

---

# EU support for care reform for children in Kenya in the 2021–2027 period

November 2020



# Contents

<b>1. Introduction</b>	<b>3</b>
<b>2. The EU's leadership in securing child welfare and protection</b>	<b>5</b>
<b>3. Structural conditions for care reform in Kenya</b>	<b>10</b>
<b>3.1. Political will to transform child protection and care systems</b>	<b>11</b>
<b>3.2. Available evidence on children in alternative care</b>	<b>12</b>
<b>3.3. Capacity to implement</b>	<b>13</b>
<b>3.4. Know-how and pilot projects</b>	<b>13</b>
<b>3.5. Civil society and users' involvement</b>	<b>14</b>
<b>3.6. Funding for the transition</b>	<b>14</b>
<b>4. Specific recommendations for NDICI support in Kenya</b>	<b>15</b>
<b>Endnotes</b>	<b>17</b>

## 1. Introduction

Millions of children around the world live in institutions – including so-called “orphanages”, residential special schools and reception centers – that expose them to a catalogue of human rights abuses and enhanced risk of violence, and which cannot meet their needs<sup>1</sup>.

The issue of deinstitutionalisation has increasingly gained traction on the EU’s global agenda. In 2018, the European Commission gave proof of its commitment towards **promoting the transition from institutional to community-based care for children** globally by including it in its **proposal for the Neighbourhood, Development and International Cooperation Instrument (NDICI)**<sup>2</sup>. The proposal is supported by the European Parliament and the Council<sup>3</sup>.

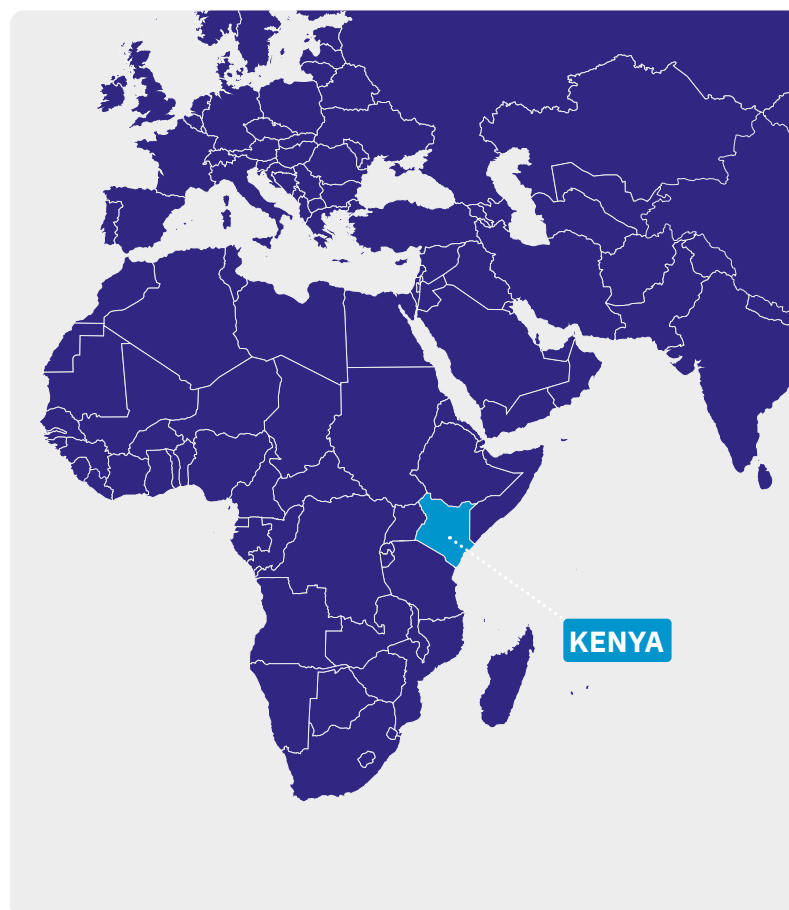
Meanwhile the **Covid-19 pandemic** is having and will continue to have a dramatic impact on the most vulnerable children and families, compounding structural weaknesses in child protection and welfare systems. Existing child protection risks are exacerbated, and new ones emerge, as a result of the crisis. Poor families and those with limited resources are bearing the brunt of measures to prevent and control the spread of the pandemic. High stress environments are also leading to an increase in violence at home.

Drawing on learnings from previous epidemics (e.g. SARS, MERS, Ebola, HIV/AIDS)<sup>4</sup> and natural disasters (the 2004 tsunami in Aceh or earthquake in Haiti in 2010)<sup>5</sup> illustrates that child protection services are lifesaving in the immediate and longer-term. Experience shows that **a health crisis requires a multi-sectorial child rights approach** which includes child protection. Yet child protection is chronically underfunded in emergency responses<sup>6</sup>.

