managers and technical experts in areas related to care reform for children; for example: children's services, social development, disability, education, health, etc. It provides technical advice to the National Care Reform Steering Committee and NCRCOD. It assists the NCRCOD in the practical implementation of phased national workplans and provides recommendations for policy changes for consideration by the National Care Reform Steering Committee. The National Care Reform Technical Advisory Committee meets every two months. It has the following functions:

- Support the NCRCOD to implement national workplans for each phase of the Strategy, ensuring they are implemented to a high quality, in a timely manner and in a standardized way.
- Support the NCRCOD to generate periodic progress reports that will be shared with the National Care Reform Steering Committee, including highlighting risks and challenges and sharing achievements.
- Support the implementation of strategic decisions and recommendations made by the National Care Reform Steering Committee.
- Support the identification of areas which need policy change and provide recommendations for consideration by the NCRCOD and National Care Reform Steering Committee.
- Meaningfully engage with national children's and young people's participation mechanisms, ensuring their advice and recommendations are integrated into care reform plans and implementation wherever practically possible.
- Ensure the best interests and safety of children are maintained throughout the implementation process.

The National Care Reform Technical Advisory Committee will include management and technical expert representation from the following stakeholder groups:

- NCCS (including an M&E representative)
- DCS (including an M&E representative)
- DSD
- Street Families Rehabilitation Trust
- NCPWD
- Social Protection Secretariat
- SAU
- National Government Administrative Officers
- State Department for Education
- State Department for Family Health
- State Department for Youth Affairs
- Department of Refugee Affairs
- Probation and Aftercare Service
- Kenya Prisons Service
- State Department for Interior and Citizen Services
- Kenya Police Service
- National Crime Research Centre

- Department of Immigration Services
- Anti-Human Trafficking Child Protection Unit
- Anti-FGM Board
- Department of Tourism
- NCAJ
- State Department for ICT
- Relevant non-state actors from international organizations, civil society, adoption societies, faith sector, higher education institutions offering social service workforce courses, parent and caregiver representatives, care leaver representatives, etc.

National children's and young people's participation mechanisms

Appropriate mechanisms will be established through Children's Assemblies to enable the participation in care reform of a diverse range of children and young people from different ages, backgrounds and with different abilities. Their role is to support the National Care Reform Steering Committee and NCRCOD to ensure that children's and young people's voices are meaningfully included in shaping the care reform process at the national level. With specialist support from the NCRCOD, these mechanisms will enable children and young people to:

- Share opinions and suggestions to help inform the development and implementation of high-quality care reform plans and policies.
- Assist members of the National Care Reform Steering Committee, National Care Reform Technical Advisory Committee and NCRCOD to understand the perspectives of children and young people on issues related to care reform.
- Support the National Care Reform Steering Committee, National Care Reform Technical Advisory Committee and NCRCOD to both understand and practise appropriate engagement of children and young people.
- Raise awareness among other children and young people and members of the community as to the benefits of care reform, as well as address beliefs, social norms, attitudes and behaviour which may be inhibiting care reform.
- Identify best practice methods and approaches to communicate with children and young people about care reform, particularly children from disadvantaged backgrounds such as children with disabilities, special needs and with chronic and complex health conditions.
- Document and disseminate information on the progress of care reform in child-friendly mediums.
- Other activities related to care reform for which children and young people believe it is important to have their voices heard.

The NCRCOD will facilitate creative ways to meaningfully engage children and young people in these mechanisms. This may be through fun and educational peer-to-peer activities such as discussions, events, art work, drama, dance, music, and so on, which allow the children and young people to communicate in mediums they are comfortable with.

These mechanisms should ensure the engagement of children and young people from different age groups as well as a gender balance. Children and young people represented will include:

- Children and young people in institutions.
- Children and young people in family and community-based alternative care.
- Children and young people in the wider community, including schools and faith-based groups.
- Care leavers and those in supported independent living.
- Children and young people from vulnerable and disadvantaged groups such as children with disabilities, special needs, chronic and complex health conditions, and discriminated against and stigmatized groups.

The NCRCOD will require training on child participation best practices to facilitate these functions, and this training itself will include the active participation of children and young people. To ensure participation of children and young people is meaningful, the NCRCOD will draw on the following:

- Government of Kenya's *Kenya National Child Participation Guidelines*.
- DCS' draft *Gatekeeping Guidelines* (annex on child participation).
- CTWWC & KESCA's *How to Engage Care Leavers in Care Reform*
- The advice of children and young people.

Respective roles and responsibilities of the NCRCOD and National Government agencies

Both the NCRCOD and National Government agencies have important and complementary roles to play in care reform implementation at the national level. This table summarizes these respective roles and responsibilities.

	NCRCOD	Government agencies
Legislation, regulations and policy (Chapter 4.1)	• Lead the reform of national legislation, regulations and policies.	• Coordinate with and support the NCRCOD with its reform of legislation, regulations and policies in relation to departmental responsibility.
Family and community-based services and systems (Chapter 4.2)	• Support coordination between Government agencies to strengthen family and community-based services and systems. • Lead on any specific activities allocated to NCRCOD.	• Lead the strengthening of family and community-based services and systems under departmental responsibility. Support national departmental staff operating at the county level in reforming and delivering services to required standards.
Communications and advocacy (Chapter 4.3)	• Lead the design and implementation of a national care reform communications and advocacy strategy.	• Align departmental communications and advocacy activities with the NCRCOD communications and advocacy strategy.

Redirecting resources to family and community-based services (Chapter 4.4)	• Lead the design and implementation of a redirection of resources strategy.	• Redirect departmental resources away from institutional care towards family and community-based services as directed by the redirection of resources strategy.
Implementation, management and monitoring of care reform (Chapter 5)	• Facilitate the functioning of national management, coordination and monitoring structures and systems, and implement high-level decisions. • Facilitate children's and young people's meaningful participation. • Develop and implement detailed national workplans. • Quality assure, monitor and evaluate the process to improve learning. Generate progress reports. • Carry out research, data collection and data analysis to inform care reform planning and implementation, including the experience of demonstration counties and non-state actors. • Provide guidance and support to counties and non-state actors implementing care reform. • Secure Government funding to cover the deficit in funding for services and systems and all care reform transition costs.	• Contribute to national care reform management, coordination and monitoring through membership and participation on the National Care Reform Steering Committee and National Care Reform Technical Advisory Committee, as required. • Support children's and young people's meaningful participation in close coordination with the NCRCOD. • Ensure real-time data about children and families is captured in relevant databases.

5.1.2 At the county level, the AAC develops and maintains management, coordination and monitoring structures

There are 47 counties in Kenya each with their own County Government, as well as localized National Government services. The focus on care reform at the county level is on the provision of family and community-based services for children and families, and the transition of children and young people to family and community-based care.

COUNTY-LEVEL AREAS OF RESPONSIBILITY

County-level implementation will be supported by the NCRCOD and relevant national-level Government agencies. It covers the following areas of responsibility:

- Developing and maintaining effective county-level care reform management, coordination and monitoring structures, with clear roles and responsibilities of stakeholders (Chapter 5.1 – County-level).
- Undertaking a detailed situational analysis to gather county data on institutionalized children and unaccompanied and separated children; children at risk of institutionalization or family separation; family and community-based services and systems including gatekeeping, case management, alternative care and the workforce; county legislation, regulations, policies and procedures; financing of the care and child protection systems; any other relevant data needed to develop a detailed county action plan (see below). This will take into consideration possible risks and putting in place mitigation measures to ensure the safety and best interests of the child.
- Drawing on the data gathered from the county situational analysis, developing a context-specific county action plan for care reform implementation within the county, and associated M&E plan and detailed budget. County action plans, M&E plans and budgets will be guided by the National Care Reform Strategy for Children in Kenya and will be developed with support from the NCRCOD. The NCRCOD will provide guidelines and templates for the formation of county action plans, M&E plans and budgets.

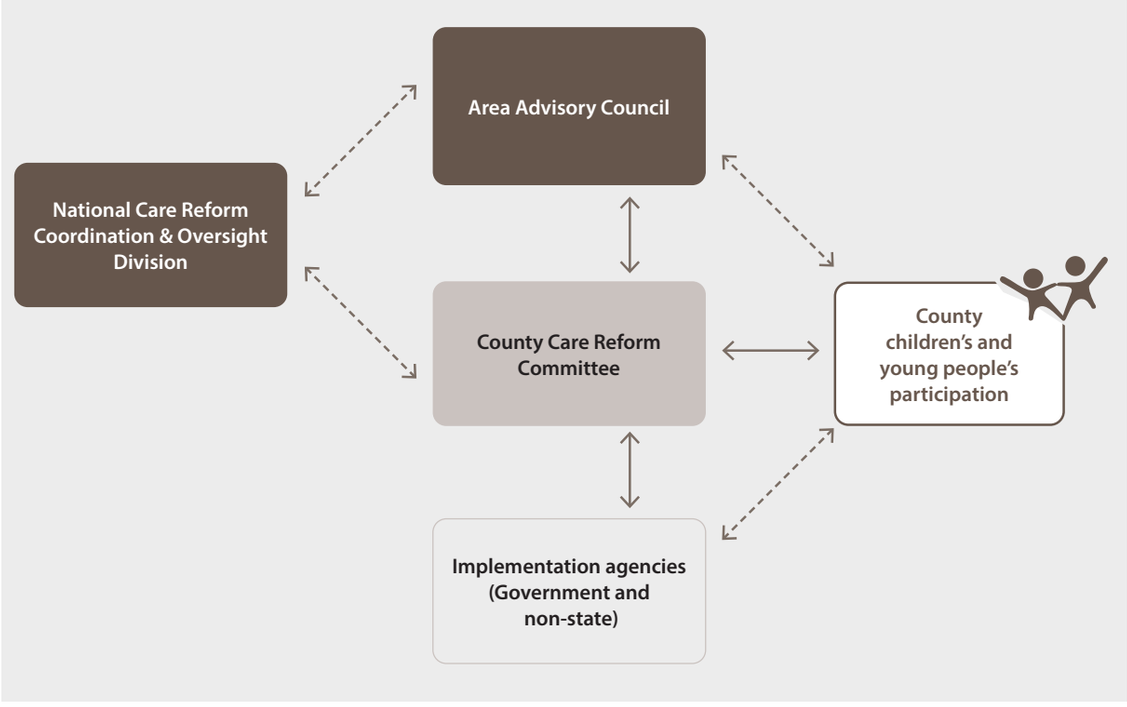
COUNTY ACTION PLANS AND M&E PLANS

County Care Reform Committees will be supported by the NCRCOD to develop a county-level action plan to implement care reform. This support will include relevant, guidance, templates and training. County action plans will cover the following areas of implementation:

- Developing and strengthening, where necessary and appropriate, county legislation, regulations, policies and procedures so they are supportive of family and community-based care (see Chapter 4.1 for how this is being implemented at the national level).
- Supporting nationally managed initiatives to develop and strengthen family and community-based services and systems (see Chapter 4.2).
- Undertaking family tracing, reintegration and case management of all institutionalized children and unaccompanied and separated children, and those at risk of institutionalization or family separation, ensuring they are placed or remain in family and community-based care according to their best interests, and ensuring they receive prevention of separation and family strengthening services, as required. This will be guided by the Government of Kenya Caseworker's Guidelines: *Case Management for Reintegration of Children into Family- or Community-based Care* (and associated Toolkit).
- Developing and implementing an effective county-level care reform communications and advocacy strategy (see Chapter 4.3 for how this will be developed at the national level).
- Developing and implementing an effective county-level redirection of resources strategy (see Chapter 4.4 for how this will be developed at the national level).
- Carrying out a risk analysis concerning the impact of proposed activities on children and families and introducing measures to mitigate any risks.
- Detailed county-level budgets including identifying areas for County Government contributions towards the financing of the county-level care reform process.
- Procedures for guiding, working in partnership with and monitoring Government and non-state actors implementing care reform at the county level.
- Systems for the collection of routine data to monitor county-level care reform progress and report this upwards to the NCRCOD.
- Developing approaches and methods to document learning from the county-level care reform process and utilize this to improve county-level reform as well as disseminate to other counties, non-state actors and the NCRCOD.

COUNTY-LEVEL MANAGEMENT, COORDINATION AND MONITORING STRUCTURES

It will be for each county to determine its own county-level care reform management, coordination and monitoring structures; however, the following structure is recommended.



Area Advisory Council

The Area Advisory Council is a statutorily recognized structure established by NCCS at the county, sub-county, ward and location levels which specializes in various matters affecting the rights and welfare of children. Its membership is composed of both Government and non-state agencies operating at these levels with an interest in children's matters. It receives guidance and support from the NCRCOD in relation to matters concerning care reform. The main objective of the AAC is to plan, coordinate and determine priority areas for intervention in order to enhance child rights and child welfare in its area of operation

County Care Reform Committee

The County Care Reform Committee is an intersectoral and multi-agency committee made up of key stakeholders in Government and non-state sectors responsible for implementing care reform in the county. It is a sub-committee of and is directly accountable to the County AAC, as well as being guided and supported by the NCRCOD. It has the following functions:

- Coordinate with all relevant stakeholders at the national, county and non-state actor level.
- Work closely with the NCRCOD, seeking guidance and support where required and contextualizing it for implementation at the county level.
- Develop a SMART county action plan for care reform implementation and associated M&E plan – with support from the NCRCOD – by drawing on the National Care Reform Strategy for Children in Kenya and data gathered from the county situational analysis and the forthcoming National M&E Framework for Care Reform.

- Oversee and monitor the implementation of the county action plan through local government and non-state service provider implementation agencies, ensuring the action plan is implemented to a high quality, in a timely manner and in a standardized way.
- Quality assure, monitor and evaluate and document the process of care reform implementation and other related learning at the county level.
- Provide periodic progress reports to the County AAC and NCRCOD, including highlighting risks and challenges, and sharing achievements.
- Implement strategic decisions and recommendations made by the County AAC in line with provisions in the National Care Reform Strategy for Children in Kenya.
- Provide specialist support to children and young people to ensure their meaningful and appropriate participation in the county-level care reform process, in particular through Children's Assemblies.
- Ensure the best interests and safety of children are maintained throughout the implementation process.

The County Care Reform Committee should be made up of representatives from the key agencies responsible for implementing care reform in the county. These include National and County Government representatives, including M&E representatives, and county-level non-state actors including civil society organizations, NGOs, the faith sector, traditional and community leaders, community-based organizations, care leavers, and parents and caregiver representatives. It should also include those representing marginalized and at-risk groups such as children with disabilities, special needs and chronic and complex health conditions.

