

Kenya

Child Protection

Sectoral and OR+ (Thematic) Report

January – December 2016



A Lutheran World Federation psychosocial staff assists a group of children play in a Reception Centre for newly arriving refugees in Kakuma Refugee Camp, Turkana County, Kenya. (©UNICEFKenya| 2016|Noorani)

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A. Abbreviations and Acronyms

AAC	Area Advisory Councils
CAK	Communications Authority of Kenya
CPC	Child Protection Centre
CPIMS	Child Protection Information Management System
DCS	Department of Children Services
FGM	Female Genital Mutilation
GBV	Gender Based Violence
MLEAA	Ministry of Labour & East Africa Affairs
MOE	Ministry of Education
MPSYGA	Ministry of Public Service, Youth & Gender Affairs
NCCS	National Council of Children Services
TdH	Terre des Hommes

B. Executive Summary

As part of strengthening the child protection legal and policy framework in Kenya, good progress was made in 2016. The Children Act of 2001 was drafted into a new law, the 2016 Children Bill, was also made available to stakeholders and the public at large for comments through the website of the National Council of Children Services (NCCS) in September. Thanks to UNICEF advocacy, a multi-sectoral steering committee was set up in December to further review the draft Bill, including by independent legal experts to be supported by UNICEF.

Important child protection related policies were developed in 2016. A National Policy and costed Action Plan on the Abandonment of Female Genital Mutilation (FGM) were finalized and will be launched in 2017. Kenya's first proposed national policy on ending Child Marriage, as well as a policy relating to vulnerable families and children in street situations, and a proposed policy on family promotion and protection are in draft. UNICEF provides technical support in the drafting of these policies and action plans, and plays a catalysing role in bringing the various Ministries together.

In 2016, UNICEF continued its advocacy for increased ownership and responsibility of child protection at County level which resulted in increased County level budget allocations to child protection services, which will strengthen sustainability. In the area of evidence generation, a UNICEF study on child marriage in Turkana, launched in 2016, is being used for advocacy to end child marriage. A baseline survey on FGM and child marriage among six communities is underway and results are expected by April 2017.

With regards to enhanced data on child protection, the DCS rolled out an upgraded Child Protection Information Management System (CPIMS) in seven counties. UNICEF will support roll out to nine counties from early 2017. A fully functioning CPIMS, to be used by all child protection actors from government and civil society will improve child protection information management and availability of child protection data.

As far as utilization of child protection services by children and families is concerned, the child protection centre (CPC) model was further solidified in three CPCs in Garissa, Kilifi and Nakuru Counties. 12,241 Children (5,605 girls, 6,636 boys) received services including counselling, legal, medical support, rescue and family reintegration. The UNICEF supported Gender Based Violence (GBV) Wellness Centre in Lodwar provided clinical, psycho-social, referral and follow up services to 633 persons (199 girls, 307 women, 45 boys and 82 men), and 834 children (460 girls, 374 boys) received legal aid in Malindi, Nairobi and Turkana Counties. The toll free child helpline 116 was strengthened for reporting of violence against children. A total of 202,491 calls were received between February-September 2016, out of which 26,218 calls (13,895 boys, 12,323 girls) received a response.

The UNICEF Kenya component of the global UNFPA/UNICEF programme to accelerate abandonment of FGM/C was expanded from five to nine¹ Counties. Five communities publically declared abandonment of FGM in 2016, and 22,987 persons (13,229 female, 9,758

¹ Nairobi, Nakuru, Kisumu, Siaya, Kakamega, Mombasa, Kilifi, Turkana, Garissa

male) including women, men, youth, boys, girls, teachers, traditional circumcisers and religious leaders were reached with awareness raising sessions on the negative impact of FGM/C and child marriage. Additionally, 8,326 in and out of school children (4,099 girls, 4,263) were reached through training and community dialogue sessions.

In the area of child protection in emergencies, in particular in Kakuma refugee camp, excellent progress was made in improving the child protection case management and inter-agency CPIMS. Innovative tools to determine children's vulnerability and prioritization for child protection interventions by case workers were developed in collaboration with UNICEF Headquarters, its Regional Office for Eastern and Southern Africa, UNHCR and Lutheran World Federation. These tools are a first globally and will be contextualised for use in case management and the national CPIMS. UNICEF re-engaged with child protection partners in Dadaab refugee camps to provide support to unaccompanied, separated and other vulnerable children. In order to address child protection concerns prior, during and after Voluntary Returns of Somali refugees to Somalia, UNICEF Kenya and UNICEF Somalia child protection teams enhanced collaboration with UNHCR and implementing partners in the two countries to agree on information sharing protocols and how to ensure safety and wellbeing of returnees.

New leadership in the MLEAA, NCCS and in the DCS in 2016 facilitated progress in reaching a consensus on key child protection issues, including a review of the Child Protection System Strategy; the undertaking of a child protection system costing exercise to inform programming and budgeting to fully operationalize the national child protection system. These interventions are expected to start in early 2017.

From 2017 onwards, the child protection outcome will lead UNICEF Kenya's work around birth registration, a decision taken at the mid-term review of the 2014-'18 Country Programme (conducted in 2016). Strengthening birth registration as part of Kenya's civil registration and vital statistics system, bridging gaps between rural and urban birth registration levels will be done jointly with other UNICEF programmes, in particular the monitoring and evaluation, health, social policy, and education outcome groups.

Overall, the year 2016 marked good progress in the area of child protection, with some challenges remaining. These were related to late start-up of implementation of some agreed interventions and limited financial resources of line Ministries resulting in insufficient Government staffing capacity to fully take the lead in building an effective child protection system. Various options are being explored to ensure long term sustainability and further capacity building of Government counterparts, with support from UNICEF.