**As the pandemic unfolds, the economic shocks to children and families globally will be felt for years to come. It is expected that the number of children at risk of separation or in need of alternative care will increase – both during the crisis, where containment measures may lead to separation, as well as a result from the long-term socio-economic impact on caregivers, families and communities<sup>7</sup>.**

**Kenya is facing multiple crises<sup>8</sup> - the coronavirus pandemic, the locust infestation<sup>9</sup> and floods<sup>10</sup>. Together, these circumstances are likely to aggravate existing vulnerabilities and push more families below the poverty line.**

As part of the measures taken by the government to contain the pandemic, many institutions suddenly shut their doors and sent children back to families and communities. Preliminary and internal government data from May 2020 indicated that around 19,282 children had been released (some were returned to biological families<sup>11</sup> or, in small percentages, placed in foster families), with around 26,198 children left in institutions. Without proper preparation or support, this type of knee-jerk reactions can create significant child protection risks for the children who were reintegrated. It is now critical to ensure these children’s safety and wellbeing and prevent them from being re-institutionalised by working with families and developing family- and community-based alternatives.



## Institutionalisation of children

There are numerous definitions of what the term ‘institutions’<sup>12</sup> means when referring to children. The term ‘orphanage’, frequently used in the context of international development, is actually a misnomer. Research consistently demonstrates that the majority of children in institutions are not ‘orphans’,<sup>13</sup> but are placed there due to reasons such as poverty, disability, marginalisation, migration, a lack of other family support services in the community or as a result of trafficking.

The Common European Guidelines on the Transition from Institutional to Community-based Care refer to a definition of institutions for children “as residential settings that are not built around the needs of the child nor close to a family situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.)”<sup>14</sup>.

Over 80 years of research from across the world has demonstrated significant harm of institutionalization of children. These children are deprived of loving and caring parental care and may consequently suffer life-long physical and psychological harm<sup>15</sup>. Children who grow up in institutions can experience attachment disorders, cognitive and developmental delays, and a lack of social and life skills leading to multiple disadvantages during adulthood<sup>16</sup>. Long-term effects of living in institutions can also include disability, increased rates of mental health problems, involvement in criminal behaviour, and suicide<sup>17</sup>.

**In the last years, Kenya has increasingly sought to address the harmful practice of child institutionalisation by making strides towards deinstitutionalisation and care reform.**

Among others, Kenya enacted numerous legislative and policy changes that encourage family-based care. In February 2020, the government also fast-tracked the assessments and renewed the certifications of existing Charitable Children’s Institutions (CCIs) (the process is still on-going)<sup>18</sup>. No new CCIs can be registered and certified.

**Practical implementation of the reform, however, is significantly affected by the limited financial resources.**

In spite of actions of the government to support those working with vulnerable children and families in Kenya<sup>19</sup>, **the pandemic risks to cause further delays. Reduced family income, increase in street connected children, gender-based violence, orphanage volunteering<sup>20</sup> and trafficking are all factors that can trigger an increase in the number of children admitted into institutions.**

In the long run, the pandemic may lead to a restrictive focus on healthcare priorities and ultimately stall care reform. It is critical to prioritise an integrated child protection response to Covid-19, focused on family and community-based care (e.g. kinship care, foster care, etc.). This has proven to be life-saving for particularly high-risk groups, such as children in institutions and children in vulnerable families, in previous crises situations.

**The 2021-2027 Multi-Annual Financial Framework constitutes a key opportunity to strengthen social and child protection systems in the context of developing countries. This paper calls on the European Commission Directorate-General for International Cooperation and Development (DG DEVCO), the European External Action Service and the EU delegation in Nairobi to ensure that the Neighbourhood, Development and International Cooperation Instrument (NDICI)<sup>21</sup> supports comprehensive childcare system reform in Kenya. The EU should support current efforts by the Kenyan government and ensure that orphanages and other institutions are not used as a response to the crisis, in line with the UN Resolution on the Rights of the Child (2019), and given the additional risks to congregate care setting in infectious disease outbreaks.<sup>22</sup>**



*In the last years, Kenya has increasingly sought to address the harmful practice of child institutionalisation by making strides towards deinstitutionalization and care reform.*



## 2. The EU's leadership in securing child welfare and protection

The EU is already a global leader in this area, recognising the harm that institutionalisation causes to children and ensuring that no further investment goes to harmful institutional settings within its borders<sup>23</sup>.

### Care reform – progressing towards the 2030 Agenda, leaving no one behind

Some of the most vulnerable children around the world continue to be left behind. Amongst them are children deprived of parental care. Globally, poverty in all its forms continues to drive family separation. As the former European Commissioner for International Cooperation and Development Neven Mimica stated, “the implementation of the 2030 Agenda and global care reform are therefore intrinsically connected”<sup>24</sup>. In particular global care reform and ending the institutionalisation of children supports the implementation of the following Sustainable Development Goals (SDGs):

#### ■ SDG 1 – End poverty in all its forms everywhere:

Poverty in all its form is one of the main underlying reasons for children being placed in institutions. Care reform plays a key role in ensuring that the most vulnerable families get access to basic services in the community including social protection.

#### ■ SDG 3 – Good health and wellbeing:

Institutionalisation has a devastating impact on children's physical, cognitive and social well-being. In certain cases, institutions fail to provide sufficient nutrition to children leading to malnourishment and under-development. In the face of the current pandemic, the congregate care environment in institutions exposes children and workers to a high risk of virus transmission. Children with disabilities and especially those with underlying health conditions are especially vulnerable.