County-level children's and young people' participation mechanisms

Appropriate mechanisms will be established through Children's Assemblies to enable the participation in care reform of a diverse range of children and young people from different ages, backgrounds and with different abilities. Their role is to support the National Care Reform Steering Committee and NCRCOD to ensure that children's and young people's voices are meaningfully included in shaping the care reform process at the national level. With specialist support from the County Care Reform Committee, these mechanisms will enable children and young people to:

- Share opinions and provide guidance on the development and implementation of county action plans.
- Assist members of the County Care Reform Committee and County Area Advisory Council to understand the perspectives of children and young people on issues related to care reform.
- Raise awareness among other children and young people and members of the community as to the benefits of care reform, as well as address beliefs, social norms, attitudes and behaviour which may be inhibiting care reform.
- Identify best practice methods and approaches to communicate with children and young people about care reform, particularly children from disadvantaged backgrounds such as children with disabilities and special needs, and those with chronic and complex health conditions.
- Document and disseminate information on the progress of care reform in child-friendly mediums.
- Other activities related to care reform for which children and young people believe it is important to have their voices heard.

The County Care Reform Committee will facilitate creative ways to engage children and young people in these mechanisms. This may be through fun and educational peer-to-peer activities such as discussions, events, art work, drama, dance, music, and so on, which allow the children and young people to

communicate in mediums they are comfortable with. The County Care Reform Committee will require training on child participation best practices, which itself will include the active participation of children and young people.

These mechanisms should ensure the engagement of children and young people from different age groups as well as a gender balance. Children and young people represented will include:

- Children and young people in institutions.
- Children and young people in family and community-based alternative care.
- Children and young people in the wider community, including schools and faith-based groups.
- Care leavers and those in supported independent living.
- Children and young people from vulnerable and disadvantaged groups such as children with disabilities, special needs, chronic and complex health conditions, and discriminated against and stigmatized groups.

The County Care Reform Committee will require training on child participation best practices to facilitate these functions, and this training itself will include the active participation of children and young people. To ensure participation of children and young people is meaningful, the NCRCOD will draw on the following:

- Government of Kenya's *Kenya National Child Participation Guidelines*.
- DCS' draft *Gatekeeping Guidelines* (annex on child participation).
- CTWWC & KESCA's *How to Engage Care Leavers in Care Reform*
- The advice of children and young people.

5.1.3 Non-state actors implement activities that align with the national and county management, coordination and monitoring structures and guidance

Kenya has a vibrant non-state sector consisting of civil society organizations, NGOs, PBOs, faith-based organizations, traditional community structures and networks, community-based organizations and informal structures and safety nets, as well as businesses. These actors play an influential role in the care and protection of children in Kenya through the services they provide and influence they have on beliefs, social norms, attitudes and behaviour. The Government recognizes the importance of engaging these non-state actors as partners in effecting successful care reform. The focus of care reform at the non-state actor level will be on ensuring non-state actors align with the Government's legal, regulatory and policy framework and the direction of this Strategy so that their skills, resources and programmes can be used to complement and support the Government's leadership of the care reform process.

Non-state actors will be actively engaged at both the national level and county level. However, the purpose of a specific non-state actor level of implementation is that it allows for non-state actors from across Kenya to engage, coordinate and align with the National Care Reform Strategy for Children in Kenya regardless of whether or not their resident county is implementing care reform (this will be particularly important in the earlier stages of the Strategy if county-level roll-out takes time). In this way, county levels and non-state actor levels of implementation will mutually reinforce each other.

NON-STATE ACTORS' AREAS OF RESPONSIBILITY

The Government will encourage non-state actors to align their work with the National Care Reform Strategy for Children in Kenya and invite them to become partners in progressing care reform.

As partners in the care reform process the expectations of non-state actors will be to:

- Receive guidance and support from the NCRCOD and County Care Reform Committees to ensure their activities align with the National Care Reform Strategy for Children in Kenya and are being delivered to a high standard.
- Work in close coordination with national and county-level management, coordination and monitoring structures by sharing standardized data, information on progress and learning, and engaging as members or advisors to management structures when invited to do so.
- Deliver services which support care reform and support monitoring and evaluation.
- Deliver communications and advocacy campaigns which support care reform and support monitoring and evaluation.
- Provide direct funding and other resources to projects which support care reform.
- Provide training and capacity-building support in areas related to care reform to Government agencies and other non-state actors where appropriate.
- Share data and learning with Government and non-state actors.
- Abide by all Government laws, regulations and policies and procedures.

In return for becoming partners of the Government in supporting the care reform process, non-state actors will receive guidance, support and capacity-building from the NCRCOD and County Care Reform Committees. They may also have the opportunity to influence the process through involvement in care reform management, coordination and monitoring structures.

Examples of non-state actors which can be engaged as partners are:

- CCIs transitioning away from institutional care.
- NGOs and PBOs establishing family and community-based care and/or prevention of separation and family strengthening projects.
- Faith-based organizations and donors, such as churches and mosques, transitioning their support from institutional care towards family and community-based care.
- Traditional leaders and their related institutions that wish to play a role in developing communications and advocacy campaigns which promote family and community-based care.
- Grass roots community-based organizations, such as women's groups and savings groups, running activities which support family and community-based care.
- Businesses engaging in corporate social responsibility activities, such as donations to charitable projects, which support family and community-based care.
- Individuals supporting children to stay within their families.

NON-STATE ACTOR MANAGEMENT, COORDINATION AND MONITORING STRUCTURES

Non-state actors are governed by their own internal governance and management structures. However, as partners of the Government they are obliged to align their activities with the legal, regulatory and policy framework of Kenya and the direction of this Strategy, and in doing so work collaboratively with the Government. Some non-state actors may be invited to join government-led national-level and county-level management, coordination and monitoring structures as members or advisors.

KICKSTART KIDS INTERNATIONAL: A CASE STUDY OF A NON-STATE ACTOR UNDERTAKING CARE REFORM WITH SUPPORT FROM THE GOVERNMENT

Kickstart Kids International's Olturoto Children's Village was originally registered as a CCI in Kajiado county and operated as a transit centre for abused, abandoned and neglected children. The children would be referred by Children's Officers and would often stay in the centre for up to three years, or longer, before being reunified with their families.

In 2017 Kickstart became aware of the emerging care reform agenda in Kenya and decided to transition to a model of family and community-based care. Kickstart realized it could build off the work of its existing reintegration programme. Using child participation techniques, and a tag line that 'home is best', Kickstart helped the children understand and own the process of reintegration. Each child had an individual care plan which was followed closely and updated as necessary. To prepare the families for reintegration, support was provided as per individual children's needs, for example by building better shelters and starting micro-enterprises. In some cases assessments showed that children could not safely return to their families of origin, so kinship care placements were arranged. Of the children residing in Olturoto Children's Village, eleven were reintegrated with their biological parents, nine were placed in kinship care, and seven young adults were transitioned to supported independent living.

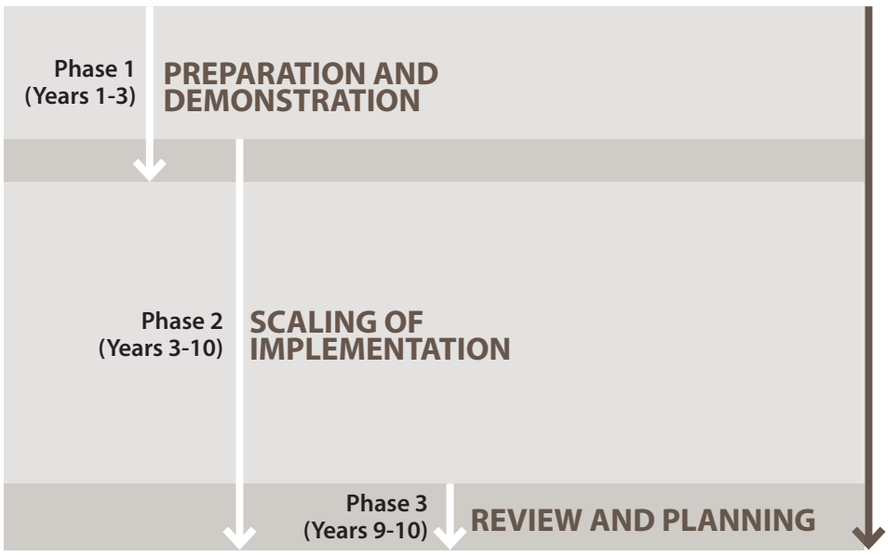
Kajiado County Children's Office and Kajiado East Sub-County Children's Office were instrumental in supporting Kickstart throughout this process. They reviewed and approved care plans for each child, ensured the revocation of committal orders so that parents or family members could resume care responsibility, and they provided guidance on good practice to ensure the best interests of the children were always met. Kickstart also partnered with other non-state organizations providing family strengthening services and capacity-building support. These included Wessex Social Ventures and the Association for the Alternative Family Care of Children.

Kickstart did face some challenges, one of which was that the local community perceived the transition in a negative sense as 'shutting down', rather than the positive move it in fact was. Another challenge related to the institutional workforce. Some of them could be redeployed into new roles, but others had to be let go. A further challenge related to Kickstart's donor base in Australia, some of whom were sceptical about the transition away from direct support for children. Finally, it was emotionally challenging – although ultimately rewarding – for the staff to make such a significant change in the work they had always known. Kickstart overcame all these challenges.

Kickstart continues to closely monitor the reunified children through regular home and school visits, as well as over the telephone. It also continues to provide some family and educational support, although this is gradually and safely being wound down. Kickstart's new organizational strategy is to work with the local community and other CCIs in Kajiado county on alternative family-based care and the prevention of family separation, including safeguarding of children in primary schools and economic strengthening of vulnerable families.

5.2 Phases of implementation

The National Care Reform Strategy for Children in Kenya will be implemented in three phases:



Each phase will be accompanied by a detailed workplan (or workplans) developed by the NCRCOD which will set out SMART actions to be completed during each phase, including time frames, responsible stakeholders, monitoring indicators and budget.

Demonstration counties

Demonstration counties work on implementing care reform within an established learning agenda, thus demonstrating, documenting, sharing and modelling for other counties. Demonstration counties represent a diversity of: geographic location, population, poverty figures, numbers of institutionalized children, problems identified and data existing, demonstrated leadership, coordination and level of local government support for care reform, non-state actors engagement in care reform, availability of services and support for children and families, drivers pushing children into institutional care, and operating profiles of CCIs. Demonstration sites have applicability nationally and increase the likelihood that approaches and interventions can be contextualized and scaled across the wide range of settings in Kenya. They strengthen coordination mechanisms to support care reform. There are currently four care reform demonstration counties in Kenya: Kisumu, Kilifi, Murang'a and Nyamira.

The learning and data generated from demonstration counties will help inform plans for the scaling of care reform across all counties in Kenya by government, and by other non-state actors, during Phase 2 of the National Care Reform Strategy for Children in Kenya.

CASE STUDY OF KISUMU DEMONSTRATION COUNTY

Kisumu County was selected as a demonstration county in 2017 based on various factors including: high levels of poverty and the prevalence of HIV, high levels of civil society engagement in supporting children's care, and high levels of Government commitment to promoting family and community-based care. A situational analysis of institutions revealed that 47 per cent of institutionalized children had disabilities, 40 per cent of institutionalized children came from within the same sub-county as the institution, and 50 per cent of institutionalized children had at least one living parent. The main drivers for separation were violence, neglect and orphanhood.

In this context Kisumu was selected by DCS to pilot the implementation of the *Guidelines for the Alternative Family Care of Children in Kenya*. This was done through the establishment of recommended child protection structures, awareness-raising activities and the development of training manuals and implementation tools. Demonstration work in the county has taken a multidisciplinary approach with UNICEF, CTWWC, the media and the community itself playing key roles in supporting the Government.

Achievements have included:

- A situational analysis for children in institutional care, which is informing the continued work there.
- The development of a Caseworker's Guidebook and Toolkit as well as standard operating procedures for all alternative family care options, *Gatekeeping Guidelines* and draft communication handbook for children in institutional care, which will be finalized soon.
- CPIMS has been upgraded to be able to capture data about children in CCIs, and this data can be entered directly by the CCIs' personnel. For children in other forms of family-based care, Children's Officers can enter data about the family providing the care at the time of placement and during follow-up monitoring visits. When scaled up in all counties, the data on children in institutional care will be known and available in real time.
- Training has been delivered to the social service workforce, CCI managers, government administrative officers, religious leaders, communities, and children and young people to support their engagement in the care reform process.

In 2020, following the onset of the COVID-19 pandemic and Government directives for children to be released from institutions (see Chapter 2.5), a data-collection exercise was conducted to understand the effect on children and their families. 1,007 children and young people that had transitioned to family and community-based care were supported with monthly cash transfers to their parents and carers and monitored by 41 Child Protection Volunteers who were provided with a stipend to facilitate their work. A number of these children who were returned to families during this time have remained in these families while some have gone back to the residential care. In both cases, lessons have been generated to inform the programme.

The Kisumu experience continues to demonstrate how approaches and interventions can be both contextualized and scaled across a wide range of settings in Kenya. Learning from Kisumu has already been used to initiate care reform activities in Garissa, Kilifi, Murang'a, Nyamira and Turkana and now the six counties continue to offer learnings for improvement in implementation of care reform.

5.2.1 Phase 1

Phase 1 will prepare the ground for scaling care reform implementation across Kenya. This includes demonstrating care reform through demonstration counties (see Demonstration counties text box, above). The following outlines key areas of work to be completed during this phase[47]:

	Tasks	Responsible agencies	Relevant chapter
1	**Care reform implementation and monitoring**		
1.1	Establish the National Care Reform Steering Committee and National Care Reform Technical Advisory Committee to oversee the management, coordination, monitoring and funding of care reform at the national level.	NCCS	Ch. 5.1, 5.3 and 5.4
1.2	Establish the NCRCOD including human resource systems and procedures; recruitment, orientation and training of staff; funding for activities; mechanisms to document, monitor, analyse and quality assure care reform implementation.	NCCS	Ch. 5.1 and 5.4
1.3	Develop a national M&E framework for care reform that focuses on how to monitor and evaluate progress of implementing the Strategy.	NCRCOD	Ch. 5.4
1.4	Unpack the National Care Reform Strategy for Children in Kenya to develop a SMART national workplan and budget for Phase 1.	NCRCOD	Ch. 5.1
1.5	Undertake a costing process for the National Care Reform Strategy for Children in Kenya.	NCRCOD	Ch. 5.1
1.6	Secure Government and partner funding to cover all activities identified in the Phase 1 national workplan.	NCCS, NCRCOD, National Treasury	Ch. 5.3
1.7	Establish clear mechanisms at the national level, through the national Children's Assembly, to ensure the meaningful participation of children and young people in coordination with other national management, coordination and monitoring structures.	NCRCOD	Ch. 5.1
1.8	Establish protocols to ensure vulnerable and at-risk groups of children are prioritized from the onset of the National Care Reform Strategy for Children in Kenya implementation. This should include children with disabilities, special needs and chronic and complex health conditions.	NCRCOD	Ch. 5.1
1.9	Develop and implement systems to quality assure, monitor and evaluate the care reform process and progress, and generate reports.	NCRCOD	Ch. 5.1 and 5.4

47 Note that this is not a comprehensive workplan. A SMART workplan will be developed by the NCRCOD at the beginning of Phase I.