C. Strategic Context of 2016

a. Country context

Kenya has a youthful and fast-growing population. According to the latest projections, there are some 22.7 million children aged 0-17 years in the country, constituting 48 per cent of the

total population.² Children face a wide range of vulnerabilities and challenges which require a multi-sectoral approach to be addressed effectively.

Poverty in Kenya has a predominantly young face. While children constitute half of the total population, they accounted for two-thirds of the total number of people living in poverty.³ The presence of children significantly raises the probability of a household being poor. For instance, the poverty rate among households with no children under six years of age was 38 per cent in 2005/06, but this went up to 63 per cent among households with three or more young children. Analysis of survey data from the 2014 Kenya Demographic Health Survey (KDHS) confirms that children continue to be over-represented among households in the poorest wealth quintiles.

Data analysis from Kenya's 2014 KDHS and UNICEF (2015)⁴ show that factors associated with child vulnerability and low developmental outcomes reflect age-specific vulnerabilities across a child's developmental life cycle such as birth registration, stunting, early sexual debut, school attendance and child marriage.

The graph below from the child poverty study 2016⁵ shows the deprivation distribution by age-group, indicating that in 2014, when counting the number of dimensional deprivations for each child, only 11 per cent of all children under five and 13 per cent of all children aged 5-17 did not experience deprivation and 19 per cent of all children were deprived only in one and no other dimension. Overall, 68 per cent of all children in Kenya in 2014 were deprived in two to six dimensions simultaneously, and almost half of all children (45 per cent) experienced three to six dimensional deprivations at the same time. 14 per cent of all children were deprived in four dimensions, 7 per cent were deprived in five dimensions, and 3 per cent were deprived in all six dimensions at the same time.

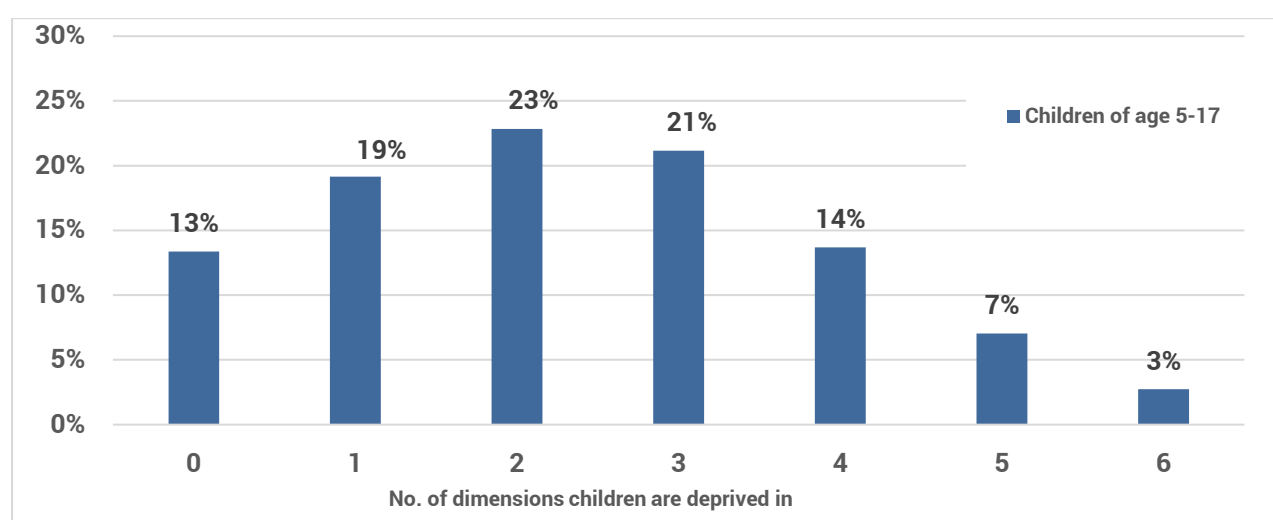


Figure 1: Number of dimensions children are deprived in

² UNDESA, 2015

³ World bank, 2009

⁴ UNICEF-ESARO/Transfer Project. (2015). Social Cash Transfer and Children's Outcomes: A Review of Evidence from Africa.

⁵ KNBS/UNICEF, Multidimensional Child Poverty Study in Kenya, 2016

In reference to county level information⁶, the figure below presents the child poverty rates in 2014 using two thresholds: children deprived in two to six dimensions, and children deprived in three to six dimensions. The child poverty measure reveals large disparities across counties. While the total child poverty rate based on the threshold of three or more deprivations is 45 per cent, it ranges between 7 per cent in Nairobi and 85 per cent in Turkana. When selecting a lower threshold of two or more deprivations, the results show that while 68 per cent of all children experience deprivation in two to six dimensions at the same time, the child poverty rate ranges between 21 per cent in Nairobi to 96 per cent in Tana River in 2014. The findings point at large inequities across counties in terms of realizing children's rights in accessing the necessary basic goods and services captured by the dimensions analysed.