#### ■ SDG 4 – Ensure inclusive and equitable quality education:

Lack of access to education is a key driver of institutionalisation, especially for children with disabilities. Institutions are not a solution: growing up in so-called ‘residential schools’ and ‘special schools’ while being separated from their community and peers can significantly affect children's health, learning and psychosocial wellbeing.

#### ■ SDG 10 – Reduce inequalities within and among countries:

Children from poor and vulnerable families, children with disabilities and children belonging to ethnic minorities are the most affected by institutionalisation – showing a clear pattern of systemic discrimination.

#### ■ SDG 16.2 – End abuse, exploitation, trafficking and all forms of violence against and torture of children, and SDG 8.7 – Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour.

Institutions put children at increased risk of violence, abuse, and neglect, from peers and adults, and expose them to various forms of structural violence. Children in institutions are also at increased risk of being trafficked or fall victim of other forms of modern day slavery.

The EU has introduced an ex-ante conditionality on social inclusion 9.1. in the European Structural and Investment Funds Regulations for the 2014-2020 programming period, with a dedicated investment priority on the transition from institutional to community-based care<sup>25</sup>. By doing this, it has played a leading role in supporting vulnerable children and driving care reform across a number of EU countries. This commitment has been further reaffirmed with the introduction of enabling conditions in the draft Cohesion Policy Regulations for the 2021-2027 programming period<sup>26</sup>. In the past, the EU has also made child protection reform and de-institutionalisation conditional in the enlargement processes (e.g. Bulgaria and Romania).

The issue of deinstitutionalisation has increasingly gained traction on the EU's global agenda<sup>27</sup>. In 2018, the European Commission gave proof of its commitment towards **promoting the transition from institutional to community-based care for children** globally by including it in its **proposal for the Neighbourhood, Development and International Cooperation Instrument (NDICI)**<sup>28</sup>. The proposal is supported by the European Parliament and the Council<sup>29</sup>.

The EU also supported the development of the Global Study on Children Deprived of Liberty, which recognises that *'institutions, by their very nature, are unable to operate without depriving children of their liberty'*. Institutions in some cases may lead to trafficking of children and their exploitation through commodifying care and linking it to tourism<sup>30</sup>.

The **UN Resolution on the Rights of the Child**, adopted in December 2019 and co-drafted by the EU, expresses a concern that millions of children continue to grow up deprived of parental care, states that family- and community-based care should be promoted over placement in institutions and urges States to *'take effective action to provide support to families and to prevent the unnecessary separation of children from their parents, including through investment in social protection services and social services'*<sup>31</sup>.

The recent **EU Action Plan on Human Rights and Democracy 2020-2024**<sup>32</sup> also prioritises the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care.

The coming five years present a unique opportunity for the European Commission to **renew its commitment and global leadership to ensure that children grow up in loving and supported families**, in line with President Ursula von der Leyen's prioritisation of children's rights.



Credit: Lumos



## How can the EU support third countries to transform their care systems?

The EU should help Governments to strengthen families and communities and provide/oversee quality family- and community-based alternative care in line with the UN CRC, the UN CRPD and the UN Guidelines for the Alternative Care of Children.

Actions may include<sup>33</sup>:

- ✓ Supporting governments in responding to the needs of the most vulnerable children (including children in institutions), families and communities in their **response plans to the Covid-19 pandemic**, integrating care reform and child protection systems strengthening in the medium- and long-term strategies for recovery.
- ✓ Improving **governments' knowledge of and oversight over systems of informal and unregistered care provision (and providers)** prevalent in their countries, closing existing data gaps, developing national and global baselines, and investing in quality, accessible, timely and reliable disaggregated data related to children living without parental or family care in all settings and situations;
- ✓ Analysing and addressing the **push factors leading to the separation of children from their families**, with a focus on helping to make vulnerable families more resilient (e.g. family planning, pre-natal care, mother and baby units, universal birth registration, parenting programmes focusing on creating safe and protective home environments, social protection, conditional cash transfer, income-generating activities, etc.), while also combating stigma and discrimination.
- ✓ Ensuring that all children (in particular with a disability) and families have **inclusive access to social protection programmes and quality services and programmes in the community** (e.g. water and sanitation, housing, energy, garbage collection, safe environment, early childhood education and care, inclusive education and health services, etc.), including in rural areas – whenever possible, transferring resources from institutions to the new services in order to ensure long-term sustainability.
- ✓ Measuring whether existing EU programming focusing on parenting, children rights, and livelihoods is not only making families more resilient to shocks, but also less likely to separate.
- ✓ Researching and addressing the **'pull' factors leading to the institutionalisation of children**, including financial incentives, orphanage tourism/volunteering, and institutions' recruitment practices (e.g. parents being coerced or deceived into giving up their children under the false pretence of access to better education and healthcare). Exploring and addressing the **relationship between institutionalisation of children, exploitation and trafficking**.
- ✓ Ensuring that **policy, legislation and regulations** are revised, developed and adopted to support vulnerable families, alternative family-based care and the transition/closure of residential institutions;
- ✓ Strengthening **inclusive local and national child protection systems** to address children's needs, establishing effective 'gatekeeping' mechanisms, preventing family separation and promoting effective regulation;
- ✓ Identifying and implementing long-term integrated strategies for the holistic and systemic transformation of care systems;
- ✓ **Raising awareness** among families and communities on the rights of the child and the importance of providing them with a stable nurturing environment; countering perceptions that institutional placement is necessary and raising awareness of the harm caused to children by institutionalisation; **reducing communities' stigmatisation of, and discrimination against, children** on the grounds of disability or ethnic or minority background;