	Tasks	Responsible agencies	Relevant chapter
1.10	Progress care reform implementation in the four demonstration counties (Kilifi, Kisumu, Murang'a and Nyamira), documenting and consolidating learning from the experience to inform the scaling of care reform across counties in Phase 2.	AACs and Care Reform Committees in Kilifi, Kisumu, Murang'a and Nyamira, with support from NCRCOD	Ch. 5.1
1.11	Develop a mechanism to engage non-state actors as partners at the non-state actors level. This will include eligibility criteria, a selection process, the provision of guidance, support and capacity-building, and procedures for documenting and collating learning from non-state actors' experience to inform the scaling of care reform among non-state actors in Phase 2.	NCRCOD, non-state actors	Ch. 5.1
1.12	Conduct a baseline assessment that includes but is not limited to the rapid review of the estimated numbers, locations and other relevant data concerning children in institutional care or otherwise separated from their families, to inform the scaling of care reform across counties during Phase 2 and to evaluate progress in Phase 2 and Phase 3.	NCRCOD	Ch. 5.1
1.13	Support all CCIs in Kenya to capture data of resident children within CPIMS.	NCCS	Ch. 4.3, 14.1
1.14	Consolidate data and learning from demonstration counties, non-state actor partners and the rapid review of institutionalized and separated children to develop a SMART plan for the scaling of care reform across all counties, as well as increased numbers of non-state actors during Phase 2.	NCRCOD	Ch. 5.1
1.15	Develop trainings, templates and other tools to guide, support and capacity-build counties and non-state actors in care reform implementation during Phase 2.	NCRCOD	Ch. 5.1
1.16	Develop a SMART national workplan and budget for Phase 2 (or for part of Phase 2).	NCRCOD	Ch. 5.1
1.17	Secure Government funding for Phase 2 national workplan/s.	NCCS, NCRCOD, National Treasury	Ch. 5.3

	Tasks	Responsible agencies	Relevant chapter
2	**Legislation, regulations, policy and procedures**		
2.1	Guided by the National Care Reform Strategy for Children in Kenya and *National Care Reform Situational Analysis of Kenya 2020*, initiate and undertake a comprehensive review of national legislative, regulatory and policy provisions which require reform to ensure they are supportive of family and community-based care.	NCRCOD	Ch. 4.1
2.2	Establish and initiate mechanisms and a process to reform national legislative, regulatory, policy and procedural provisions to ensure they are supportive of family and community-based care.	NCRCOD in coordination with relevant Government agencies.	Ch. 4.1
3	Family and community-based services and systems		
3.1	Guided by the provisions in Chapter 4.2, and working under the authority of the National Care Reform Steering Committee, the NCRCOD to hold each primary responsible agency to account to develop and implement a SMART plan for Phase 1 activities, and to implement these activities in coordination with nominated implementation agencies. NCRCOD to monitor and document progress of these activities against these plans.	NCRCOD, National Care Reform Steering Committee, primary responsible agencies and implementation agencies (as detailed in Ch 4.2)	Ch. 4.2
4	**Communications and advocacy**		
4.1	Guided by the provisions in Chapter 4.3, develop and begin the implementation of a comprehensive national communications and advocacy strategy which will continue throughout the ten-year term of the Strategy.	NCRCOD, State Department for ICT.	Ch. 4.3
5	**Redirecting resources to family and community-based services**		
5.1	Guided by the provisions in Chapter 4.4, develop and begin the implementation of a comprehensive national redirection of resources strategy which will continue throughout the ten-year term of the Strategy.	NCRCOD	Ch. 4.4

5.2.2 Phase 2

Phase 2 will build on the foundations laid during Phase 1 to scale the implementation of care reform across all counties in Kenya and through increased numbers of non-state actors. Phase 2 overlaps with Phase 1. Specific details on the areas of work to be carried out during this phase will be determined by data and learning gathered during Phase 1, and will be detailed in the Phase 2 national workplan/s. The following is therefore a summary of some of the main areas of work to be undertaken.

	Tasks	Responsible agencies	Relevant chapter
1	**Care reform implementation and monitoring**		
1.1	Roll out the scaling out plan to implement care reform in all counties in Kenya and increased numbers of non-state actors. Monitor and evaluate this process carefully to ensure children are safely and sustainably placed and continue to be supported in family and community-based care.	NCRCOD, AACs and Care Reform Committees, non-state actors.	Ch. 5.1
1.2	Conduct a midline evaluation, building off the baseline data collected in Phase 1 and to ensure efficiency and effectiveness. Use results of evaluation to inform adaptations to activities.	NCRCOD	See National Care Reform M&E Plan (supplementary document)
1.3	Provide guidance, support and capacity-building to counties and non-state actors to implement care reform. This includes assisting counties to develop and implement their SMART county action plans.	NCRCOD	Ch. 5.1
1.4	In Year 5, undertake a midterm review of the implementation of the National Care Reform Strategy for Children in Kenya and, if necessary, amend the Strategy accordingly.	NCRCOD	Ch. 5.4
1.5	Develop a SMART national workplan and budget for Phase 3.	NCRCOD	Ch. 5.1
2	**Legislation, regulations, policy and procedures**		
2.1	If necessary finalize any areas of national legislative, regulatory and policy reform to ensure they are supportive of family and community-based care.	NCRCOD in coordination with relevant Government agencies.	Ch. 4.1

	Tasks	Responsible agencies	Relevant chapter
3	**Family and community-based services and systems**		
3.1	Guided by the provisions in Chapter 4.2, and working under the authority of the National Care Reform Steering Committee, the NCRCOD to hold each primary responsible agency to account to develop and implement a SMART plan for Phase 2 activities, and to implement these activities in coordination with nominated implementation agencies. NCRCOD to monitor and document progress of these activities against these plans.	NCRCOD, National Care Reform Steering Committee, primary responsible agencies and implementation agencies (as detailed in Ch 4.2)	Ch. 4.2
4	**Communications and advocacy**		
4.1	Guided by the provisions in Chapter 4.3, continue the implementation of a comprehensive national communications and advocacy strategy.	NCRCOD, State Department for ICT.	Ch. 4.3
5	Redirecting resources to family and community-based services		
5.1	Guided by the provisions in Chapter 4.4, continue the implementation of a comprehensive national redirection of resources strategy.	NCRCOD	Ch. 4.4

5.2.3 Phase 3

Phase 3 will overlap with Phase 2 and will involve an external evaluation of the ten-year Strategy to review its success and impact and determine what the next steps should be for care reform. The Phase 3 evaluation will build on the baseline and midline evaluations of Phase 1 and Phase 2 respectively. The evaluation will align with the metrics outlined in the National Care Reform Monitoring and Evaluation document, which is a separate supplement to this Strategy. After the Phase 3 evaluation, reflection on adaptations to the strategic approach, activities and priorities can inform a succeeding strategy. The next steps could then include developing a new care reform strategy to build further on the progress made during the original ten-year Strategy, or other measures.

5.3 Financing care reform

5.3.1 Costing the Strategy

The Government is committed to costing the National Care Reform Strategy for Children in Kenya at the national level. CTWWC is committed to providing technical support to the Government to undertake national-level costing.

The NCRCOD will provide guidance, templates and training to County Care Reform Committees to develop their own detailed budgets for the implementation of their county action plans (see Chapter 5.1).

5.3.2 Financing the Strategy

With support from partners where necessary, the Government is committed to funding the National Care Reform Strategy for Children in Kenya. This will include contributions from both National and County Governments.

The National Care Reform Strategy for Children in Kenya requires three areas of financing and resourcing. These are:

- One-off investment and capital costs
- Ongoing running costs of family and community-based services.
- Transitional costs of running new services in parallel with institutions that are in the process of transitioning.

The following provides more information about / examples of these costs.

ONE-OFF INVESTMENTS AND CAPITAL COSTS

One-off investments and capitals costs are financial investments required to support the management and implementation of the reform process, or one-off capital costs, rather than ongoing costs associated with services.

At the national level these costs include:

- Establishment and operating costs of the NCRCOD and other national-level management, coordination and monitoring structures.
- Establishment of quality assurance and monitoring and evaluation systems and procedures.
- Rapid review of the estimated numbers, locations and other relevant data concerning children in institutional care or otherwise separated from their families,
- Development of trainings, templates and other tools to guide, support and capacity-build counties and non-state actors in care reform implementation.
- Research into special therapeutic health institutions, small groups homes and traditional community approaches to care.
- Development implementation of the communications and advocacy strategy.
- Development and implementation of the redirection of resources strategy.

At the county level these costs include:

- Establishing county-level care reform management, coordination and monitoring structures, including County Care Reform Committees (where they do not already exist).
- Undertaking detailed situational analyses to gather county data on institutionalized children and unaccompanied and separated children, and other relevant data to inform county action plans.
- Developing county action plans for care reform implementation, and associated M&E plans and detailed budgets.

ONGOING RUNNING COSTS

Ongoing running costs are investments required on an ongoing basis to support the new system of family and community-based services. While the redirection of resources strategy as outlined in Chapter 4.4 will secure high levels of funding which has been redirected from the institutional system to the family and community-based services, it is unlikely this will cover the full cost of these services. There will remain a deficit. With support from partners, the Government is therefore committed to fully funding this deficit.

At the national level these costs include:

- A robust monitoring and inspection system of CCIs.
- Information management systems and databases.
- Workforce development strategies, curricula and trainings.

At the county level these costs include:

- Prevention of separation and family strengthening services.
- Oversight and support for kinship care placements.
- Foster care programmes offering high-quality foster care placements.
- Gatekeeping processes.
- Case management.

TRANSITIONAL COSTS

County care reform plans will include a timetable for the strengthening and development of new services and the gradual transition of institutionalized and separate children into family and community-based care. For a period of time during implementation, institutions will still be operating while new services are evolving. During this period, overall costs of care will increase. If, for example, the staff from an institution are being retrained to become foster carers or to provide family strengthening services, these new services will need personnel at the same time as the institution still requires personnel. Therefore, during this period of transition, additional personnel will be required to ensure the quality of care for children does not decrease. These, and other transitional costs, can be calculated according to a tried and tested formula, once county-level plans and time frames are agreed.

5.4 Monitoring and evaluation

The Government is committed to designing a monitoring and evaluation framework for the National Care Reform Strategy for Children in Kenya. CTWWC is committed to providing technical support to the Government in this process. The National Care Reform Monitoring and Evaluation Plan is a supplementary document to this strategy. The purpose of the National Care Reform M&E Plan is to set standards to measure the process and effectiveness of the care reform strategy. More specifically, the M&E plan includes the following:

- Process indicators to monitor implementation of the national strategy
- Output indicators to track progress in implement activities that should frequently occur
- Outcome indicators to evaluate effectiveness of activities in reaching the goals of this strategy

Indicators to monitor and evaluate implementation of the strategy will be accompanied by methods and data sources, as well as a description of how data will be collected, collated, analysed and used for decision-making. The M&E plan will also include a description of how to build learning into routine processes and how to use learning to inform activities and scale-up. Roles and responsibilities of actors at national, county and community levels will describe each person's role in collecting, reporting, analysing and using data.

Indicators will comprise metrics that will be monitored routinely through the CPIMS and other sources, as well as the need for any additional data to be collected routinely. In addition, the M&E plan will articulate select evaluations and other special studies that may be required to evaluate effectiveness. As described in this document, Phase 1 of implementation will include a baseline evaluation, Phase 2 a midline evaluation and Phase 3 a final evaluation. The M&E plan will describe indicators and methods to inform each of these evaluations.

ANNEX 1 – Development process for the National Care Reform Strategy for Children in Kenya

The following table provides an overview of the development process for the National Care Reform Strategy for Children in Kenya.

Date	Stage	Work undertaken	Key stakeholders involved
March to August 2020	Desk review	A comprehensive desk review of relevant laws, regulations, policies, standards, guidelines, procedures, research papers, articles and media reports.	NCCS UNICEF Care Reform Strategy Sub-Committee.
May to October 2020	Stakeholder consultation	An in-depth consultation with key stakeholders involving 64 online consultation events, made up of 35 KIIs and 29 FGDs.	NCCS UNICEF See Annex 2 for stakeholders consulted.
September to October 2020	Draft 1 of Strategy	Analysis of Situational Analysis. Outline structure and core themes / content developed for Strategy. Presented as Draft 1 of the National Care Reform Strategy for Children in Kenya and discussed at a workshop on 21 and 22 October 2020.	NCCS UNICEF Care Reform Strategy Sub-Committee.
26 & 30 November 2020	Draft 2 of Strategy	Consolidation and analysis of Draft 1 feedback and decisions. Draft 2 developed and shared for consultation. Workshop to review and discuss Draft 2 of the National Care Reform Strategy for Children in Kenya on 26 and 30 November 2020.	NCCS UNICEF Care Reform Strategy Sub-Committee.
13 January 2021	Management structures, roles and responsibilities workshop	Management structure options to oversee and implement the Strategy presented to the Cabinet Secretary of Labour and Social Protection and other senior leaders at a workshop on 13 January 2021.	NCCS UNICEF Cabinet Secretary – Ministry of Labour and Social Protection NCCS
December 2020 to February 2021	Draft 3 of Strategy	Consolidation and analysis of Draft 2 feedback and decisions. Draft 3 developed and shared for consultation. In-person workshop at Enashipai Resort, Naivasha, to review and discuss Draft 3 of the National Care Reform Strategy for Children in Kenya on 3 to 5 February 2021.	NCCS UNICEF See Annex 2 for stakeholders at workshop.

Date	Stage	Work undertaken	Key stakeholders involved
February to March 2021	Drafts 4 and 5 Strategy	Consolidation and analysis of Draft 3 feedback and decisions. Drafts 4 and 5 developed by NCCS with support from UNICEF.	NCCS UNICEF
April to July 2021	Draft 6 of Strategy	M&E components of the Strategy developed with support from CTWWC. Further reviews by NCCS with support from UNICEF.	NCCS UNICEF CTWWC
August 2021	Final Strategy	Draft 6 presented to and validated by the Cabinet Secretary for Labour and Social Protection and other senior leaders at the Senior Leaders National Care Reform Strategy for Children in Kenya Validation Workshop on 17-19 August 2021 at Naivasha Simba Lodge. Final Strategy completed.	See Annex 2 for senior leaders that have validated the Strategy.