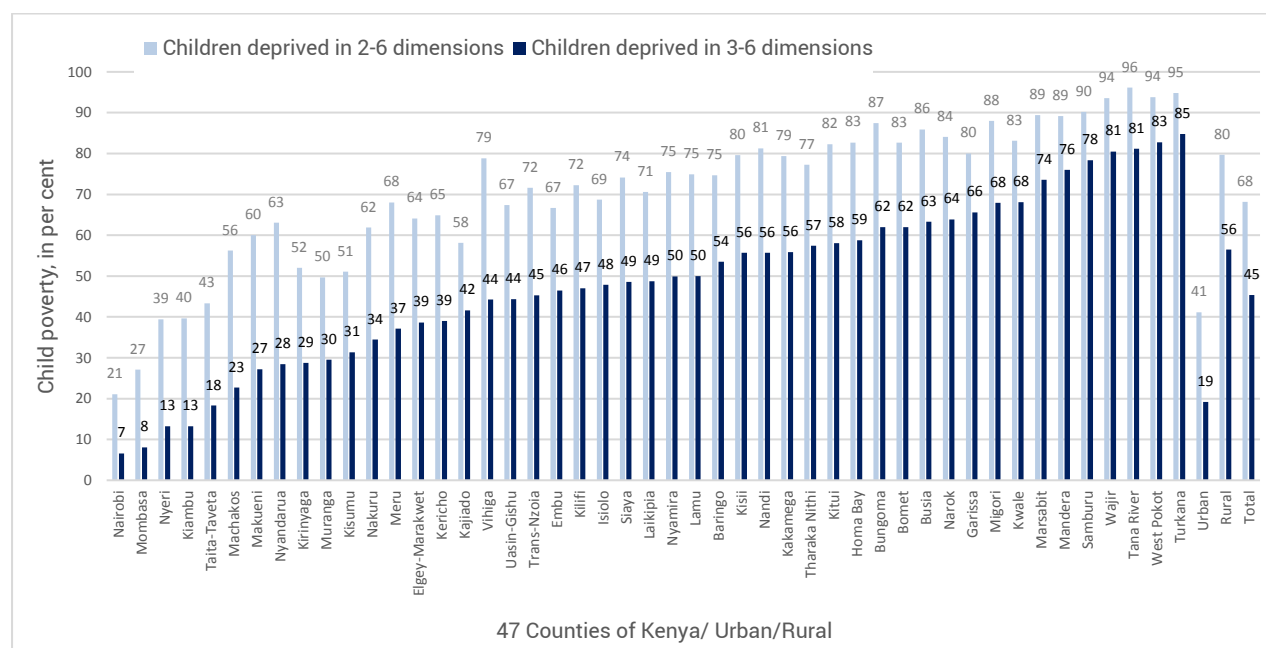


Figure 2: Multidimensional child poverty rates depending on the threshold chosen, by county

In comparison to studies conducted in the years preceding 2014, child poverty rate and deprivation intensity have changed over time, presenting results for all possible child poverty thresholds. When looking at all children deprived in any one dimension, the findings show that the deprivation intensity has dropped: in 2008-09, children who were deprived in any one dimension were on average deprived in three dimensions, while in 2014 the average number of deprivations was 2.7 showing that child poverty has dropped over time.

Interestingly, based on a threshold of three to six dimensions, child poverty rate has decreased from 55 per cent in 2008-09 to 45 per cent in 2014. The observed child poverty reduction has taken place in rural areas where the child poverty rate has dropped from 61 per cent to 56 per cent over the years. In urban areas, on the other hand, the child poverty rate has remained stable with an insignificant change from 20 per cent to 19 per cent over time. This might be linked to the increase of informal settlements (slums) in urban areas

⁶ KNBS/UNICEF, Multidimensional Child Poverty Study in Kenya, 2016

between 2008 and 2014, however, there is no data to disaggregate by formal and informal settlements in urban areas.

With regards to protection related concerns faced by children, approximately 2 million children in Kenya are orphans, including those related to HIV and AIDS⁷. There are 98,170 children aged 0-14 years living with HIV in Kenya. Adolescents and young people (15 – 24 years) contribute to 51 per cent of adult new infections with 35,776 new HIV infections among this age group in 2015. Worse still, less than half (49.8 per cent) of sexually active adolescents have received HIV testing and counseling.⁸

All children in Kenya are potentially at risk of violence, exploitation and abuse. However, some groups are particularly vulnerable due to their gender, social status or geographical location. Children without parental care lack a protective environment, and girls are particularly more vulnerable to violence, sexual abuse and harmful practices than boys.

Over three quarters of children (76 per cent) experience at least one type of violence (sexual, physical or emotional) prior to age 18; two in three girls and three in four boys have suffered at least one episode of physical violence before age 18; one in four girls and one in three boys experience childhood emotional violence; and nearly one in three girls and one in five boys experience at least one episode of sexual violence before the age of 18.⁹

Harmful cultural practices persist and are only slowly on the decline: around 21 per cent of girls and women aged 15-49 years in Kenya have undergone female genital mutilation/cutting (FGM/C) in 2014, as opposed to 27 per cent in 2008-09, yet among five ethnic groups there is a 90 per cent prevalence rate¹⁰. Almost one in four (22.9 per cent) of girls are married before their 18th birthday¹¹ and 4.4 per cent are married before they reach the age of 15¹². The percentage of 20-24 year old females married by age of 15 appears to have declined also from 6.2 per cent (KDHS 2008-2009) to 4.4 per cent (KDHS 2014). Girls are disproportionately affected by child marriage: 11 per cent of women aged 15-19 are currently married, as compared to just 1 per cent of men aged 15-19.

In terms of birth registration, two thirds (67 per cent) of children under five are registered, but only 24.1 per cent of under-five children have a birth certificate¹³. Though there are no significant variations in birth registration between boys and girls, there is a significant discrepancy between urban and rural registration rates with 78.8 per cent of children registered in urban settings, compared to 61.0 per cent of registered children in rural areas. Within rural areas, Mandera County has the lowest birth registration rates at 16 per cent, followed closely by other counties in the North East and North West of Kenya. Low awareness of the importance of birth registration may be an explanatory factor, as may the lack of access to health and registration facilities.