- 
- ✓ Preparing and implementing **family- and community-based solutions** for the reintegration of children taken out of institutions, providing access to essential services to support children within their families and communities, with special attention to deprived and remote areas and to children facing discrimination (on grounds of disability, ethnic or minority background, etc.);
  - ✓ Assessing individual children's needs **and providing comprehensive quality care to children until they can be reunited with their families and communities**, prioritising the development and/or strengthening of kinship and foster care, supporting foster parents' networks, etc. In very specific cases where it may be necessary to provide care in a small group setting, provide quality, temporary, specialised care organized around the rights and needs of the child in a setting as close as possible to a family, and for the shortest possible period of time;
  - ✓ **Promoting children's and young people's meaningful participation** in care decisions, service delivery reviews and national debates on care reform, making sure their voices are heard and acted on;
  - ✓ **Building the workforce** (direct informal carers, care professionals and those in related social services) at national and subnational levels, in terms of training (conducting child and family assessments, case management systems, follow-up monitoring after reintegration, forms of alternative care, training of trainers, special care for children with disabilities), status and working;
  - ✓ Raise awareness and develop the capacity of **private service providers** (e.g. NGOs, Faith Based Organisations, and Foundations) that provide the institutional care services (with or without State resources) to transform their programs – focusing on strengthening families and communities and developing specialized support programs for children at risk (e.g. school reinforcement, development of specific skills, conflict resolution, consumption of psychoactive substances, etc.).
- 

The EU's financial assistance could be delivered via different aid modalities. This includes budget support to governments – in the form of Sustainable Development Contracts or Sector Reform Performance contracts – as well as direct/indirect management of grants.

Experience shows that achieving comprehensive care reform requires complex and multi-sectorial transformations that are often best delivered in partnership between governments, non-governmental organisations and/or UN agencies. This is particularly evident in countries where private actors (NGOs, faith-based organisations, etc.) are engaged in providing a significant portion of child protection and care services and are therefore essential stakeholders for the transition. Therefore, the EU should promote partnership with civil society organisations and support CSOs' programmatic interventions and advocacy initiatives to promote child protection and care reform through EU thematic and geographical programming.



## Example of EU-funded project supporting family care in the region – Protecting mothers and babies in Sudan<sup>34</sup>

In Sudan, the social stigma suffered by mothers who give birth outside marriage and their children means that around 100 new-born babies are abandoned on the streets and in the hospitals of the capital Khartoum, every month. The babies that survive are admitted to the Myigoma baby institution, the largest orphanage in the country. Many of the babies who do survive suffer severe developmental delays as a result of the physical and emotional neglect they suffered in the crucial early years of their lives. Others developed chronic illnesses due to poor nutrition and the lack of appropriate care.

Since 2018, Hope and Homes for Children together with their local partner Shamaa have been using EU funds to roll out further community-based services to support vulnerable women and their babies and prevent abandonment and institutionalisation. The EU funding is training and empowering child protection professionals to respond to the needs of vulnerable women, set up new prevention and quality alternative care services and reduce the stigma and discrimination towards single mothers, pregnant women and women who give birth outside wedlock.



Credit: HHC

### 3. Structural conditions for care reform in Kenya

Replacing institutions with a sustainable system focused on providing care for children within families and communities is a complex process, which requires a number of structural conditions to be in place.

**Political will** is key to initiate the transition. The strategic vision owned by key champions in government needs to be complemented by a strong legislative and policy framework, accompanied by measurable and timebound action plans. This should be based on a set of **reliable data** on children in alternative care. Another critical factor is the availability of **local know-how and capacity** within the social workforce to actually deliver the reform and, once it is complete, to sustain prevention and alternative family and community-based care services. In this process, the existence of **an active and organised civil society** – including groups of self-advocates – has proven to be essential to ensure that the strategies are adequately implemented and continue to promote the highest human rights standards. Last, but not least, without **funding for the transition** care reform cannot progress. Additional resources are needed during the phase of transformation, when the old and the reformed systems are still running in parallel and until the resources locked in institutions can be transferred to support children in their families and communities.

**To varying degrees, all of these elements are present today in Kenya and could be strengthened with the support of the international community.** The last decade has seen growing momentum for child protection system reform, with remarkable progress across all the critical areas outlined above. Nevertheless, change is not without concerns. The following sections illustrate the steps taken by Kenya in its journey towards establishing a modern and rights-based child protection system, while also highlighting the pivotal role that the EU could play to sustain and strengthen the care reform efforts within the country.

#### Structural conditions for care reform

POLITICAL WILL TO TRANSFORM CHILD PROTECTION AND CARE SYSTEMS

AVAILABLE EVIDENCE ON CHILDREN IN ALTERNATIVE CARE

CAPACITY TO IMPLEMENT

KNOW-HOW AND PILOT PROJECTS

CIVIL SOCIETY AND USERS INVOLVEMENT

FUNDING FOR DEINSTITUTIONALISATION

### 3.1. Political will to transform child protection and care systems

Strong national leadership and long-term vision are indispensable to move away from institutions and develop child protection and child welfare systems that protect children and families within their homes and communities. Political commitment at the highest level will help tackle vested interests and resistance and sustain the process beyond the life span of political and electoral cycles.