ANNEX 2 – Stakeholders involved in the development of the National Care Reform Strategy for Children in Kenya

Care Reform Strategy Sub-Committee

The Care Reform Strategy Sub-Committee is a sub-committee of the Care Reform Core Team which took an active role in supporting NCCS to develop the National Care Reform Strategy for Children in Kenya. The Sub-Committee was made up of representatives from the following Government and non-state agencies:

- National Council for Children's Services
- Department of Children's Services
- National Council for Persons with Disabilities
- Department of Social Development
- Social Assistance Unit
- Social Protection Secretariat
- Street Families Rehabilitation Trust
- Ministry of Education
- Ministry of Health
- Kenyan Society of Care Leavers
- Association of Charitable Children's Institutions in Kenya
- UNICEF
- Changing the Way We Care
- Lumos
- Hope and Homes for Children
- Stahili Foundation

Key informant interviews

The following table provides full details of key informant interviews (KIIs) undertaken as part of the consultation process. A KII consists of an interview with a single stakeholder group, which may include an individual interviewee or multiple interviewees from that stakeholder group.

No.	Stakeholder group	Sector	Date	Names / positions of attendees
1	**National Council for Children's Services – Board**	Government	15 May 2020	Mr Abdinoor Sheikh, Ag CEO Director Seth Masese Director Bishop Bernard Njoroge Kariuki
2	**National Council for Children's Services – Staff**	Government	15 May 2020	Mr Abdinoor Sheikh, Ag CEO Mary Thiong'o, Advocacy Research and Development Section Janet Mwema, Advocacy Research and Development Section Kennedy Owino, Licencing Standards and Compliance Section Alex Wamakobe, Policy and Legal Development Section Bakala Wambani, Administration Section
3	**Judiciary**	Government	21 May 2020	Hon Mary Otindo, Senior Resident Magistrate, Children's Court Milimani Hon Viola Yator, Senior Resident Magistrate and Head of Station Tononoka Children's Court Hon Jackline Kibosia, Senior Resident Magistrate In Charge of the Children Section, Makadara Law Courts
4	**UNICEF Kenya – Child Protection** ***(Specialist on children in the justice system)***	Non-state	21 May 2020	Faith Manyala, Child Protection Officer
5	**The Stahili Foundation**	Non-state	22 May 2020	Michelle Oliel, Executive Director Peter Mburu, Psychosocial Coordinator Irene Makena, Lead Social Worker Rob Oliver, Education and Advocacy Director Patrick Mwati, Budget Officer
6	**Child rights activist and former parliamentarian**	Government	22 May 2020	Hon. Linah Jebii Kilimo, Child Rights Activist / Chief Administrative Secretary, Ministry of Agriculture / Street Families Rehabilitation Trust Fund / Former Parliamentarian
7	**Changing the Way We Care**	Non-state	02 June 2020	Frederick Mutinda, Project Director Kelley Bunkers, Senior Technical Advisor Cornel Ogutu, System Strengthening Advisor Joseph Muthuri, Regional Advocacy Advisor

No.	Stakeholder group	Sector	Date	Names / positions of attendees
8	**Department of Social Development**	Government	04 June 2020	Josephine Muriuki, Director Department for Social Development Jacinta Mwende, Family Promotion and Social Welfare Division Winnie Mwasiaji, Community Capacity Support & Development Division Sitati Tepla, Community Capacity Support & Development Division Phoebe Nyagundi, Persons with Disabilities Division Susan Mutungi, Deputy Director, Social Lissel Mogaka, Head, Family Promotion and Social Welfare Charity Kiilu, Program Officer (Older Persons) Mercy Kuria, Social Development Mary Mordecai, Social Development Jacinta Mwende, Program Officer (Family Promotion & Protection)
9	**Independent care reform expert with experience of East Africa**	Non-state	04 June 2020	Delia Pop, Independent Care Reform Expert
10	**Hope and Homes for Children**	Non-state	05 June 2020	Stephen Ucembe, Regional Advocacy Manager Michela Costa, Head of Global Advocacy
11	**Project's Abroad** ***(Volunteering organization)***	Non-state	05 June 2020	Somi Cho, Operations Director
12	**Turtle Bay Beach Club** ***(Responsible tourism organization)***	Non-state	08 June 2020	Ken Ombok, Estate Manager
13	**National Council for Persons With Disabilities**	Government	09 June 2020	Jane Wamugu, Administrative Officer Rosabel Githinji, Acting Assistant Director for Disability Services

No.	Stakeholder group	Sector	Date	Names / positions of attendees
14	**Department of Children's Services**	Government	09 June 2020	Marygorret Mogaka, Deputy Director Counter Trafficking Carren Ogoti, Deputy Director Alternative Family Care Samuel Ochieng, Principal Children's Officer Planning / Development CPIMS Ruth Areri, Principal Children's Officer Institutions Alfred Murigi, Principal Children's Officer Alternative Family Care Jane Munuhe, Principal Children's Officer Alternative Family Care Hudson Imbayi, Principal Children's Officer Alternative Family Care Naomi Kyule, Principal Children's Officer Alternative Family Care Ruth Njuguna, Principal Children's Officer Countertrafficking section
15	**Maestral International**	Non-state	09 June 2020	Kelley Bunkers, Senior Associate
16	**Social Protection Secretariat**	Government	10 June 2020	Winnie Chivila, Senior Social Development Officer Madam Jacynter, Assistant Director Children's Services Mr Ombasa, Principal Children's Officer
17	**One Horizon** ***(Responsible tourism organization)***	Non-state	11 June 2020	Colin Murray, Executive Director
18	**UNHCR Kenya**	Non-state	11 June 2020	Amin Afridi, Child Protection Officer, Kakuma Seda Kuzucu, Senior Protection Coordinator / Head of Operation in Kakuma Yamini Pande, Senior Protection Advisor, Mombasa and Nairobi Charity Chomba, Child Protection Officer, Dadaab
19	**Association for Charitable Children's Institutions Kenya**	Non-state	12 June 2020	Protus Lumiti, General Secretary
20	**Lumos**	Non-state	12 June 2020	Grace Mwangi, Programme Consultant Irina Malanciuc, Head of Europe
21	**Ministry of Health – Department of Family Health**	Government	15 June 2020	Dr Laura Angwenyi, Head of Division of Neonatal and Child Health Stephen Mwangi, Principal Health Officer

No.	Stakeholder group	Sector	Date	Names / positions of attendees
22	**Street Families Rehabilitation Trust Fund**	Government	16 June 2020	Caroline Towett, CEO Grace Mwangi, Board Member / Chair of Advocacy and Communications Christine Ondieki, Programme Officer Fatma Ahmed, Board Member / Representing the PS Alex Masibo, Board Member / Chair of the Programmes Committee Hon. Jebii Kilimo, Board Chair, Street Families Rehabilitation Trust Fund
23	**Kenya Society of Care Leavers**	Non-state	16 June 2020	Samora Asere, Chairperson Grace Wanjiku, Assistant Chair Ruth Wacuka, Secretary Grace Njeri, Assistant Secretary
24	**Child i Foundation** *(Ugandan NGO)*	Non-state	26 June 2020	Chris Muwanguzi, CEO
25	**UNICEF Kenya – Child Protection**	Non-state	30 June 2020	Monika Sandvik-Nylund, Chief Child Protection Yoko Kobayashi, Child Protection Specialist Catherine Kimotho, Child Protection Specialist
26	**Social Assistance Unit**	Government	03 July 2020	Peterson Ndwiga, Principal Children's Officer
27	**Evangelical Alliance of Kenya / Inter-Religious Council of Kenya**	Non-state	14 July 2020	Bishop Ngunjiru Mwangi, Evangelical Alliance of Kenya Bishop John Warari Wakaba, Evangelical Alliance of Kenya
28	**Maintain Hope** *(Donor in Ireland)*	Non-state	14 July 2020	Gerry O'Donoghue, Trustee
29	**Ministry of Labour and Social Protection**	Government	21 July 2020	Ngei Mutinda, Senior Deputy Secretary, Department of Social Protection
30	**Ministry of Education**	Government	21 July 2020	Nerreah Olick, Director of Primary Education Dr Mary Gaturu, Director Quality Assurance and Standards Dr Silvester Mulambe, Director of Policy, Partnerships and East African Affairs
31	**Organization of African Instituted Churches / Inter-Religious Council of Kenya**	Non-state	22 July 2020	Rev. Father Joseph Mutie, General Secretary, Organization of African Instituted Churches / Chairman, Inter-Religious Council of Kenya
32	**Kivuli Trust** *(Donor in Australia)*	Non-state	22 July 2020	Karen Thompson, Kivuli Committee Member Dee Ruthers, Kivuli Committee Member and Co-Founder
33	**Muslim and inter-religious scholar**	Non-state	23 July 2020	Hassan Mutubwa, Muslim and inter-religious scholar

No.	Stakeholder group	Sector	Date	Names / positions of attendees
34	**International Network of Religious Leaders Kenya Chapter / Supreme Council for Kenyan Muslims**	Non-state	23 July 2020	Sheikh Abdalla Mohamed Kamwana, Chairman, International Network of Religious Leaders Kenya Chapter / Coordinator, Supreme Council for Kenyan Muslims
35	**National Crime Research Centre**	Government	7 July 2020	Crispinus Aben, Research Officer

Focus group discussions

The following table provides full details of focus group discussions (FGDs) undertaken as part of the consultation process. An FGD consists of a consultation workshop with multiple individuals from multiple stakeholder groups,[48] with the workshop focused on a single thematic issue.

No.	Theme of FGD	Sector	Date	Names / organizations of attendees
1	**Mijikenda traditional leaders (Kaya Elders)**	Non-state	20 May 2020	Emmanuel Munyaya, Kilifi Traditional Elder Caxton Chivatsi, Kilifi Traditional Elder Shaban Ndegwa, Kwale Traditional Elder Hassan Radani, Kwale Traditional Elder Salim Mwasabu, Kwale Traditional Elder
2	**Child trafficking and orphanage voluntourism**	Non-state	17 June 2020	Michelle Oliel, The Stahili Foundation Sophie Otiende, Liberty Shared Ruth Wacuka, Reroot Africa
3	**Kisumu County Government officers**	Government	17 June 2020	Humphrey Wandeo, County Director Children Denis Mudhune, County Director Social Development Mark Keya, Children's Officer Nelly Asuna, Children's Officer
4	**Street-connected children**	Non-state	18 June 2020	Dennis Alfayo, Children's Fortress Africa Buthaina Ibrahim, Undugu Society of Kenya Charity Waichari, Tumaini Kwa Watoto Stephen Muthoka, Tumaini Kwa Watoto
5	**Muranga County Government officers**	Government / Non-state	18 June 2020	Rhoda Mwikya, County Coordinator Michele Oliel, The Stahili Foundation Nanis Mutegi, Sub-County Children Officer Abdi Adan, Sub-County Children Officer Jane Karanja, Children Desk Catholic Diocese of Murang'a Faith Kamau, Sub-County Children Officer

48 Note that for workshops with groups of traditional leaders, although each workshop was oriented around a particular community, leaders from within that community represented different regions, clans, groupings and so on, so for the purpose of this research they were not considered a single stakeholder group.

No.	Theme of FGD	Sector	Date	Names / organizations of attendees
6	**Children with disabilities**	Non-state	19 June 2020	Fayel Odeny, Kenyan Association for the Intellectually Handicapped Fatma Wangare, Kenyan Association for the Intellectually Handicapped Peter M. Muasya, Agency for Disability and Development in Africa Rina Mueke, Agency for Disability and Development in Africa Mellen Marucha, Sense International Kenya Dennis Moogi, Action for Children with Disabilities / Cresnet Centre Vincent Ogutu, Cheshire Disability Services Kenya George Awalla, Voluntary Services Overseas Kenya *Note that all participants are also members of the Action for Children with Disabilities Network*
7	**Kiambu County Government officers**	Government	19 June 2020	Rose Chege, Deputy County Commissioner Rosemary Mwangi, Assistant County Commissioner Mary Nyambura, County Coordinator Social Development Rose Barine, County Children's Coordinator Mary Muthumbi, Sub-County Children's Officer / Limuru Sub-County Harriet Kihara, Sub-County Children's Officer / Kikuyu Sub-County
8	**Statutory children's institutions**	Government	25 June 2020	Damaris Kasyula, Manager, Machakos Rescue Centre Grace Achieng, Manager, Nakuru Probation Girls Hostel James Nyaga, Manager, Kabete Rehabilitation School Japheth Munialo Lumbasi, Kabete Rehabilitation School
9	**Nyamira County Government officers**	Government	25 June 2020	Sammy Korir, County Coordinator Children's Services Gilbert Nyaribo, Children's Officer Billy Adera, Children's Officer Beryl Onditi, County Disability Services Officer Nicholus Rioki, Social Development Officer Martha Mbatia, Children's Officer
10	**Children in the justice system**	Non-state	26 June 2020	Martin Munyagia, Collective Community Action Annie Chege, Collective Community Action Francis Mutuku Ndolo, CEFA Derek Oliver, Route Sixty One Foundation Penny Oliver, Route Sixty One Foundation Samuel Munyuwiny, African Institute for Children Studies Bonface Buluma, Fondazione Lálbero Della Vita Carla Muscau, Fondazione Lálbero Della Vita

No.	Theme of FGD	Sector	Date	Names / organizations of attendees
11	**Nairobi County Government officers**	Government	26 June 2020	Doreen Thiuru, Social Development Officer Emily Otieno, Social Development Officer Teresa W. Kariuki, SCCO, Kibra Ruth N. Omolo, SCCO, Makadara Nancy Waswa, Children's Officer Ezekiel Kimani, Children's Officer Mary Mbuga, County Children's Coordinator Margaret Kagwiria, Manager, Nairobi Rescue Centre
12	**Alternative care and leaving care**	Non-state	30 June 2020	Esther Sankale, Adoptive Parents Association Julius Arega, Rays of Hope Mirian Musyoka, SOS Children's Villages Henry Bineah, SOS Children's Villages Victoria Kamau, Kickstart Kids International Nancy Nyamai, Kickstart Kids International Grace Nyaga, Macheo Children's Organisation Rose Kinyanjui, Macheo Children's Organisation Marnis Huis Veld, Macheo Children's Organisation Carol Telger, The Salvation Army Dagobert Mureriwa, The Salvation Army Jashiben Khristi, The Salvation Army George Ndhawa, Alternative Child Care Alliance Joseph Mwanga, Love In Deed Organisation Grace Ekambi, Little Angels Network Vumani Zenzo, Little Angels Network Dickson Masindano, Buckner International Kenya George Njuguna Mwangi, Koinonia
13	**Garissa County Government officers**	Government / Non-state	30 June 2020	Mohamed Abdi Hussein, County Coordinator for children services, Garissa Guyo Boru, Manager Garissa Children's Rescue Omar Abdi Mahamud, Sub-county Children's Officer Dadaab Adan Dika, Assistant Warden Young Muslim Children's Home Mohamed Moge Hassan, Technical Co-Ordinator Child Protection Terres des Hommes Dadaab operation
14	**Charitable children's institutions**	Non-state	02 July 2020	Raphael Nganga, Children of God Relief Institute Killian Mwalasha, Tumaini Orphanage Consulate Aluoch Muga Mercy Ministries Joseph Matheka, Emmanuel Kids Program Lucy Kamau, New Life Home Trust Social Worker Caroline Chebichii, Amani Na Wema Protus Lumiti, Association for Charitable Children's Institutions Kenya Luke Shitekha, Malaika Children's Home Benedict Muya, Nyumba Ya Tumaini Reah Nderitu, Morning Star Children's Home Joyce Wanjiku, Wanjihia Gatundu Children's Home