⁷ UNICEF calculations based on National Census 2009.

⁸ Kenya AIDS response report, 2016

⁹ Violence against Children in Kenya: Findings from a 2010 National Survey, United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics, Nairobi, 2012.

¹⁰ Kenya Demographic Health Survey (KDHS), 2014

¹¹ Ibid

¹² Ibid

¹³ Ibid

There are over 854 residential care institutions (or Children's Charitable Institutions) in Kenya established to provide care, protection or rehabilitation of children; and housing an estimated 49,500 children (23,000 boys, 15,500 girls)¹⁴. Children make up an estimated 4 per cent of the prison population, and only 15-20 per cent of children in police custody or in correctional facilities could be defined as being in conflict with the law, while most others are actually in need of care and protection. It is estimated that around 250-300,000 children live and/or work in the streets in Kenya. Most of them come from rural areas and from large families or single parents.

Kenya also hosts a large refugee population. Refugees come mostly from neighboring countries. Most of the refugees are located in the North West (Kakuma refugee camp), North East (Dadaab refugee camps), and in Nairobi. As of November 2016, registered refugees and asylum-seekers were 501,999 (57.2 per cent children), with 275,529 in Dadaab refugee camps (60 per cent children), 163,192 in Kakuma (63 per cent children) and 63,278 urban refugees, mostly in Nairobi. Repatriation of refugees from Dadaab to Somalia due to the planned closure of Dadaab refugee camps is ongoing and 15,000 new arrivals from South Sudan are expected in Kakuma in 2017.¹⁵ The County Government of Turkana allocated land for the establishment of a new settlement site outside of Kakuma refugee camp. An integrated model targeting refugees and host community in Kalobeyei area has been developed which aims at reducing refugee and host community over-reliance on humanitarian assistance.

b. Programme implementation context

The Constitution of Kenya 2010, recognizes children rights to Protection and Social Protection, and in 2012, the National Social Protection Policy was approved, forming the basis for an integrated social protection system incorporating social assistance, social insurance and social health insurance. The Children Act 2001 is the principal child protection related law and is being updated to be aligned with the Constitution and International standards relating to children's rights.

The Child Protection programmes are aligned with the Joint GoK-UNICEF Country Programme of Cooperation (July 2014- June 2018), Kenya Vision 2030 and the United Nations Development Assistant Framework (UNDAF 2014-2018). Kenya is implementing the (UN) Delivering as One concept in which UNICEF leads the human capital pillar.

The Sustainable Development Goals (SDGs) framework, formally launched by the President of Kenya in September 2016 is being used by UNICEF in its advocacy with Government and partners to move issues of ending violence against children, harmful practices; and promotion of gender equality and empowerment of women; justice for children and birth registration high on the political agenda (SDGs 5 and 16). However, it is too early to report on implementation and challenges relating to the SDGs.

The Ministry of Labour & East Africa Affairs is the lead government ministry in the implementation of the Child Protection systems in the country. The Department of Children Services (DCS) is the lead government stakeholder in the prevention and response to violence against children. At the county level, DCS has county children coordinators, children officers and other personnel who provide child protection related services. The department

¹⁴ Source: Department of Children Services, November 2016

¹⁵ UNHCR Statistics, Nov 2016

provides services and facilitates referrals in collaboration with other critical partners including the Area Advisory Councils (AACs) which bring together all relevant stakeholders at the county and sub-county levels. Community structures and mechanisms especially the religious and community elders are also consulted to strengthen a protective environment at community level.

Although the Child Protection system is taking shape in Kenya, there are still major challenges and capacity gaps that delay and hinder significant progress, including gaps in the legal and policy framework, lack of coordination and low operational capacity. At community level; low level of awareness/knowledge among parents and care givers, social norms and cultural barriers to the acceptance and practice of specific child protective behaviors continues to hamper progress for the protection of children.

D. Results in the Outcome Area

The Child Protection Programme, outcome four of the Government of Kenya and UNICEF Country Programme (2014-'18) which is: *'By 2018, children, families and communities utilize child protection services, underscored by a functional child protection system that prevents and respond to violence, family separation and harmful cultural practices in regular and emergencies at national and county levels, including in vulnerable urban areas.'* Based on the country context this outcome is divided into four outputs. The achievements of results in 2016 have been described below as per the outputs.

Output 4.1: By 2018, Kenya's legal framework is strengthened to prevent and respond to violence against girls and boys, family separation and harmful practices.

Good progress in strengthening the child protection legal and policy framework was marked in 2016. A range of policies were completed or are in final draft.

In September 2016, a draft Children Bill to replace the 2001 Children Act was made public on the website of the NCCS to solicit comments and recommendations. Enacting the Bill has been postponed to 2017. An extended timeframe offers an opportunity to refine the Bill and address remaining gaps. UNICEF reviewed the Bill in order to ensure that it is in line with the 2010 Constitution, relevant national legislation, the 2016 CRC Committee concluding observations, and international juvenile justice standards. Thanks to UNICEF advocacy, a multi-sectoral Government led Steering Committee was set up, of which UNICEF is part. UNICEF will support engagement with independent legal experts to review the law. Consultations with stakeholders at national and county levels, including with children are planned for the first Quarter of 2017.