**In the last years, Kenya has taken significant steps to place family-based care at the center of its child protection system<sup>35</sup>.** This is a break from decades-old practice of privately-run institutions providing institutional care for disadvantaged children. These institutions largely fed off the effects of poverty, lack of access to services and education, disability and family breakdown. Most notably, the Kenyan government announced in November 2017 a moratorium on the registration of new CCIs<sup>36</sup>. Further to this announcement, in May 2019 the Cabinet Secretary Ministry of Labour and Social Protection committed to scaling up deinstitutionalisation and promoting family-based care<sup>37</sup>. Political commitment is also increasing at the level of the counties. For instance, on 6 September 2019, the Governor of Murang'a County, Mwangi wa Iria, signed a declaration at the Leiden University to protect the rights of children<sup>38</sup>. This is important, since counties are responsible for safeguarding and promoting child welfare, pre-primary education, health, development, and the running of children's care facilities, as well as mobilising resources on their behalf<sup>39</sup>. However, better coherence in laws and policies is needed to ensure that they are all aligned to the care reform agenda with no contradictions.

Kenya also enacted key legislative and policy changes. In the field of child protection, this includes the CCIs Regulations<sup>40</sup>, the Guidelines for the Alternative Care of Child in Kenya<sup>41</sup>, the National Standards for Best Practice in Charitable Children Institutions 2013<sup>42</sup> and The National Plan for Children in Kenya 2015-2022<sup>43</sup>. **Currently, the Children's Bill is under review, and special attention is given to care and protection.** The new bill includes measures to divert children involved in the justice system away from jail, more options for alternative family-based care over traditional institutional-based care, and clarity over roles and mandates for child protection agencies.<sup>44</sup> The Ministry Labour and Social Protection and the Department of Children's Services are currently finalising the case management package for reunification and reintegration of children into family care, gatekeeping guidelines and standard operating procedures for implementing alternative family care.

**The government, supported by UNICEF, is also in the process of developing a National Care Reform Strategy and associated implementation plan<sup>45</sup>.** This is due to be finalised and costed in early 2021, and a monitoring and evaluation framework added to track progress is under development.

In order to end the reliance of Kenya on institutional care, it is key to address the root causes that lead children into care. It is equally essential to link up with current efforts and initiatives to address poverty, abuse and neglect, and stigma against children with disabilities, and to improve access to education and healthcare. In 2011 the National Social Protection Policy<sup>46</sup> and the Draft Kenya Social Protection Strategy were adopted. It is critical that these policies are aligned to alternative family care to prevent the separation of children from families, strengthen families and consequently reduce institutionalization.

Alongside these policies, a number of initiatives are being implemented aimed at strengthening families and preventing children from entering institutions (e.g. cash transfers<sup>47</sup>, presidential bursaries<sup>48</sup>, Inua Jamii programs<sup>49</sup>). The government of Kenya is also rolling out Universal Health care<sup>50</sup>. To accelerate integrated Early Childhood Development, UNICEF Kenya delivered upstream technical support in the drafting of the Integrated Early Childhood Development (IECD) Policy. In partnership with the Office of the First Lady of the Republic of Kenya, UNICEF Kenya supported the launch of the Lancet (2016) Special Series on Early Childhood Development 'Advancing Early Childhood Development: From Science to Scale', which promoted the importance of investing in early childhood development.<sup>51</sup>

**Despite all this progress, the current child protection system and domestic resources (see sections 3.3 and 3.6) remain unable to respond to the needs of many children and families.** As highlighted across various studies and submissions, including the second progress report on the implementation of the SDGs in Kenya by civil society<sup>52</sup>, it is important to highlight that children continue facing severe deprivation and violence. According to UNICEF, a total of 9.5 million children in Kenya – corresponding to 45% of children under the age of 18 - experienced child poverty in 2014<sup>53</sup>. Eighty-seven percent of children under the age of 18 are simultaneously deprived in one or more of the six dimensions: nutrition, physical development, health, education, health related knowledge, access to information, water, sanitation and housing.

### 3.2. Available evidence on children in alternative care

A key element of a State's ability to protect and promote children's rights is the availability of reliable data to develop strategies corresponding to the needs and characteristics of the population. The total population of Kenya is 48.4 million and about 40% of the population is under the age of 14. The exact numbers of children deprived of parental care are guesstimates at best<sup>54</sup>. Since 2017 a common database, named the 'Child Protection Information Management System', exists. It is expected to significantly enhance administrative data gaps in the area of child protection, child care service delivery, and help in planning and advocacy for increased child protection resources.<sup>55</sup> By January 2020 the system has been rolled out in all 47 counties in Kenya<sup>56</sup>. However not all child protection and welfare programme providers are utilizing the system which enhances the gaps in data collection<sup>57</sup>.