No.	Theme of FGD	Sector	Date	Names / organizations of attendees
15	**Prevention of separation and family strengthening**	Non-state	02 July 2020	Grace Wanunda, Adoptive Parents Association Esther Sankale, Adoptive Parents Association Bonface Buluma, Fondazione Lálbero Della Vita Mailu Pascal, SOS Children's Villages Henry Bineah, SOS Children's Villages Pauline Kedogo, SOS Children's Villages Raymond Mutua, Centre for Research, Work, Organization and Family, Strathmore University Evelyn Mutura, Centre for Research, Work, Organization and Family, Strathmore University Charlotte Kolff, Puppet Interview Programme Victoria Kamau, Kickstart Kids International Nancy Nyamai, Kickstart Kids International Seth Mwangi, Macheo Children's Organisation Rose Kinyanjui, Macheo Children's Organisation Marnix Huis Veld, Macheo Children's Organisation Winfred Kavutha Ngamau, Vision Africa Carol Telger, The Salvation Army Dagobert Mureriwa, The Salvation Army Jashiben Khristi, The Salvation Army George Ndhawa, Alternative Child Care Alliance Grace Ekambi, Little Angels Network Vumani Zenzo Ndebele, Program Coordinator Ann Gathoni, Tushinde Beth Muna, Tushinde Mercy Wanjiku, Tushinde George Njuguna Mwangi, Koinonia Muteru Njama, Change Trust Francis Veto, Halfway House Rehabilitation Centre

No.	Theme of FGD	Sector	Date	Names / organizations of attendees
16	**Care reform, deinstitutional-ization and reintegration in practice**	Non-state	03 July 2020	Grace Wanunda, Adoptive Parents Association Esther Sankale, Adoptive Parents Association Linet Gwengi, Adoptive Parents Association Muteru Njama, Change Trust Victoria Kamau, Kickstart Kids International James Woodward, Kickstart Kids International Anne Kinuthia, Kivuli Project George Njuguna Mwangi, Koinonia Grace Ekambi, Little Angels Network Grace Nyaga, Macheo Children's Organisation Joan Mburu, Macheo Children's Organisation Marnix Huis Veld, Macheo Children's Organisation Charlotte Kolff, Puppet Interview Programme Foundation Julie Pederson, Rafiki Children's Home Julius Arega, Rays of Hope Henry Bineah, SOS Children's Villages Pauline Kedogo, SOS Children's Villages Dagobert Mureriwa, The Salvation Army Jashiben Khristi, The Salvation Army Anne Makumi, The Salvation Army Ivan Osano, Tushinde Janet Makasi, Tushinde
17	**National Government agencies 1**	Government	07 July 2020	Chrispinus Aben, National Crime Research Centre Elijah Rottok, Kenya National Commission on Human Rights Veronica Mwangi, NCAJ Special Taskforce on Children Matters Justice Martha Koome, NCAJ Special Taskforce on Children Matters
18	**Perspectives of care leavers 1**	Non-state	08 July 2020	Samora Korea Ruth Wacuka Rahab Nyawira Felix Otieno Naomi Kathule Felix Onyango Pauline Ng'ang'a Emmanuel Barasa Douglas Kitsao

No.	Theme of FGD	Sector	Date	Names / organizations of attendees
19	**Maasai traditional leaders**	Non-state	14 July 2020	Samuel Manoti Masese, Kajiado County Children's Coordinator Ndula Soipano Kuntui, Traditional Chief Purity Munanie Mutarin, Traditional Maasai Girl's Mentor Moses Ole Purkey, Traditional Age Set Leader Tipiraa Ene Koitumet, Traditional Maasai Girl's Mentor Moses Lenchasho, Masai Community Member / Volunteer Child Protection Officer
20	**Luo traditional leaders**	Non-state	15 July 2020	Walter O. Okumu, Clan Elder Odeny Daniel, Community Opinion Leader Oliech Charles, Chair of Caregivers Aggrey Abonyo, Village Elder Informal Settlement George Owino, Community Facilitator Humphrey Wandeo, Children's County Coordinator
21	**Meru traditional leaders (Njure Ncheke Council of Elders)**	Non-state	16 July 2020	Edward Riungu Kamunde, Njure Ncheke Council Elder Benjamin Mugambi, Njure Ncheke Council Elder Joseph Muthuri, Lumos
22	**National government agencies 2**	Government	17 July 2020	Samuel Muraya, Council of Governors Florence Mueni, Department of Probation and Aftercare Services James Waweru, Ministry of Foreign Affairs Mueni Mutisya, DCI Anti-Human Trafficking Child Protection Unit, National Police Service Ruth Juliet N Gachanja, NCAJ Special Taskforce on Children Matters
23	**Kikuyu traditional leaders**	Non-state	17 July 2020	Muthamaki Thiongo Gitau, Supreme Kikuyu Elder Michael Mugo, National Vice-Chairman of Kikuyu Elders / Coordinator of Supreme Kikuyu Elders. Gichuki Waigwa, Deputy National Secretary of Kikuyu Elders Muthamaki Dominic Boro Ngera, Supreme Kikuyu Elder Clement Warorua, Advisor of the Supreme Elders Grace Mwangi, Lumos

No.	Theme of FGD	Sector	Date	Names / organizations of attendees
24	**Kilifi County Government officers**	Government	20 July 2020	George Migosi, Children's County Coordinator Dora Chovu, County Coordinator for Social Development Conrad Makinde Nyukuri, Deputy County Probation Director Judy Kashero, Director of Gender and Social Services, Kilifi County Government Georgina Nasimbu Dulu, Gender Development Officer Joyce Vidzo, Manager, Malindi Children Remand Home Daniel Mbogo, Sub-County Children's Officer John Karuti, Police Officer In charge of Gender and Children's Desk, Kenya Police
25	**Somali traditional leaders**	Non-state	21 July 2020	Hon Abdi Ali, Educationist / Former Member of Garissa County Assembly Dubat Ali Amey, Community Elder / Livestock Marketing Association Sheikh Abdisalam Mohamed, Young Muslim-Pioneer Charitable Children Institution / Community Elder Sheikh Hussein Mahad, Religious Leader Zeinab Ahmed, UNICEF
26	**Perspectives of care leavers 2**	Non-state	23 July 2020	Nelson Apura Teresia Wairumu Amina Wanjiku Vincent Kiprop Irene Makena, The Stahili Foundation
27	**Children living in institutional care**	Non-state	26 October 2020	2 boys, 2 girls (aged between 14 and 17). Their identities have not been shared.
28	**Children living in family-based care**	Non-state	27 October 2020	4 boys, 2 girls (aged between 13 and 16). Their identities have not been shared.
29	**Parents and carers**	Non-state	27 October 2020	3 men, 4 women. Their identities have not been shared.

Attendees at the National Care Reform Strategy for Children in Kenya Workshop

The following table provides details is of those that attended the National Care Reform Strategy for Children in Kenya Workshop on 3-5 February 2021 at Enashipai Resort and Spa, Naivasha, to assist in the development of the National Care Reform Strategy for Children in Kenya.

No.	Name of participant	Name of organization
1.	Fatmad Ahmed	Ministry of Labour & Social Protection
2.	Jacinta Meeme	Ministry of Labour & Social Protection – Human Resources
3.	Bishop B.Kariuki	National Council for Children's Services
4.	Seth Masese	National Council for Children's Services
5.	Abdinoor Mohamed	National Council for Children's Services
6.	Mary Thiong'o	National Council for Children's Services
7.	Caroline Meres	National Council for Children's Services
8.	Janet Mwema	National Council for Children's Services
9.	Kennedy Owino	National Council for Children's Services
10.	Violet Wanza	National Council for Children's Services
11.	Noah Sanganyi	Department of Children Services
12.	Hudson Imbayi	Department of Children Services
13.	Ruth Areri	Department of Children Services
14.	Carren Ogoti	Department of Children Services
15.	Marygorret Mogaka	Department of Children Services
16.	Mutemi Ng.oo	Department of Children Services
17.	Jillo Said	National Council for Persons with Disabilities
18.	Humprey Wandeo	County Coordinator of Children Department, Kisumu
19.	Rhoda Muisyo	County Coordinator of Children Department, Murang'a
20.	Sammy Korir	County Coordinator of Children Department, Nyamira
21.	Veronicah Mwangi	Kenya National Commission for Human Rights
22.	Jacinta Mwende	Department of Social Development
23.	Josephine Muriuki	Department of Social Development
24.	Mary Otindo	Judiciary
25.	Evans V. Munuve	Ministry of Health
26.	Wilfred Makori	National Police Service

No.	Name of participant	Name of organization
27.	Dr Michael Mugo	Gikuyu Elder
28.	Christine Ondieki	Street Families Rehabilitation Trust Fund
29.	Winnie Chivila	Social Protection Secretariat
30.	Lilian Karinga	Social Administrative Unit
31.	Esther Sankale	AFAK
32.	Abdalla Kamwana	Supreme Council of Kenya Muslims
33.	Fr Joseph Mutie	Inter-Religious Council of Kenya
34.	Stephen Ucembe	Hope and Homes for Children
35.	Samora Korea	Kenya Society of Care Leavers
36.	Ruth Wacuka	Kenya Society of Care Leavers
37.	Grace Mwangi	Lumos Foundation
38.	Florence Mueni	Probation and After Care Services.
39.	Okada Buluma	FADV
40.	Catherine Kimotho	UNICEF Kenya
41.	Olipa Ogeto	Ministry of Education
42.	Cornel Ogutu	Changing the Way We Care
43.	Fredrick Mutinda	Changing the Way We Care
44.	Pius Ndiwa	Child Fund
45.	Protus Lumiti	Association of Charitable Children's Institutions in Kenya
46.	Sebastian Muteti	Department of Children Services, Kilifi
47.	Nyanaga Peter	Council of Governors
48.	Benjamin Mutunga	Njuri Ncheke Council of Elders

Senior leaders that have validated the Strategy

The following table provides details of those who attended the Senior Leaders National Care Reform Strategy for Children in Kenya Validation Workshop on 17–19 August 2021 at Naivasha Simba Lodge, to validate the final National Care Reform Strategy for Children in Kenya.

1.	Simon Chelugui E.G. W	Cabinet Secretary
2.	Nelson Sospeter Marwa CBS	Principal Secretary
3.	Hon Joyce Ngugi	Chairperson National Council for Children's Services
4.	Chairperson – Hon Mary Wambui	Street Families Rehabilitation Trust Fund
5.	Chairperson-Peter Muchiri	National Council for Persons with Disability
6.	Ag Ceo-Abdinoor S Mohamed	Council for Children's Services
7.	Cecilia Mbaka	Secretary Social Protection
8.	Shem Nyakutu	Secretary Children's Services
9.	Mutinda Ngei	Deputy Secretary
10.	Ceo-Harun Hassan	National Council for Persons with Disability
11.	Ag Ceo-Caroline Towett	Street Families Rehabilitation Trust Fund
12.	Jacinta Meeme	Director Human Resource Management & Development State Department for Social Protection
13.	Nicholas Kitua	Director Planning State Department for Social Protection
14.	John Gachigi	Directorate Social Assistance
15.	Josephine Muriuki	Directorate Social Development
16.	Caren Ogoti	Director Children Services (AFC)
17.	Charles Ondogo	Director Children Services (Planning & CPIMS)
18.	Mwambi Mongare	Deputy Director Children Services (Child Protection)
19.	Peter Kabwagi	Deputy Director Children Services (Institutions)
20.	Humphrey Wandeo	Deputy Director Children Services (County Coordinator Kisumu)
21.	Rose Mbarine	Assistant Director (County Coordinator Kiambu)
22.	Rhoda Mwitsyo	Assistant Director (County Coordinator Murang'a)
23.	George Migosi	Assistant Director (County Coordinator Kilifi)
24.	Samuel Korir	Assistant Director (County Coordinator Nyamira)
25.	Mary Thiongo	Assistant Director Children Services (NCCS)
26.	Penelope Lemaren	Child Welfare Society of Kenya – Senior Social Worker

27.	Peter Githinji	Child Welfare Society of Kenya – Senior Social Worker
28.	Catherine Kimotho	UNICEF, Child Protection Specialist
29.	Grace Mwangi	Lumos Foundation, Senior Technical Advisor, Global Systems Change
30.	Fredrick Mutinda	Project Director, CRS_ Changing the Way We Care
31.	Samora Korea	Kenya Association of Care Leavers

ANNEX 3 – Context analysis

The following is a detailed context analysis which builds on the shorter context analysis provided in Chapter 2. For further details and the sources for this analysis please refer to the *National Care Reform Situational Analysis of Kenya 2020.*[49]

Legislative, policy and regulatory environment

KEY INTERNATIONAL AND REGIONAL INSTRUMENTS RATIFIED OR SIGNED BY KENYA

- UN Convention on the Rights of the Child (UNCRC), 1990
- Hague Convention on Protection of Children and Intercountry Adoption, 1993
- UN Convention on the Rights of Persons with Disabilities, 2007
- African Charter on the Rights and Welfare of the Child (ACRWC), 1990
- UN Guidelines for the Alternative Care of Children, 2010
- UN Resolution on the Promotion and Protection of the Rights of the Child, 2020

CONSTITUTION OF KENYA

The Constitution of Kenya 2010 provides that all international instruments form part of Kenya's laws, regulation and policies; the State has a duty to ensure children's rights are fulfilled. The Constitution of Kenya recognizes families as the natural and fundamental unit of society and includes provisions on nurturing and protecting families and communities, protecting human rights and addressing the needs of vulnerable groups. It asserts that children have the right to parental care and protection, and to be protected from violence, abuse and exploitation.