The National Policy on the Abandonment of FGM/C (2016-2021) and its Strategic Plan of Action (2016-2021) were finalized by the Anti-FGM Board, under the Ministry of Public Service, Youth and Gender Affairs (MPSYGA) with joint UNICEF and UNFPA support. Once implemented, the policy will ensure a multi-sectoral approach for advocacy and actions for the total abandonment of FGM/C.

The State Department of Gender Affairs, also under the MPSYGA, led a multi-sectoral process of drafting a National Plan of Action to end Child Marriages in Kenya (2016-2025). UNICEF provided technical support to the draft which is aimed to be completed early 2017.

The Street Families Rehabilitation Trust Fund under the State Department of Special Programmes of the Ministry of Devolution and Planning was supported by UNICEF in its drafting of a Street Families and Children Policy. Simultaneously, the same department is preparing to conduct Kenya's first comprehensive survey on families and children in street situations. UNICEF supported an initial stakeholders' workshop to agree on the design of the study (to be carried out in 2017) which aims to generate evidence on the numbers of children and families affected, underlying causes, and scope of the problem. Once completed, the survey findings and approved policy are expected to inform enhanced programming for vulnerable families and children in street situations, including the strengthening of coordinated mechanisms at national and county levels for prevention; and rehabilitation/family reunification for children in street situations.

The DCS is in the process of developing a National Family Promotion and Protection Policy with the overall goal to provide an environment that recognizes and facilitates family well-being, and empowers families to participate in the socio-economic development of the country.

From 2017 and onwards, UNICEF will continue to make linkages between the various policies and promote effective inter-Ministerial coordination as the policies address different child rights issues, yet may speak to the same child (e.g. a child living in the street may be at risk of being married or undergoing FGM, and may be part of the same vulnerable family that might benefit from family protection).

Output 4.2: By 2018, The GoK has the technical and financial capacity to coordinate and implement child protection system at national level and in nine selected counties

Availability, analysis and use of child protection data and information management is a key component of a child protection system and contributes to more effective service delivery (through case management), informs programme interventions and can be used for advocacy to end child rights violations. Under the leadership of DCS and in partnership with other stakeholders, an improved Child Protection Information Management System (CPIMS) continued roll out in seven Counties (Homa Bay, Kakamega, Kisumu, Migori, Nairobi, Nakuru and Siaya). UNICEF and DCS agreed on nine counties (Garissa, Isiolo, Kajiado, Marsabit, Mombasa, Samburu, Tana River, Turkana and West Pokot) for full UNICEF supported implementation. Work in four of the selected counties was scheduled to start in 2016 but was delayed due to administrative reasons and will start immediately in 2017. Innovative case management tools (e.g. a child protection vulnerability calculator to accurately assess and prioritize child protection needs) developed by UNICEF in Kakuma refugee camp in collaboration with implementing partner and UNHCR, will be used for adaptation for the national level CPIMS.

In the area of strengthening and promotion of family care of children, a mapping of requirements to fully implement the Guidelines for the Alternative Family Care of Children and the National Standards for Best Practices in Charitable Children Institutions was done

at the beginning of 2016. Yet, external factors caused late start-up of the planned implementation in Kisumu as a pilot county. These interventions will be accelerated in 2017 with further national scale up thereafter.

As reported mid-year, for the first time, UNICEF child protection supported the national Music Festival, a unique and long standing (90 years) tradition in Kenya. In collaboration with the Ministry of Education (MOE), awareness was raised on violence against children (VAC). 1.5 Million Children participated directly, with around nine million children and young people indirectly participating and benefiting from the VAC related messages developed by children and their teachers for music and drama performances in schools throughout the country.

UNICEF partnership with the Communications Authority of Kenya (CAK) on child online protection was further consolidated. Around 10,000 stakeholders were reached in Nairobi County. 250 Teachers, and 430 government officials from Judiciary, Police, and Social Welfare Sectors acquired increased knowledge on identification, reporting, rescue and service delivery for survivors of child online abuse and exploitation through training.

Following a partnership established between UNICEF and the Council of Governors in 2016, UNICEF child protection and the County First Ladies Association initiated their collaboration by conducting a one day workshop on child protection. Over 80 persons participated, including 29 County First Ladies who pledged their support to campaign against child abuse and exploitation in their respective counties.

Financial and human resource allocations to the child protection sector remained inadequate at national and county levels. In addition, while child protection coordination works well in some counties through Area Advisory Councils and child protection working groups, at national level technical child protection coordination remained weak. These will continue to be UNICEF advocacy focus areas in 2017.

Output 4.3: By 2018, nine target county governments have the strategies and capacities to coordinate and implement child protection services reaching the most marginalized girls and boys in regular and emergency context

Through UNICEF advocacy, County governments in six counties (Garissa, Kilifi, Mombasa, Tana river, Turkana, Wajir) increased their combined budget allocations for child protection from KES 75 million (June 2016) to KES 241 Million (approx. US\$ 2.4 million) (up to end June 2018) to support rehabilitation of children in the streets, birth registration, operationalization of Child Protection Units, Child Protection Centres, a juvenile remand home and child rescue centres. This will help ensure County level ownership and sustainability of child protection services.

In collaboration with DCS, civil society organizations and communities, child protection mechanisms were strengthened in selected counties. In Turkana County, a child protection strategy was endorsed, a first in Kenya. In Garissa, Isiolo, Marsabit and Tana River counties, multi-sectoral Child Protection Action Plans were developed, endorsed and implementation started.