It is therefore necessary to rely on ad-hoc studies to have some child-related statistics. **Before the outbreak of Covid-19, it was estimated that approximately 40,000 to 42,000 children were housed across 830 CCIs across Kenya.**<sup>58</sup> Children are institutionalised due to reasons such as poverty, disability, marginalisation, a lack of other family support services in the community or as a result of trafficking. Street connected children are also likely to be institutionalised.<sup>59</sup>

Most institutions in Kenya are privately run; only 26 are administered by public authorities. The number of unregistered institutions remains unknown, while there are no clear figures on children in other alternative care arrangements. Most orphans and vulnerable children are supported informally through kinship care, often with minimal or no support from the government<sup>60</sup>.

Children with disabilities and children living with HIV/AIDS often are condemned to growing up in institutions as a result of stigma and discrimination. Girls who want to avoid undergoing female genital mutilation and early marriages often seek shelter in 'rescue centers'. They tend to spend long periods of time in such institutions, and generally are entirely separated from their families and communities because of

fear of discrimination or punishment<sup>61</sup>. According to a 2019 report released in mid-July 2020, the Kenya government acknowledged that '*Children in residential care institutions including Charitable Children's Institutions (CCI) and statutory institutions such as remand homes and correction centres are known to be at high risk of violence*'<sup>62</sup>.

Following a government directive, in the early days of the Covid-19 crisis, many institutions suddenly released children back to families and communities without any preparation or support, thus exposing children to significant child protection risks. Preliminary and internal government data from May 2020 indicated that around 19,282 children had been released (e.g. returned to biological families or, in small percentages, placed in foster families), with around 26,198 children left in institutions. Although some children with disabilities were taken back to their families and communities, 1270 children with disabilities are still remaining in institutions. These figures could be underestimated due to the weak data collection management system, oversight and reporting of the numbers.

The pandemic may have a significant impact on these figures. There is a risk of a new influx of children in institutions due to disruption of family's income and an increase in street connected children, gender-based violence and trafficking. Kenya has already reported a sudden surge in teen pregnancies linked to the lockdown<sup>63</sup>.

### 3.3. Capacity to implement

The lack of know-how and professional capacity for the provision of social services to children and families can be a challenge for the implementation of care reform, and is therefore a key area to be prioritised and strengthened.

**In Kenya, the Ministry of Labour and Social Protection has the primary responsibility to ensure children's well-being.** Within this ministry, the Department of Children's Services is responsible for implementation and has among others taken steps to increase the size and skills of the country's social welfare workforce for children. However, the knowledge and expertise necessary for these professionals and paraprofessionals to address social welfare concerns effectively requires formal training and field practice<sup>64</sup>. Furthermore, data on the workforce cadres and the distribution of this workforce across Kenya's 47 counties show that there are only 406 children's officers currently deployed, with 557 vacancies outstanding. Furthermore, they have not yet approved the Case Worker's Toolkit Case Management for Reintegration of Children in Family and Community-based Care. This will help strengthen gatekeeping, create a national approach for effective assessments for reintegration of children and consequently improve response and interventions.

**Targeted services in the community to prevent the unnecessary separation of children from their parents are scattered and limited.** There is an urgent need to support young and single mothers who are likely to abandon their newborn babies in hospitals. Kenya has made significant progress in providing free maternal health care and family planning. For instance, the contraceptives prevalence rate among married women of reproductive age has risen to 61%, which surpasses the 2020 target of 58%<sup>65</sup>. There is no data on early intervention, family support, and respite care.

Housing is also a major challenge: demand (250,000 units annually) very much exceeds the supply (50,000 units). Most people cannot afford to build, with only 2% of the formally constructed houses targeting lower-income families. Approximately 6.4 million people live in informal settlement at risk of diseases and with poor sanitation<sup>66</sup>.

Finally, more than half of persons with disabilities reported having difficulties engaging in economic activities. Children with disabilities have challenges with affordability and accessing education compared to their peers, they also face a lot of discrimination<sup>67</sup>. The majority of persons with disabilities have problems accessing assistive devices<sup>68</sup>.

### 3.4. Know-how and pilot projects

In the last decade, many innovative projects were implemented to replace institutions with a range of prevention and quality alternative care services in the community. The experience from these pilots can be key to build the capacity, know-how, skills and expertise of the professional workforce and implement reform.

A number of successful pilot projects are underway in the frame of child protection system reform:

- Most notably the Government is, since mid-2018, and in collaboration with Changing the Way We Care, implementing a care reform initiative which includes strengthening systems of care and protection (family reintegration, strengthening families to prevent separation, development of alternative care). Currently focused on demonstrating care reform in Western Kenya (Kisumu, Kilifi and Nyamira),

it also aims to scale change through work with the national government and other counties in Kenya.<sup>69</sup> In collaboration with UNICEF the Government is piloting implementation of the National Guidelines for the Alternative Family Care of Children. It is expected to be expanded to other counties countrywide over the next years.

- As described above, the government is also implementing Social Protection Programs that strengthen families, enhance family and community-based care and indirectly preventing institutionalization of children.

These locally developed know-how and promising practices are great foundations to continue the reform at scale.



### 3.5. Civil society and users' involvement

The presence of an active and organised civil society – including a network of self-advocates with lived experience of the care system - is fundamental to ensure that care reform strategies are adequately implemented and continue to promote the highest human rights standards.