49 UNICEF. 2021. *National Care Reform Situational Analysis of Kenya 2020.*

KEY LAWS, REGULATIONS AND POLICIES INFORMING CARE REFORM IN KENYA

- Children's Act 2001
- Basic Education Act 2013
- Health Act 2017
- Social Assistance Act 2013
- Persons with Disability Act 2003
- Counter-Trafficking in Persons Act 2010
- Prohibition of Female Genital Mutilation Act 2001
- Refugees Act 2006
- CCI Regulations 2005
- Children (Adoption) Regulations 2005
- National Children Policy Kenya 2010
- *Draft* National Policy on Family Promotion and Protection
- *Draft* National Aftercare Service Policy
- *Draft* National Street Families Rehabilitation Policy 2020
- National Social Protection Policy 2011
- Kenya Health Policy 2014–2030
- Kenya Community Health Policy 2020–2030
- Sector Policy for Learners and Trainees with Disabilities 2018
- Kenya Youth Development Policy 2019
- National Volunteerism Policy 2016
- Ministry of Labour and Social Protection Strategic Plan 2018–2022
- National Plan of Action for Children in Kenya 2015–2022
- *Draft* Kenya Social Protection Strategy 2018/19–2022/23
- NCPWD Strategic Plan 2018–2022
- National Disability Mainstreaming Strategy 2018–2022
- National Plan of Action on Implementation of Recommendations Made by the Committee on the Rights of Persons with Disabilities in Relation to the Initial Report of the Republic of Kenya, September 2015–June 2022
- National Plan of Action for Combatting Human Trafficking: Strategic Framework 2013–2017

Prevention of separation and family strengthening

The legislative, regulatory and policy environment in Kenya is generally supportive of prevention of separation and family strengthening services. There are however a number of areas which need addressing if care reform is to be implemented successfully.

The National Social Protection Policy and draft Kenya Social Protection Strategy 2018/19–2022/23 provides an ambitious agenda to expand social assistance programmes towards a life cycle approach, as well as universal child benefits and disability benefits based on individual eligibility (rather than family eligibility). However, these remain an aspiration rather than firm plans, and critics would like to see a closer link between social protection eligibility and family and community-based alternative care.

Health legislation and policy is comprehensive although only certain health-care services are free without health insurance. Health-care policy includes ambitions to move towards universal health coverage.

Education legislation and policy provides for free and compulsory basic education, although it fails to provide for uniforms and school meals – which makes education inaccessible for some children. Secondary education is subsidized but not free and therefore presents additional barriers. The Sector Policy for Learners and Trainees with Disabilities 2018 sets out an ambitious agenda for inclusive education. In general, however, legislation and policy governing disability is disjointed and unclear in its position on inclusion versus specialist services. It also lacks a policy focus on the specific needs of children with disabilities within the broader category of persons with disabilities.

While there is strong anti-trafficking legislation and policy, there is no recognition in legislation, regulations or policy of orphanage trafficking, even though there is ample evidence of its existence in Kenya. Furthermore, there is no recognition of the broader child protection problems associated with orphanage tourism and volunteerism. A further challenge concerning child trafficking relates to policy provision which endorses the institutionalization of at-risk children as a means to 'protect' and rehabilitate them, rather than promoting family and community-based care alternatives.

The institutionalization of children for their own 'protection' or rehabilitation is also provided for street-connected children and those affected by harmful cultural practices. There are, however, promising pilots to promote family and community-based alternatives.

Refugees and asylum-seeking programmes in Kenya are governed by a combination of national laws and policies and international standards, policies and principles. These recognize the primacy of family and community-based care for refugee and asylum-seeking children.

Alternative care

The Children's Act 2001 domesticates and expounds the UNCRC and ACRWC. It is currently in the process of being updated through a new Children's Bill. The Children's Act is elaborated through CCI Regulations 2005, Children (Adoption) Regulations 2005, a National Children Policy Kenya and National Plan of Action for Children in Kenya. The Government also issued a moratorium on intercountry adoption in 2014, a moratorium on registration of CCIs in 2017, and established the NCAJ Special Taskforce on Children Matters to champion the best interests of children in the justice system.

These laws, policies, procedures and directives mostly provide a firm legal and policy basis for the primacy of the family and family and community-based alternative care, and a strong emphasis on institutional care as a last resort. However, they contain very limited references to care reform specifically, and in some cases include provision for the long-term existence of institutions. They are also, in some places, unclear on what constitutes family and community-based care. For example, the Children's Bill suggests that foster care can be provided within institutions, and the Children's Home Bill significantly strengthens the long-term legal basis for institutions' existence. They miss opportunities to regulate financial donations to institutions as well as risks associated with orphanage tourism and volunteerism. There are also inconsistencies in the given mandates of some justice system SCIs in caring for children who have not committed an offence. The Children's Bill and Children's Homes Bill in particular remain contentious areas of proposed legislation due to their mixed messages around institutional and family and community-based care.

Tracing, reintegration and transitioning to family and community-based care

The process of transitioning children from institutions towards family and community-based care is only given brief mention in the Children's Act 2001 in its reference to Government assistance for family reunification (however, the *Guidelines for the Alternative Family Care of Children in Kenya* do cover family tracing, reintegration and case management in detail). There is minimal legislative, regulatory and policy provision to support care leavers and their need for preparation and aftercare support. There are no legal, regulatory or policy mechanisms at present to encourage or assist donors to transition funding from institutions to family and community-based care.

Issues which cut across the three pillars

Devolved governance in Kenya, and the respective responsibilities of National and County Governments, remains an area requiring some further clarity. The Fourth Schedule of the Constitution of Kenya determines that County Governments are responsible for 'childcare facilities' although the specifics of what this means is open to interpretation. The Children's Act 2001/ Children's Bill 2021 continues to grant significant policy, coordination and implementation powers to NCCS and DCS at the national level, as well as to AACs at the county level, albeit under the authority of NCCS. The Government – with support from UNICEF – is currently developing a framework to clarify the mandate of County Governments.

While strong legislation, regulations and policies are plentiful in Kenya, the challenge lies in making them accessible and understandable for those with responsibilities to implement them. Due to a lack of awareness, resources and coordination, much legislation, regulation and policy remains unimplemented.

In addition to Kenyan State governance, Kenya's population consists of at least 43 communities, each with its own traditional system of leadership, which continue to act as a counterbalance to State power and play an influential role in aspects of people's lives. Faith leaders – particularly from the Christian and Muslim faiths – play similar roles.

Services and systems

KEY STANDARDS, GUIDELINES AND PROCEDURES INFORMING CARE REFORM IN KENYA

- National Standards for Best Practices in CCIs
- *Guidelines for the Alternative Family Care of Children in Kenya*
- Throughcare and Aftercare Procedures for Children in Statutory Children's Institutions in Kenya
- Framework for the National Child Protection System for Kenya
- *Draft* Gatekeeping Guidelines
- *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-Based Care* 2019
- Caseworker's Toolkit: Case Management for Reintegration of Children into Family- or Community-Based Care
- *Draft* Standard Operating Procedures for Alternative Family Care
- Guidelines for the Formation and Operation of Area Advisory Councils 2016 (Revised 2015)
- County Child Protection Systems Guidelines 2013

Prevention of separation and family strengthening services

Although basic education is free in Kenya, the issue of education remains a major incentive for families deciding to institutionalize their children because many institutions cover the hidden costs of school uniforms, school meals and other levies. These issues are exacerbated at secondary and tertiary levels of education due to higher costs. Day care and after-school care are also limited. While the Government has plans for increasing the provision of inclusive education for children with disabilities and special needs, these remain an aspiration for many children, due in part to lack of inclusive educational facilities and resources, but also the stigma and discrimination children with disabilities experience in such establishments, making them often prefer specialist educational facilities.

The closure of schools and the return of many institutionalized children to families, following the Government's COVID-19 directives (see later in this chapter), has highlighted other issues which the care reform process needs to consider. This has demonstrated the inflexibility within the education system for children returned home from institutions to sit national exams or move scholarships between schools. It has also demonstrated the opportunities for improved mobile and distance learning for nomadic and pastoralist communities, for whom education remains perhaps their primary reason for institutionalizing their children.

The cost of and/or lack of access to health services is also a driver for child institutionalization. While health services generally work well in Kenya, there is a need for improvements in the provision of maternity care; family planning; paediatric care and treatment including access to feeding programmes for children under two; access to health services for children with chronic and complex health conditions; disability health services; children's mental health services and psychosocial support; and access to all health services for single mothers, divorced women and widows.

Social protection programmes – such as CT-OVC and PWSD-CT – have expanded significantly in Kenya over recent years and have ambitious plans to expand further still to achieve universal coverage in

terms of child benefits, disability benefits and health services, subject to available financial resources. Some challenges exist over the vulnerability eligibility used to determine which beneficiaries receive cash transfers. Some members of the social service workforce take the view that vulnerability eligibility should be amended to better support the needs of children living in family and community-based alternative care, and thus support care reform.

Other areas of prevention of separation and family strengthening services being offered in Kenya are varied in their scope, availability and quality. Examples of these services include:

- Positive parenting
- Food security
- Abuse and neglect awareness
- Psychosocial counselling, mediation and dispute resolution
- Support for families with parents in prison
- Anti-trafficking awareness and support
- Disaster preparedness and response
- Employment services

Prevention of separation and family strengthening services are particularly important for certain groups of children at high risk of institutionalization.

Supported child-headed households remain a largely invisible group in Kenya and more effort is required for them to be documented, monitored and supported, including enabling them to access Government services normally provided to families.

The NCAJ through the Special Taskforce on Children Matters has instigated the process of reforming services for children in the justice system. Its work includes a strong focus on decreasing the unnecessary reliance on institutional detention by promoting increased diversionary justice, alternative dispute resolution, court-annexed mediation, plea bargaining and family reintegration. The challenge of having children placed in justice system institutions that have *not* committed an offence, but are there primarily for their care and protection, is one of many issues the Taskforce is seeking to address. The issue of children of incarcerated mothers being at risk of institutionalization or becoming unaccompanied or separated is a further challenge needing addressing.

Children with disabilities and special needs continue to face many challenges for a number of complex reasons. Stigma remains a key challenge with much work still to be done to unravel long-held cultural beliefs and practices surrounding persons with disabilities. A second challenge lies in the uncoordinated nature of Government services and approaches to persons with disabilities, and within these, a lack of focus on the specific needs of children with disabilities. A further challenge lies in Government policy which promotes both specialist and inclusive services for persons with disabilities. This plays out in the Government's inclusive education agenda – which is struggling to make the impact it intends. Significantly more support is needed for parents and carers of children with disabilities if they are to avoid institutionalization or isolation and neglect within the family home. There are parallels here also with children with chronic and complex health conditions, such as HIV/AIDS, for which institutional care is sometimes offered as a means through which patients can access medical care. Underpinning a broad agenda of work which needs to happen in these areas is a greater awareness and understanding of the needs and referral pathways for children with disabilities, special needs and chronic and complex health conditions by the social service workforce.

Street-connected children remain a cohort of children for whom institutionalization is too often a prescribed solution. There is significant cross-over between the preventative and response measures needed to address street-connected children issues and those of care reform. While there is collaboration between the care reform and street-connected children sectors, this could be further built on.

UNHCR plays the primary role in overseeing services for unaccompanied refugee and asylum-seeking children in Kenya and is increasingly strengthening its partnerships with Government social service workforce professionals in this arena with the ultimate aim to fully hand these responsibilities over to the Government. As per UNHCR policy, unaccompanied refugee and asylum-seeking children are cared for in family and community-based care settings, although occasionally they are placed in Government rescue centres. The effort to ensure services for unaccompanied refugee and asylum-seeking children are led by mainstream government services is an evolving process.

Child trafficking and institutionalization intersects in three distinct ways: (i) children being trafficked *to* institutions (known as 'orphanage trafficking'); (ii) children being trafficked *from* institutions[50]; and (iii) institutions being used as a method to 'protect' children from trafficking or to rehabilitate them as trafficking victims. There is significant evidence that orphanage trafficking is happening in Kenya, particularly in tourist areas of the country. However, because it has so far not been prosecuted as trafficking it is absent from the policy and programmatic agendas for both child protection and child trafficking. Closely connected to this is the presence of both Kenyan and foreign tourists and volunteers visiting institutions and, regardless of whether or not this incentivizes trafficking, it harms children and exposes them to risk. Finally, institutions being used by those within the anti-trafficking sector to 'protect' or rehabilitate children at risk of/victims of child trafficking is also a challenge for those advocating for family and community-based care.

In a similar way to street-connected children or those affected by trafficking, children at risk of harmful cultural practices are also at risk of being institutionalized to 'protect' or rehabilitate them. However, some encouraging non-institutional alternative care practices are being run for this group of children.

Finally, many prevention of separation and family strengthening services are offered by civil society, the faith sector and community-based organizations, and coordination between the Government and these sectors remains a challenge in some areas more than others.

Alternative care

Institutional care for children in Kenya faces multiple challenges. Research suggests that the main drivers of child institutionalization in CCIs are: orphanhood; violence, abuse and neglect; poverty; abandonment; and lack of access to education. Research undertaken in a selection of counties shows that nearly three quarters of children residing in CCIs are from the same county as the institution, and nearly half the children are from the same sub-county. This demonstrates the high potential for family reintegration. Only a minority of children's admissions are supported by a court order, and the average length of stay in most CCIs is often longer than three years; both these factors contravene Government guidelines. Data on the numbers of children with disabilities and special needs in CCIs/private institutions is inconsistent but generally suggests the number is low. However, this may reflect the fact that some types of intellectual or physical impairments are not being recognized or are being overlooked due to stigma.

50 Care leavers are also at a heightened risk of being victims of trafficking.

In most cases in CCIs, the research shows that there is unstructured case management, lower than required staff to child ratios, and weak preparation of and support systems for care leavers. There are also reported to be high levels of child rights violations including neglect, child trafficking and physical and sexual abuse. The unequal power differentials between often foreign institutional donors compared to the local Kenyan social service workforce exacerbates the difficulties the Kenyan Government has in overcoming these challenges. Finally, many CCIs are not legally registered by the Government, which puts their legal status in doubt. Of course, not all CCIs should be tainted with the same brush, and there are those operating within Government-set standards. Also, on the positive side, there is a sincere openness among many CCIs to pursue care reform, and many are already piloting different types of family and community-based services.