In partnership with the national child helpline (116), 230,371 calls were received between February-October 2016, out of which 24,798 calls (9,563 girls, 12,393 boys, 2,842 undisclosed) required a response. 4,526 Children (2,404 girls, 2,122 boys) were provided with direct services, including counselling, emergency rescue services, referral to health- and legal services, family tracing and reintegration, and follow up visits.

Comprehensive child protection services (e.g. counselling, legal- and medical support, rescue and family reintegration) were provided to 12,241 children (5,606 girls, 6,635 boys) through three Child Protection Centres in Garissa, Malindi and Nakuru. Notably, all 408 children (161 girls, 247 boys,) separated from family and staying in the Garissa CPC rescue centre, were reunited with their families from different parts of Kenya. In Turkana County, 633 survivors of GBV (199 girls, 307 women, 45 boys and 82 men) received medical, psycho-social and follow up services through UNICEF supported GBV Wellness Centre at the County hospital. 834 Children (460 girls, 374 boys) received legal aid (Malindi, Nairobi and Turkana Counties).

A total of 19,713 children (9,970 girls, 9,743 boys) increased their knowledge on child rights and protection. Over 1,000 parents, 12,000 community members and 502 duty bearers were sensitized on child protection issues and their role to protect children from abuse. 5,729 Children in Nairobi schools had their capacity built on how to stay safe online (e.g. from online grooming, cyber bullying, online exploitation). UNICEF also raised public awareness on child online protection through participation in a national TV show and the production of three educational videos, distributed through social media.

Output 4.4: By 2018, children, families and communities in target counties are able to reject harmful practices and respond to violence against children, family separation and adopt positive social norms, and utilize child protection services.

In the reporting period UNICEF Kenya, under the global UNFPA/UNICEF programme to end FGM, and in partnership with the Anti-FGM Board, County Governments and implementing partners expanded its interventions on ending female genital mutilation (FGM) and child marriage from five to nine Counties (Garissa, Kajiado, Kisii, Marsabit, Migori, Samburu, Tana River, Wajir and West Pokot). 22,987 Persons (13,229 female, 9,758 male) were reached with awareness raising sessions on the negative impact of FGM and child marriage. Stakeholders include women, men, youth, boys, girls, teachers, former circumcisers, Chiefs, religious leaders, health workers, police. 8,362 Children (4,099 girls, 4,263 boys) in- and out of school were directly reached through training and community dialogue sessions. The programme benefitted from community role model/champions to accelerate abandonment of FGM and some counties allocated resources, agreed community action plans and local policies.

Community dialogue sessions provided community members (men, women, boys and girls of diverse background) an opportunity to discuss FGM's physical, emotional, psychological, health consequences and led to community declaration on the abandonment of FGM and Alternative Rites of Passage for girls in five communities in which 7,297 persons participated: 3,233 girls, 383 boys, 3,500 parents, 160 community elders (no gender disaggregation available), and 21 women former circumcisers.

The Joint programme continued to build and strengthen existing working groups and Area Advisory Councils for children in 11 Sub County and County levels. UNICEF child protection revitalized two Area Advisory Councils (ACCs) for children in two Sub-Counties of Garissa through supporting the AAC's 51 members (34 male/16 female) on improved coordination. The AAC engagement provides an opportunity to strengthen inter- and multi-sectoral stakeholder collaboration to establish a referral pathway for the protection, prevention and response services for boys and girls.

A total of 142 teachers (92 male, 50 female), who are patrons in school based clubs were trained on FGM in eight schools in seven Counties. Teachers are key influencers of their students' thinking capacity, behaviours and norms and often also engage their community on ending FGM/C at social functions (weddings, places of worship, birth parties).

The programme continued to use various mass media interventions, including local community radio stations to publicize the abandonment of FGM and ending child marriage. UNICEF supported Womankind, World Vision and ADRA Kenya to conduct media campaigns in nine counties through local vernacular radios.

In order to strengthen community and County specific evidence generation, UNICEF is conducting a base line data survey in Samburu, Wajir, Garissa, Kajiado, Marsabit and West Pokot Counties on FGM and child marriage. The findings and recommendations (available from early 2017) will be used to strengthen programme interventions, and support resource mobilization and advocacy to end harmful practices.

Generation of quality data is important as there continues to be a lack of data, especially at the county and community levels on prevalence, knowledge, attitude and practices around FGM and child marriage. In addition, the capacity and awareness of the public prosecution and law enforcing agencies remains weak, and UNICEF will continue strengthening this in 2017 and onwards.

The child protection sector in Kenya also experiences some challenges relating to coordination and mandate for child protection, Government human and financial resources for child protection service delivery and persistence of certain harmful cultural practices which require more time for positive social change.

For instance, in Kenya there are a number of ministries legally mandated to handle various child protection concerns, leading to fragmentation of efforts, challenges in coordination, lack of clarity on overall leadership on child protection issues and a number of child protection issues falling through the cracks.

The government funding levels continue to be low for most of child protection services including for facilities and personnel legal aid, and child counselling services, case management and referral. Advocacy for increased budget allocation by both county and national to expand CP services such as child protection centres, child protection units is an attempt to address this bottleneck.

Other challenges relating to the legal and policy framework include that even in the draft new Bill to replace the Children Act, gaps linked to a number of legal provisions that ensure

protection of children, remain. For instance, there is a lack of provision for diversion of children who commit 'petty' crimes from entering into the formal criminal justice system; the age of criminal responsibility is very low at eight (8) years; and there is more emphasis on the institutional care of children than family care, nor are there any provisions of the protection of children from cyberspace crimes and online child abuse and exploitation. UNICEF and partners will be working in 2017 and beyond to address these challenges by technical support to the redrafting of the Children Bill. Socio-cultural practices, and beliefs continue to underpin child protection violations at the family and community levels (i.e. at home, in school and the society at large). For instance, it is still widely believed that corporal punishment and other forms of violence against children are accepted methods to discipline children. Among many of Kenya's communities, people hold on to the belief that FGM is part of a girls' transition from child- to adulthood, and a precursor to child marriage. For children who are abused, especially for those who are sexually abused, seeking services is not the norm.