SCIs face similar challenges to the CCIs. Research suggests that the main drivers of child institutionalization in DCS-managed SCIs are children being in conflict with the law – often for petty crimes – or being victims of crimes. However, drivers also include children being in need of care and protection as a result of violence, abuse and neglect, which is not within the mandate of justice system SCIs. Research from select counties suggests that only around two thirds of children admitted to justice system children have court committal orders as required by Government guidelines. Most children stay for less than one year, although of those who remain long-term, they are often the most vulnerable including those with disabilities and special needs. There are reported to be lower than required staff to child ratios in DCS-managed SCIs, weak preparation of and support for care leavers, and high levels of child rights violations. DCS-managed SCIs are also reported to struggle with underfunding, ageing infrastructure and a lack of specialist resources for children with disabilities and special needs. There is a concern among the social service workforce and the media that there are not enough rescue centres for children at risk. While this may be true, it risks investments being made in new institutional rescue centres, rather than family and community-based care places of safety, such as foster care, which would be preferable.

Other institutional settings where children are resident include: probation hostels, borstals, youth corrective training centres, prisons and special therapeutic health institutions. This latter group requires further research.

Family and community-based alternative care services are mixed in their scope, availability and quality. Informal kinship care is likely to be the most common form of family and community-based alternative care in Kenya, although it is under-monitored and under-supported by the social service workforce. It has huge potential to support many of the children who are currently institutionalized, as most of these children have living family members that could potentially care for them. Kafaala care is similarly under-monitored and under-supported by the social service workforce as it is seen as existing within the private sphere of the Muslim community, and therefore incorrectly seen as being outside of the State's responsibility. A further complication with kafaala is that the Muslim community use the term more broadly than it is commonly used within child protection literature; Muslim communities refer to 'kafaala' as meaning all forms of alternative care including institutional care.

Foster care is managed by both DCS and civil society organizations, including some CCIs, under the oversight of DCS. Its quality varies and it currently lacks any standard operating procedures (although these now exist in draft form). Foster care also suffers from a lack of understanding and misconceptions by the public as to what it is, how it works, and how one can become a foster carer.

Guardianship is underused and misunderstood by many stakeholders, including many in the social service workforce who report struggling to know how to process and support it.

Domestic adoption is reported to be working reasonably well, although it has many areas which need further improvement including matching processes, gatekeeping, preparation and counselling for children and adoptee parents, and specialist support for adoptee parents of children with disabilities, special needs and chronic health conditions. Similarly to foster care, it suffers from a lack of understanding by the public as how it works, as well as a lack of support for potential adoptee parents who need assistance in navigating the bureaucratic and legalistic processes required for adoption. Domestic adoption is also reported to be urban-centric, making it harder for rural and less wealthy families to access.

Intercountry adoption was banned under a moratorium on intercountry adoption. Views on the moratorium are mixed among members of the social service workforce. While many agree that it has addressed real issues associated with child trafficking and exploitation, some contend that it has also taken away one of the main routes for children with severe disabilities and chronic and complex health conditions to receive care (as foreign adoptive parents were often perceived to be in a better position to offer this support).

Many of Kenya's traditional communities and cultures have their own traditional community approaches to care which are still practised, or else they influence approaches for managing informal kinship and foster care placements. The Gusii community's continued use of its traditional 'adoption' practices has, arguably, reduced a reliance on institutional care in Nyamira county, for example. These traditional community approaches to care are not well documented and are generally not well recognized or reconciled with the formal child protection system. This is not only a missed opportunity for those pursuing family and community-based care, but also puts children at risk due to an absence of State gatekeeping and monitoring of these traditional community care placements.

Other challenges family and community-based alternative care services face lie in achieving a balance between formal and informal care by ensuring there is sufficient oversight to enable best interests, suitability and necessity principles to be followed in placing children in alternative care, while simultaneously preventing overly bureaucratic and legalistic processes that dis-incentivize potential carers from providing care placements. There are reports of gatekeeping processes failing at both these extremes. A further challenge lies in the lack of standard operating procedures to guide the social service workforce in many of the above areas of alternative care, although many of these have now been drafted by the Government but are yet to be approved. A final challenge lies in the absence of user-friendly information about alternative care for members of the public, without which it will remain a challenge to recruit suitable alternative carers.

Tracing, reintegration and transitioning to family and community-based care

There are many existing reintegration programmes operating in Kenya to reunify children from institutions with their families, as well as in other areas of child protection such as street-connected children. These vary in approaches and quality between those carrying out proper assessments and preparation and ongoing monitoring and aftercare support though careful case management, to those that do little more than return a child to their family. The potential for the use of reintegration as a key tool in the care reform process is high, and the development of the Government's *Caseworker's Guidebook: Case Management for Reintegration of Children into Family- or Community-Based Care* (and associated Toolkit), and draft Standard Operating Procedures for Alternative Family Care will assist with

this process. One challenge facing reintegration lies in significant resistance shown by some parents and carers to their children being reunified, unless they can be offered the same level of services their children receive in institutional care. This demonstrates the need for investment in improved prevention, family strengthening and aftercare services.

Leaving care and supported independent living services in Kenya are generally misunderstood and under-provided. While there are some good examples of positive leaving care projects being provided by some organizations, there are unfortunately many more examples of where this has not been managed well, to the detriment of care leavers.

There are a number of individual examples of non-state organizations, including CCIs, carrying out their own transitioning processes towards family and community-based service provision, many of them successfully. These have the potential to be used as demonstrations to others in Kenya.

Issues which cut across the three pillars

The population returns system of data collection is presently the main information management system used by the social service workforce to collect data about children in alternative care. This system is highly resource intensive and not always accurate in producing reliable disaggregated data for policy and planning purposes. While significant progress has been made in establishing the more sophisticated and strategic CPIMS, further work is still needed to ensure all relevant stakeholders upload information regularly, so the data retrieved from the system becomes meaningful.

Research shows that the social service workforce in Kenya has a good contextual knowledge of the areas they work in and coordinate well with other relevant local actors in identifying child protection risks. However, due to very limited capacity in relation to the level of child protection need, caseworkers are often overworked and stretched, resulting in them being unable to respond to their cases in the depth they need to. Their educational backgrounds are also mostly focused on theoretical knowledge, rather than practical social work skills which they could benefit from. They also lack regular social work supervision. Other members of the broader workforce, such as Chiefs and the Police, are also reported to regularly become involved in child protection work, although they lack training in child protection issues. When supported through training and capacity-building, they are reported to respond well and play useful roles alongside side their colleagues in the social service workforce.

With regard to child protection management structures, the Care Reform Core Team was established by NCCS to bring together an intersectoral and multi-agency group of stakeholders to manage the care reform process in Kenya at the national level, and it generally works well. At the county level, AACs are reported to work well in some counties, but in others have struggled to get going due to a lack of resources. Similarly, the planned county-level Care Reform Committees – with a mandate to oversee gatekeeping among other alternative care issues – are in most cases still in an embryonic stage of development.

ANNEX 4 – Communications and advocacy messages

Care reform as an overall concept:

Issue	Issues to be addressed by communication and advocacy strategy
Care reform *(overall concept)*	Helping people understand what care reform is; what it is aiming to achieve; what its benefits are for children, families, the community and wider society; why Kenya is pursuing it, and why now; how the process works and how long it will take; who will be involved and what roles they will play; what it will mean for each stakeholder group; and how it will be resourced. Addressing inaccurate myths which develop around care reform, such as the perception that valuable services are being lost, e.g. "they are shutting down our children's homes and taking away services for our children".
Adoption	Helping people understand what adoption is, how it works, and how to adopt a child. Addressing the perception that adoption is very bureaucratic, expensive and difficult to arrange, so therefore not worth pursuing. Addressing the perception that adoption is only for couples that do not have children.
Alternative care	Helping people understand what alternative care is, as well as the differences between different types of alternative care, e.g. differences between guardianship and adoption, or differences between foster care and kinship care.
Child-headed households	Helping people understand what child-headed households are, in which circumstances they exist, and how they need to be supported.
Child participation	Helping people understand the benefits and importance of child participation and how it can be effectively incorporated into planning and programmes.
Family and community-based care	Helping people understand what the different types of family and community-based care are, including parental care, kinship care, kafaala, foster care, guardianship, adoption and traditional community approaches to care.
Foster care	Helping people understand what foster care is, how it works, and how to foster a child. Helping people understand how foster care is different from kinship care and adoption. Addressing the perception that foster care is a foreign concept unsuitable for Kenya.
Guardianship	Helping people understand what guardianship is, how it works, and how to become a guardian for a child.
Inclusive education	Helping people understand what inclusive education is and why it benefits children with disabilities and special needs, their families and wider society.

Issue	Issues to be addressed by communication and advocacy strategy
Institutional care	Helping people understand which types of care are included in this category.
Kafaala	Helping people understand what kafaala is, and how it works within the Muslim community.
Kinship care	Helping people understand what kinship care is, how it works, and how to become a kinship carer.
Leaving care	Helping people understand why leaving care needs careful preparation and aftercare support, and why and how it can be a very difficult process for care leavers.
Places of safety / temporary shelters	Helping people understand what places of safety / temporary shelters are, why they are needed, and how they work.
Reintegration	Helping people understand what reintegration means and how it works.
Social protection	Helping people understand what social protection schemes are available and how to access them.

Influencing beliefs, social norms, attitudes and behaviour:

Issue	Issues to be addressed by communication and advocacy strategy
Issue	Social norms, attitudes and behaviour to be addressed
Adoption	Stigma against adoption. Perception that adoption is very bureaucratic and difficult to arrange, so therefore not worth pursuing.
Blended families	Stigma against children from previous marriages when a woman marries a new husband. Children at risk of being abandoned and being institutionalized.
Care leavers	Stigma against care leavers. A lack of understanding of why leaving care support is needed, or why care leavers struggle to settle back into their home communities.
Child abuse in families	Perception that families are high-risk places for children where they are most likely to experience violence, neglect, poverty, substance misuse, etc.
Child-headed households	Stigma against child-headed households, resulting in a lack of recognition and support.
Child marriage	Social norms which make child marriage acceptable, including religious beliefs and customary practices. Lack of understanding of the harm caused to children by child marriage. Beliefs that institutions that 'protect' children from child marriage will result in better outcomes.
Child participation	Social norms and cultural beliefs that children should be 'seen and not heard' and that it is disrespectful for children to disagree with their elders.
Children in the justice system	Perception that children in the justice system are all 'criminals' and live in institutions because they need to be punished. Some stakeholders will not work with or support these children because of the negative connotations and stigma.

Issue	Issues to be addressed by communication and advocacy strategy
Children with disabilities and special needs	Stigma against children with disabilities and special needs and their families; beliefs that disability is associated with witchcraft, evil, infidelity, infertility and that disability is contagious; rejection of children with disabilities and special needs and their mothers by their fathers; cultural practices encouraging infanticide; cycle of poverty due to need for carers to stay at home to care for children and therefore not earn an income. Perception that institutions will provide better care for children with disabilities and special needs than family and community-based care.
Dependency syndrome	Social norms and beliefs by some parents and carers that the Government or external stakeholders are responsible for caring for their children, without recognizing the resources they have at their disposal to take on this responsibility themselves.
Donors (to institutions)	Views by donors that supporting institutional care is beneficial to children and families. Lack of understanding of the alternatives to institutional care and how and why they benefit children and families. This category includes foreigners and Kenyan donors from the faith and non-faith sectors.
Family and community-based care	Perception that this may be less beneficial to children than institutional care.
Female genital mutilation / cutting	Cultural beliefs around female genital mutilation / cutting resulting in better marriage prospects, prevention of premarital sex, social acceptance, personal hygiene, enhanced attractiveness, and religious identity. Beliefs that institutions that 'protect' girls from female genital mutilation / cutting will result in better outcomes for the girls.
Foster care	Perception that formal foster care is bureaucratic and difficult to arrange, so therefore not worth pursuing. Perception that foster care is a foreign form of care and therefore unsuitable for Kenya.
HIV/AIDS	Stigma associated with people living with HIV/AIDS. Information on prevention and treatment, etc.
Institutional care	Perception that this may be a better care option for children than family and community-based care because it provides for basic needs (whereas in fact institutions fail to effectively provide for other essential needs such as attachment, family identity, family love, etc.). There is a need to shift the narrative away from children as recipients of 'charity' to children as 'rights holders'. There is a need to address the misleading narrative of the necessary institution to 'protect' children from harmful cultural practices, child abuse and COVID-19.
Kafaala	Perception that kafaala happens internally within the Muslim community and therefore doesn't need monitoring by the social service workforce and doesn't need support. Perception that kafaala only refers to family and community-based care, whereas within the Muslim community it can refers to many forms of alternative care including institutional care.
Kinship care	A perception that kinship care is 'natural' and therefore doesn't need registration and monitoring by the social service workforce and doesn't need support.

Issue	Issues to be addressed by communication and advocacy strategy
Orphanage tourism/ volunteerism	Beliefs around institutions being the best form of care for vulnerable children. Cultural practices and social norms around international volunteering, adventure, authentic cultural experiences, curriculum vitae-enhancing experiences.
Parenting and parental care	Social norms and behaviour which support unresponsive and harmful parenting practices, such as neglect and corporal punishment. Beliefs that institutions are the best option for children living in families that practise unresponsive and harmful parenting practices. There is a need to promote positive forms of parenting.
Reintegration	Perception that reintegrated children do not need monitoring or longer-term support.
Street-connected children	Perception that institutions are a good solution for street-connected children.
Taboo children	Stigma against taboo children (children born out of 'illicit relationships' such as incest and rape).

ANNEX 5 – Communications and advocacy mediums

Communications and advocacy mediums may include the following:

- **Media:** Radio, television, newspapers and other forms of media can be used to promote a national open debate on care reform to actively engage actors with a range of views on the issue so as to spread awareness and understanding.
- **Printed leaflets and guidance:** Printed materials can be used to raise awareness and understanding, and tackle concerns and fears. For example, the recently published *Guidelines for the Alternative Family Care of Children in Kenya: A User-Friendly Handbook*.
- **Social media and the Internet:** Social media and Internet campaigns can be used to raise awareness and understanding, and tackle concerns and fears.
- **Demonstrations of successful care reform:** Case studies of successful examples of care reform, family and community-based care placements, prevention of separation and family strengthening services, and so on, can be very powerful in helping target groups understand and develop a vision for what needs to be achieved. These may be examples from within Kenya (for example demonstration counties or CCIs that have transitioned) or from other countries where the experience may be relevant to Kenya (for example Rwanda).
- **Training:** Face-to-face and online training is not only a means to share technical knowledge but is also a way of raising awareness and increasing understanding of care reform.
- **Conferences, meetings and events:** Conferences, meeting and other opportunities for debate are an effective way of raising awareness and understanding, tacking concerns and fears, and sharing learning and good practice relating to care reform.
- **Messengers and champions:** Identifying and supporting influential personalities that can champion the care reform process will help influence others. Champions may be political figures, traditional leaders, faith leaders, media personalities, people with lived experience, etc.
- **Children and young people:** Children and young people themselves can be influential in championing care reform, but their involvement needs to be very sensitively managed to ensure they are not being asked to act as mouthpieces for others' views.
- **People with lived experience:** People with relevant lived experience – such as parents, carers, care leavers, persons with disabilities, and so on – can be influential in championing care reform.
- **Workforce:** Members of the social service workforce – such as institution directors, Children's Officers, Social Development Officers, family and community-based service managers, and so on – can be effective communicators on care reform within their own constituencies, when appropriately sensitized and trained.
- **Schools:** Schools have shown how they can be effective places for health advocacy and communications, and the same model could be used for care reform.
- **Health services and medical professionals:** Hospitals and clinics, particularly maternity hospitals, can be effective places for care reform advocacy and communications. Medical professionals can also have a supportive role to play in this.

- **Civil society and faith-based organizations and forums:** NGOs, PBOs, churches and mosques, women's groups and influential figures within civil society, the faith leaders and councils of elders (traditional leaders) can be effective mediums for disseminating care reform communications.
- **Community-level forums and structures:** AACs, social development committees, barazas, street dramas, and so on, can be powerful forums and structures through which communications can be disseminated.
- **Donors:** Communications through donors that support family and community-based services can influence service providers to pivot their work away from institutionalization.
- **Financial modelling:** Some stakeholders will be less open to being influenced by arguments in favour of care reform from a child rights perspective, but are open to being convinced by financial arguments. Financial modelling showing the economic benefits of a parallel system of family and community-based care can therefore be influential.

ANNEX 6 – Support services for children and families

The following table provides details of support services for children and families to ensure prevention of separation from families, the smooth transitioning of children from institutions to family and community-based care, and the coordination of services to ensure every child grows up well nourished and with access to the basic necessities of life (Agenda 2040: Aspiration 5).

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
1	National Council for Children Services (NCCS)	Gatekeeping mechanisms – made up of well-trained personnel, with access to a range of various and high-quality services to choose from for children needing alternative care Database for prepared and trained foster carers, Adoption	The Council is in the process of developing an integrated database which will also capture AFC services available.	
		Registration of Child Welfare Programmes (Non-residential programmes)	NCCS is in the process of developing a list of children welfare programmes that CCIs can transition to and help children within families and communities.	Countrywide
		Planning, Logistics, administration and Transfer for Resources Budget planning and allocations and Resourcing Data collection, information management and reporting systems Communication and awareness-raising services	Yes – to be developed Yes – to be developed Yes – to be developed	Countrywide
		Coordination and oversight of services provided to children and families Legislation, policies, strategies and comprehensive plans of action, and implementing relevant reforms.	To be strengthened	Countrywide Countrywide
2	Department of Children Services (DCS)	Refer National Directory for Children Service Providers		

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
3	Directorate of Social Development (DSD)	• Family support – parenting skills and economic strengthening through: 1) Provision of psychosocial support services to children, families and communities by: a) Lay Volunteer Counsellors and b) DSD staff at the grass roots level. • Refer Services to families on matters of care reform	National Parenting Programme: • Enlist and build capacity of Lay Volunteer Counsellors and refreshers on emerging family issues for Social Development Officers	Entire country for all the essential documents mentioned herein
		• Training of master trainers on the National Parenting Manual, Facilitator's Manual and training materials	Development of a National Parenting Guidelines Development of a National Parenting Manual • Development of a Facilitator's Manual	
		• Mobilization of Communities to form and register Families Self-Help groups and CBO.s for outreach, reintegration and economic empowerment. Training of the community self-help groups and linking them to microfinancing institutions. • Beneficiary Welfare Committees (BWCs) and Social Development Committees (SDCs)	Finalization of the community Development Policy and Groups Registration Bill • Community Development training manual review to incorporate the Care Reform Strategy. • Build capacity on Care Reform	
		Vocational Rehabilitation Centres for training and rehabilitation of learners with disabilities and older persons' rescue centres as avenues for awareness creation	Refurbishment and equip 13 Centres with appropriate capacity-building equipment	

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
4	Street Families Rehabilitation Trust (SFRTF)	• Trust Fund coordinates and develop capacity, mobilize resources to facilitate and monitor rescue, rehabilitative, re-integrative and preventive programmes for street families.	Strengthen and develop Facilitate rescue of street families, support street families rehabilitation programmes; support reintegration of street families into the communities; promote re-socialization programmes for street families; and to enhance coordination mechanisms for effective implementation of rehabilitative, re-integrative, re-socialization and preventive programmes	Countrywide

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
5	National Council of Persons with Disabilities (NCPWD)	• Registrations for Persons with disabilities • Albinism programme • Assistive device – Financial/ material support services for families of children with disabilities – to ensure necessary equipment – free provision of specialized equipment (e.g. wheelchairs, hearing aids, etc.) • Economic empowerment • Business waivers • Tools of Trade • Education Assistance • Legal • Disability Mainstreaming • Financial/ material support services for families of children with disabilities – to ensure necessary equipment – free provision of specialized equipment (e.g., wheelchairs, hearing aids, etc.)	• Disability Mainstreaming module focusing on foster care • Services and support to children with disabilities and their families to prevent concealment, abandonment, neglect, discrimination and segregation • Community Day Centre for children with disabilities • Mobile team for children with disabilities • Respite care for caregivers of children with disabilities and foster carers • School transport for children with disabilities • Personal/ social Assistant for children with disabilities (to support families at specific times during the day (meal, bedtime, preparing children for school)) • Free adaptation to housing to ensure access, where necessary • Free medical interventions (including necessary surgery and specialist medication) • Training for parents/ families on addressing the particular needs of their child • Foster care for children with disabilities	Countrywide

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
6	Directorate of Social Assistance (DSA)	1. Provision of Inua Jamii Cash Transfer: • Older Persons • Orphans and Vulnerable Children • Persons with Severe Disability	Provision of cash transfer to children between 0 and 2 years	Inua Jamii in all 47 counties Children between 0 and 2 years in Kajiado, Embu and Kisumu counties
		Grievances and Case Management • Establishment of a functional complaint and grievance mechanisms at national and decentralized level for all five cash transfer programmes. • Implementation of Beneficiary Outreach Strategy in at least 20 sub-counties by improving beneficiary awareness of the cash transfer programme. • Enable and empower the beneficiaries with information and knowledge to make informed choices and conveniently access their payments. • Enable the programme to become more responsive and accountable to the needs of beneficiaries. • To make real-time case management updates at all levels on a continuous basis.		G&CM in all 47 counties

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
7	Human Resources and Management Department (HRMD)	• Recruitment/Staffing • Salaries and remuneration • Training and development/ workforce development • Exit management • Discipline management • Performance management • Policy interpretation • Employee wellness		All/ as applicable
8	Child Welfare Society of Kenya (CWSK)	**Prevention of separation and Family strengthening** through: Education Support, Prevention of Child Labour and Commercial Sexual Exploitation of Children(CSEC), Emergency Preparedness and Response, Family Empowerment, Family Mediation and Counseling, Adolescent Reproductive Health Services, Crisis Pregnancy Support, Prevention of Child Trafficking, OVC Protection – Capacity-Building, HIV/ AIDS Prevention, Child Rights and Child Participation, Temporary Places of Safety, Rapid Response and Rescue of Children in Distress, Family Tracing and Reunification (Local and International), Alternative Family Care (Foster Care, Guardianship, Adoption), Research, Advocacy and Communication.		CWSK undertakes its programmes/ interventions throughout the entire country with the Head Office being located at Child Welfare Society of Kenya Building along Langata Road in Nairobi County.

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
9	Social Protection Secretariat (SPS)	Utilizing the community of practice to advocate for children in Alternative Care (AC)	In place	Countrywide
		Linking up various MISs on AC to the enhanced single registry (ESR)	ESR in place	ESR is web based
		Relooking at the M&E framework on SP to see how issues of AC can be captured	M&E framework in place	National outlook
		Reviewing the harmonized targeting tool (HTT) for data capture to ensure as we correct data we are able to capture data on AC.	In place	National outlook
		Identifying complementary activities for children in AC as we pilot the Universal Child Benefit in Kajiado, Kisumu and Mbeere. (this is scheduled to start soon)	Pilot rolling out soon	Kajiado, Kisumu, Mbeere
		Engaging in the debate on sustainability and Fiscal space on additional funding for children in AC	Look out for meeting discussing this – to be developed	National look
10	Public Relations Office Unit	No information		

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
11	Ministry of Health	Accessible health care (NHIF Coverage to families at risk)	To be strengthened	Countrywide
		Workforce development (disability officers and social workers at the health facility to link to the community level)	Yes – to be developed	Countrywide
		Diversion mechanism for children with mental health needs and drug use	Yes – to be developed	Countrywide
		Free medical interventions (including necessary surgery and specialist medication)	To be strengthened	Countrywide
		Data collection, information management and reporting systems	Yes – to be developed	Countrywide
		Budget planning and allocations and Resourcing	Yes – to be developed	Countrywide
		Communication and awareness-raising services Multidisciplinary team within mainstream school for children with special educational needs	Yes – to be developed Strengthen	Countrywide Countrywide

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
12	Ministry of Education	• Free Primary Education • Free Day Secondary Education • Provision of Sanitary Towels-Feeding Program (School Health and Nutrition program) • Scholarships (e.g., Elimu scholarship programme) • Bursaries • Provision of textbooks to both primary and secondary schools • Funds for Infrastructure for both primary and secondary schools • Special Needs Education grants • Low-Cost Boarding Funding • Social support, advocacy and gender sensitization programme • Psychosocial support • Guidance and counselling programme		Countrywide Countrywide Countrywide In-kind programme 10 Counties Cash Transfer programme 14 Counties To needy students To needy students Countrywide Countrywide Countrywide Only special schools in the entire country 23 Counties 30 Counties All schools, both primary and secondary, in the entire country.

Ministry / agency / directorate / department responsible		Type of services offered / available	To be developed or to be strengthened	Coverage
13	Ministry Interior and Coordination of National Government (Probation & Aftercare Service)	• Assessment of criminogenic needs & Identify those related to separation as well as risk factors to be addressed during transition from institutions • Identify the reintegration needs of children transitioning from institutions • Assessment of home environment and determining the most appropriate home for the child to return to • Rehabilitation of children in probation hostels • Teaching independent living skills to children ageing out of the system • Delinquency prevention awareness to reintegrated children at risk of offending		
14	Ministry of Devolution			
15	Judiciary	• Case adjudication and ADR services, PROBONO legal services Stakeholder engagement forums		

WORKFORCE SERVICES

- Workforce development (Children Officers, Social development officers, disability officers, and Social workers at the community level)
- Children protection volunteers (CPV)
- Lay Counsellors
- Professional child Counsellors (Association of Play Therapy Kenya)

EARLY INTERVENTION AND PREVENTION

- Social income/livelihoods strategies, job creation.
- Accessible health care (NHIF Coverage to families at risk)
- Inclusive education, community safety strategies, and affordable inclusive day care
- After-school support programme
- Parenting support programmes, counselling, psychosocial support services to prevent separation from the family and institutionalization of children
- Targeted cash transfers package to support struggling families, Kinship caregivers, foster carers: Inua Jamii programmes and cash transfers, school bursaries, and access to basic services for families at risk
- Responsive family-oriented policies and programmes for poverty reduction
- Rehabilitation services for street connectedness families and children
- Child and gender sensitive social protection systems
- Prevention and combating the trafficking and exploitation of children in care facilities
- Community Day Centre for children at risk
- Family strengthening and community-based programmes
- Emergency foster care

SERVICES TARGETING CHILDREN IN THE ADMINISTRATION OF JUSTICE

- Support programmes for primary prevention to tackle the root causes of crimes committed by children, e.g., parenting support
- Diversion mechanisms to prevent children from becoming involved in the formal criminal justice system
- Non-custodial services to replace detention of children in statutory institutions
- Diversion mechanism for children with mental health needs and drug use
- Services for children of imprisoned parents

TARGETED SERVICES TO CHILDREN WITH DISABILITIES AND SPECIAL NEEDS

- Free assessment of special needs
- Free mental health services
- Services and support to children with disabilities and their families to prevent concealment, abandonment, neglect, discrimination and segregation
- Community Day Centre for children with disabilities
- Mobile team for children with disabilities
- Respite care for caregivers of children with disabilities and foster carers
- School transport for children with disabilities
- Financial/ material support services for families of children with disabilities – to ensure necessary equipment; free provision of specialized equipment (e.g. wheelchairs, hearing aids, etc)
- Personal/ social Assistant for children with disabilities (to support families at specific times during the day (meal, bedtime, preparing children for school, accompany adult/ child with disabilities to go out))
- Free adaptation to housing to ensure access, where necessary
- Free medical interventions (including necessary surgery and specialist medication)

- Training for parents/ families on addressing the particular needs of their child
- Foster care for children with disabilities
- Training in basic Sign Language

SERVICES TO CHILDREN TRANSITIONING FROM INSTITUTIONS TO FAMILY AND COMMUNITY-BASED CARE

- Family tracing and family reunification and reintegration including children separated from their families in humanitarian contexts
- Preparing for the transition to independent living, including through access to employment, education, training, housing and psychological support
- Support for child reintegration to families and to the school (school uniform, tuition, school supplies, textbooks)
- Feeding services in the schools
- Parenting support programmes, counselling, psychosocial support for families/caregivers/guardians receiving children from the institutions of care
- Family strengthening and community-based programmes

ALTERNATIVE CARE SERVICES AND PROGRAMMES

- Gatekeeping mechanisms – made up of well-trained personnel, with access to a range of various and high-quality services from which to choose from for children needing alternative care
- Database for prepared and trained foster carers, Adoption, Guardianship, community Kinship care and Kafaala
- Respite care
- Temporary Placement Centres
- Transitional Centres for children in street situations
- Shelters for victims of abuse for mother and child
- Child Welfare Programmes (Non-residential Service)

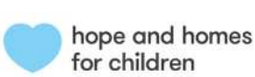
SUPPORT SERVICES FOR INCLUSIVE EDUCATION

- Assigned specialist responsible for inclusive education within Regional Department of Education
- Multidisciplinary team within mainstream school for children with special educational needs
- Inclusive education resource centre within mainstream school
- Support teachers for children with special educational needs
- Educational psychologist
- Speech and language therapist
- Personal assistant for children with profound/multiple disabilities and complex needs

PLANNING, LOGISTICS, ADMINISTRATION AND TRANSFER OF RESOURCES

- Budget planning and allocations and Resourcing
- Data collection, information management and reporting systems
- Communication and awareness-raising services
- Coordination and oversight of services provided to children and families
- Legislation, policies, strategies and comprehensive plans of action, and implementing relevant reforms

REPUBLIC OF KENYA



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