Linked to these are persistent community practices to resolve child protection violations through informal settlements, rather than seeking justice through formal means. For instance, it is not uncommon to find Chiefs or parents accepting to settle child abuse cases through payments from the perpetrator, at times, even forced marriage of girls to perpetrators of (sexual) violence, doubly burdening the girl.

UNICEF and partners work to address these issues through targeted community level awareness raising on child protection; through school clubs to empower boys and girls; partnering with local leaders, role models and 'Champions' to end harmful practices and VAC.

Flexible funding such as RR or Thematic Child Protection funding is essential for UNICEF Kenya in order to be able to build on the results and the gains made in child protection, while continuing to address the challenges in the child protection sector. The thematic funding contribution, received through the UK Natcom will be used for UNICEF's response to children in street situation in highly vulnerable urban areas of Nairobi. The total resource shortfall in the year 2016 was US\$ 912,814.00. In order to address these and other issues, UNICEF Child Protection Outcome has a funding gap of **US\$ 6,018,150** for the remaining one and a half years of the 2014 – 2018 Country Programme.

E. Financial Analysis

**Table 1: Outcome 4: Child Protection,
Kenya
Planned and Funded for the Country Programme 2016 (in US Dollar)**

Programme Structure	Funding Type	Planned
001 - OUTPUT 1: CP LEGAL FRAMEWORK	RR	250,000.00
	OR	465,000.00
002 - OUTPUT 2 : CHILD PROTECTION SYSTEM	RR	275,000.00
	OR	1,162,500.00

003 - OUTPUT 3 : CP SERVICES IN COUNTIES	RR	250,000.00
	OR	1,395,000.00
004 - OUTPUT 4 : CHILD PROTECTION ADVOCACY	RR	250,000.00
	OR	465,000.00
Total	OR	3,487,500.00
	RR	1,025,000.00
Overall total		4,512,500.00

**Table 2: Outcome 4: Child Protection from Violence, Exploitation and Abuse
Thematic Contributions Received for Outcome 4, by UNICEF Kenya in 2016
(In US Dollars)**

Donors	Grant Number*	Contribution Amount	Programmable Amount
UK Committee for UNICEF	SC149906	51,601.32	49,144.11
Total		51,601.32	49,144.11

**Table 3: Outcome 4: Child Protection
Kenya
2016 Expenditures by Key-Results Areas (in US Dollars)**

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
001 - OUTPUT 1: CP LEGAL FRAMEWORK	0	359,704	314,263	673,967
002 - OUTPUT 2 : CHILD PROTECTION SYSTEM	87,081	788,928	398,606	1,187,534
003 - OUTPUT 3 : CP SERVICES IN COUNTIES	1,142,396	508,909	232,892	741,801
004 - OUTPUT 4 : CHILD PROTECTION ADVOCACY	0	622,901	14,050	636,951
Total	1,229,447	2,280,442	959,811	3,240,253

**Table 4: Outcome 4: Child Protection from Violence, Exploitation and Abuse
Kenya
Planned Budget and Available Resources for 2016**

	Funding Type	Planned Budget	Funded Budget	Shortfall
001 - OUTPUT 1: CP LEGAL FRAMEWORK	RR	250,000.00	314,263.00	(64,263.00)
	ORR	465,000.00	333,060.00	131,940.00

002 - OUTPUT 2 : CHILD PROTECTION SYSTEM	RR	275,000.00	273,820.00	1,180.00
	ORR	1,162,500.00	880,624.00	281,876.00
003 - OUTPUT 3 : CP SERVICES IN COUNTIES	RR	250,000.00	407,841.00	(157,841.00)
	ORR	1,395,000.00	523,318.00	871,682.00
004 - OUTPUT 4 : CHILD PROTECTION ADVOCACY	RR	250,000.00	14,040.00	235,960.00
	ORR	465,000.00	852,720.00	(387,720.00)
Sub-total Regular resources	RR	1,025,000.00	1,009,964.00	15,036.00
Sub-total Other Resources - Regular	ORR	3,487,500.00	2,589,722.00	897,778.00
Total for 2016		4,512,500.00	3,599,686.00	912,814.00

F. Future Work Plan

The UNICEF Kenya Child Protection Outcome will continue supporting the GOK and I/NGO partners to strengthen child protection systems at the national and county levels. The highlights of the future work plan include, but are not limited to:

- Support strengthening coordination at the national and county levels of the multi-sectoral child protection actors;
- Support finalization of the new draft of the Children Act and support advocacy for enactment of the new law;
- Support government to sustain and expand the child protection service delivery through child protection centres. The services are now available in three counties and in 2017 three more counties, i.e. Nairobi, Siaya and Kakamega will be included. Meanwhile, the GBV Wellness centre in Lodwar will also be continued with an agreed plan with the Lodwar referral hospital and Turkana County Government to increasingly take over the services by mid-2018.
- Support continuation and strengthening of the toll free child protection reporting mechanism: Child Helpline 116;
- Actions on violence against children will be intensified through awareness raising, supporting parents, and empowering boys and girls to act as change agents within community and legal protection of children.
- Support strengthening justice for children institutions, including supporting children and families with legal aid and assistance;
- Support accelerating birth registration through strengthening systems, demand creation and digitalization of the system

However, availability of funds is a concern. Flexible OR funds are required to consolidate the child protection programmes, to further strengthen the child protection systems, as well as test certain strategies in the area of child protection in order to reach more children.

G. Expression of Thanks

UNICEF sincerely thanks the UK National Committee for the generous assistance and partnership with UNICEF Kenya. The Child Protection programme continues to be instrumental in demonstrating the system approach at the community and county levels and informing the requisite policy framework and guidelines to strengthen the protective environment for children in Kenya. The UK Natcom's support is most appreciated.

H. Annex 1: Human Interest Story

Transforming Lives Through Community Education: Halima, a Changed Mother

Story by: Kevin Kaguthi, Child Protection Officer (UNV), UNICEF Garissa



Photo 1: Halima Hussein at home.

Garissa town, Garissa County, Kenya: Halima, a mother of eight children ranging from age one to twenty years. She is a housewife, which gives her more time and opportunity to interact with her children as her husband works to bring food to the table. Married at the age of eighteen and now thirty nine years, Halima has been a parent for all of her adult life. Halima is a changed personality: a more responsive mother, a friend and guide to her children, who has stopped using corporal punishment as discipline at home and who listens and laughs with her children and enjoys their company after long days of house work. She has also become a change agent in her community. This was not always the case, as Halima herself explains: "My

children used to be afraid of me, I used to come home and shout at them, sometimes even hit them when they would not listen to me, simply because I did not know how to discipline my children." The transformation happened after she went through a six-week group training with 24 other parents from her community. Halima continues: "*This training has helped me a lot. We have improved our child care and parenting skills. I also learned how to better deal with family disputes and not share with the children. I learned about child participation, how to involve children and to speak to them softly. As parents, we now also show more interest in our children's education, this is very important."*

The training was part of the Department of Children's Services Garissa, UNICEF and Terre des Hommes (TdH) collaboration on child protection in Garissa County. Through support from SIDA, UNICEF has supported the Department of Children Services and technical partner TdH with the operationalization of the Child Protection Centre in Garissa since November 2015. The Child Protection Centre addresses child protection issues ranging from case management, including counselling, referral to other services if necessary, recreation, capacity building, and outreach services to coordination. Child Protection services also

include psychosocial support, group therapies for children, parents and care givers. Many of the reported child protection related cases at the Garissa CPC are related to parental neglect of children. This in turn is often directly a result of poor knowledge of parents on positive parenting skills. To help address this issue, UNICEF and partners initiated the parenting group training. The sessions run for a period of six weeks covering a wide range of topics such as children's developmental stages, stress and stress management, violence against children, trauma, communicating with children, our community, children's rights and responsibilities, discrimination and friendship.

Halima Hussein is a thirty nine years' old mother, religious, and caring. She was invited to attend the training by a previous participant. Halima was very pessimistic towards the group when she first joined, but soon she was one of the most active participants in the group. *"It is like a veil has been lifted from my face. I am more knowledgeable now and I have understood many things when it comes to care and protection of children,"* she tells her story; *"I always thought I was the only one who had rights over my children but I have learned children also have rights. At my home, how I used to relate with my children has changed,"* she continues, *"I am putting into practice what I have learned from the group therapy sessions. I used to punish my children thoroughly for the slightest mistake they made because that is what I believed disciplining was all about. I have learned corporal punishment will never bring any positive behaviour change and I am now learning how to talk politely when correcting them."*



Photo 2: Halima (on the far right) with seven of her eight children.

Halima has become a friend of her daughters. The daughters can now discuss everything freely with their mother. Their father also noticed the transformation on how the mother deals with children. *"He is a good man and my children love him so much. He shared with me the fears he had*

while he was away at work," Halima says. The father used to say *"I prayed every evening I was coming home not to find a dead child at home because of your excessive beating and punishment."* But the father's worry is no longer there.

"I thank everyone who brought me to this training. My relationship with my children has been changed. I would expect that such capacity building will continue to transform parents/care givers for the wellbeing of children. I have changed and would like others who have not attended such trainings to benefit from this practical knowledge." "I am now talking to other parents who were not part of the training on how they should treat their children and improve their relationships". "I also advise children who I see misbehaving or not doing what they are

asked of by their parents. Halima tries to bring change to her neighborhood through talking to mothers during chama and children who come to play with her children. *“The other day I asked one my son’s friends why he was always being beaten and he explained that it was because he was going to watch video shows at a local kiosk and not doing his homework. He preferred to watch the videos and get beaten later because he felt good watching a two hour movie and get beaten for 2 minutes. I talked to the boy on the importance of education and that when he grows up and becomes successful he can watch all the movies he wants, the boy has changed and now even comes to me when something is bothering him”.* Halima brings hope to children in the neighborhood who flock her compound to play and be close to her because she is friendlier and knows how to deal with them in a better way.

I. Donor Feedback

DONOR FEEDBACK REPORT

Name of Report: Global Thematic Funds Report, Child Protection, SC149906, 2016

Completed by: Name _____
Designation _____
Organization: _____
Date completed: _____
Email: _____

Please return to UNICEF (email): wschultink@unicef.org

SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

2. To what extent did the funds utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

3. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5	4	3	2	1	0

4. To what extent does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

5. To what extent does the report meet your expectations with regard to gender mainstreaming in emergencies/humanitarian situations?

5	4	3	2	1	0

6. Please provide us with your suggestions on how this report could be improved to meet your expectations.