In Kenya, a strong network of civil society organisations is working closely with the government on care reform. This includes an umbrella organisation, the Association for Alternative Family Care of Children<sup>70</sup>. There is also a national body working on care reform (“care reform Core Team”) led by the National Council of Children Services and comprised of the relevant government Ministries and CSOs, that is supporting the government in the development of the National Care Reform Strategy. Also a recent example of this close collaboration with the government has been in the context

of the Covid-19 pandemic, including to gather information on the status of children remaining in institutions and those taken back to the communities, developing directives and key messages related to the pandemic, etc.

Furthermore, the Kenyan Society of Care Leavers supports young people exiting institutional care. The organization is also involved in advocacy at national and international level<sup>71</sup>. However, it is important to note that these are young people over the age of 18. There is no platform to represent children currently in care. Although there are several disability organizations active in country, these are not primarily focused on children in care. **Children with disabilities and children in care continue to be invisible - and more effort are needed to ensure their inclusion.**

### 3.6. Funding for the transition

Institutional care is harmful for children, and it is not a cheap nor effective system. Evidence proves that family- and community-based systems of care are more cost-effective and deliver better outcomes in the long run. However, additional resources are needed during the phase of transition, when the old and the reformed systems are still running in parallel and until resources locked in running institutional care can be used to support children in their families and communities.

**Unfortunately, no funds are currently available from the Kenyan national budget to support care reform.** The on-going pilot program mentioned above is funded by UNICEF and Changing The Way We Care. The government has not allocated specific funding but has allocated some of its officers to the care reform process in the pilot counties. There is a need for fiscal allocation during the process of care reform to enable the implementation of the strategy which is currently being drafted. The government has been indirectly supporting care reform through the cash transfer program. The program seeks to provide a social protection system through regular cash transfers to families living with orphans and vulnerable children in order to encourage fostering and retention of such children within their families and communities and to promote their human development.<sup>72</sup>

**Donors like the EU can bring a tremendous added value by investing Overseas Development Assistance (ODA) funds into the phase of transition.** In Kenya, several ODAs and multilaterals have already contributed to pilot projects and

more sustained investments in the care reform process. For instance, the USAID project MWENDO (Making Well-informed Efforts to Nurture Disadvantaged OVC) aims to ensure children remain healthy, safe, stable and schooled by: addressing the social determinants of health to improve the wellbeing of children orphaned and made vulnerable by HIV; enhancing the capacity of caregivers and communities to sustainably provide care and support to OVC; and strengthening institutional capacities of formal and informal structures to respond to child welfare and protection needs<sup>73</sup>.

While EU budget support in Kenya has not directly targeted children rights<sup>74</sup>, Kenya has benefited from EU funds to support job creation, food security and resilience, sustainable infrastructure and transport – all which may (in)directly contribute to supporting families and children.<sup>75</sup> Most recently, the EU, together with Sweden, Finland and Denmark, mobilised a total of € 1.8 million to work together with local communities to enhance access to water in public places, market centres, health institutions, police stations, military barracks and prisons across Kenya<sup>76</sup>. The EU through its Civil Protection and Humanitarian Aid Operations department (ECHO) has donated KES 270 million (2,573,105 Million Euros) to WHO Kenya<sup>77</sup>.

**It is key for care reform to be mainstreamed across all the key priority areas for EU support, such as food and nutrition security, sustainable infrastructure, youth unemployment, etc.**<sup>78</sup>

## 4. Specific recommendations for NDICI support in Kenya

Overall, Kenya has made excellent strides toward establishing a competent legal framework for child protection system reform. As a country with one of the highest number of children in institutions in the region, it is essential for Kenya to step up its efforts to address this serious human rights issue. **Without significant technical assistance and long-term financial investments to date, care reform may lose momentum. The EU can play a key role in supporting this process.** In light of the challenges and opportunities detailed above, we recommend that the EU Delegation in Kenya, DG DEVCO and the EEAS:

### 1. Provide budget/sector support to the Government of Kenya to support the implementation of the forthcoming National Care Reform Strategy and the associated implementation plan, including by mainstreaming the issue of care reform within other sectoral policies (e.g. social protection, education, health, food security, sustainable infrastructure, etc).

This should include:

- ✓ **Supporting care reform and deinstitutionalisation.** Based on a mapping of available and accessible existing services, this should cover the development of family-based care for children (e.g. strengthening kinship care, recruiting and supporting foster parents, etc.) and **integrated networks of mainstream services based in the community** (e.g. water and sanitation, accessible housing, inclusive and non-segregated education services, health services, etc.). It should also include developing and improving access to/availability of **targeted services aimed at preventing child-family separation and institutionalisation** (e.g. family planning, pre-natal care, mother and baby units, early childhood and care services, crisis intervention and emergency centres, etc.) or **addressing the needs of particular groups (e.g. street connected, children, children with disabilities)**. For instance, for children with disabilities, this might include technical aids and assistive technologies (e.g. wheelchairs, social alarms, hearing and visual aids, communication aids etc.), supported living, legal aid, etc.
- ✓ **Reforming the education system**, to strengthen access to and quality of inclusive education (both formal and non-formal education) and early childhood development, particularly for vulnerable groups (e.g. children with disabilities).
- ✓ **Strengthening the healthcare system** to enhance equal access to affordable, accessible, sustainable and high-quality healthcare with a view to reducing health inequalities, raising health literacy, and supporting health prevention. This should include primary healthcare (e.g. facilities for general practitioners, nurses, prenatal care, early detection and intervention programmes), secondary healthcare (e.g. facilities for specialists, outpatient clinic, physical therapy and orthopaedic), and tertiary healthcare (e.g. acute and long-term care hospitals, emergency services).
- ✓ **Improving nutrition and food security** – ensuring the availability and access of food.
- ✓ **Promoting income generation activities** – This may include providing at-risk families professional and entrepreneurship training courses, microfinance schemes and mentoring, designing and rolling-out of employment policies, developing business incubators and investment support for self-employment, micro-enterprises and business creation. For families living in the street, this should also include rehabilitation to support reintegration and prevent re-emergence.
- ✓ **Developing the social workforce**, including support for case management in line with deinstitutionalisation and the social protection policy.
- ✓ **Supporting training and capacity building of professionals and carers** – This might include training for child protection and social welfare staff, school professionals (e.g. teachers), medical staff (particularly on communication skills), re-training of institutional care staff to work in the new community-based services, and training for family members, informal carers and foster parents.
- ✓ **Launching a national research on institutionalized children** (both registered and unregistered). The government has expressed willingness to conduct a national survey on institutions but currently there is no funding available to undertake such a study.
- ✓ **Improving data collection mechanisms** – closing existing data gaps, develop national baselines, and invest in quality, accessible, ethical<sup>79</sup>, timely, disaggregated and reliable data related to children living without parental or family care in all settings and situations.
- ✓ **Awareness-raising campaigns and programmes** to promote greater social awareness towards children in institutions and persons with disabilities, informing the general public of their different needs and abilities in society, dispelling myths and superstitions, and affirming their rights and dignity as human beings.



---

**2. Provide and coordinate technical assistance (e.g. international experts, documentation, exchange of experience, etc.) on the areas listed above.**

**This should also include:**

- ✓ Supporting the government and strategic stakeholders to develop coordinated care reform planning and monitoring mechanisms from the national to the county level.
- 

**3. Building on the effective collaboration between the government and CSOs, promote partnership with civil society to implement the forthcoming National Care Reform Strategy, including all the key areas listed above.**

**This may cover:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>✓ Programmatic interventions to assist the government of Kenya in the implementation of the reform by a) preventing family separation, b) developing and enhancing family-based alternative care services, and c) dismantling institutional systems and redirecting resources, whenever possible in collaboration with rescue and long-term care institutions;</li> </ul> | <ul style="list-style-type: none"> <li>✓ Programmatic interventions and/or advocacy to establish a baseline and develop a solid information system to record disaggregated data and monitor the wellbeing of children across the alternative care/child protection spectrum;</li> </ul>  |
| <ul style="list-style-type: none"> <li>✓ Advocacy to influence laws, strategies and action plans for the implementation of the reform, identifying gaps in policies and implementation and redirecting financial resources;</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Actions to support, empower and nurture children and young care leavers to become self-advocates and set their own agendas; connecting them with their peers in-country and in other countries to make their voices heard in national, regional and global conversations on care reform.</li> </ul> |
- 

**In all of the investments listed above, it is essential to ensure that EU funds' investments in institutions, regardless of the size, are explicitly declared ineligible – including investments for the refurbishing, building, renovating, extending of institutions or improving energy efficiency of the care settings, etc.**

## Endnotes

- 1 International Save the Children Alliance (2003). *A Last Resort: The Growing Concern About Children in Residential Care*. London, Save the Children UK. Cited in: Pinheiro, P. (2006). *World Report on Violence Against Children*. New York: UNICEF, p. 183. ; Csaky, C. (2009) Keeping children out of harmful institutions: why we should be investing in family-based care, Save the Children
- 2 [Proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, COM\(2018\) 460 final Annex II and III](#)
- 3 [European Parliament Resolution on the proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, T8-0298/2019, Amendment 337 and 481; Council Partial mandate for negotiations 10305/19, Annex II and III](#)
- 4 UNICEF (2016) [Care and Protection of Children in the West Africa Ebola Virus Disease Epidemic: Lessons learned for future public health emergencies](#).
- 5 Save the Children UK. (2010) [Misguided Kindness: Making the Right Decisions for Children in Emergencies](#).
- 6 The Alliance for Child Protection in Humanitarian Action (2019) UNPROTECTED: crisis in humanitarian funding for child protection
- 7 Better Care Network, The Alliance for Child Protection in Humanitarian Action, UNICEF (2020) [Protection of Children during the Covid-19 Pandemic: Children and Alternative Care](#)
- 8 Owino, E. (June 2019) [Socioeconomic impacts of Covid-19 in Kenya](#). Development Initiatives.
- 9 Since the end of December 2019, the country has been facing its worst locust infestation in 70 years. See: Food and Agriculture organisation of the United Nations news (January 2020) [FAO appeals for urgent support to fight worsening Desert Locust upsurge in the Horn of Africa](#).
- 10 By mid-May 2020, floods claimed the lives of 237 people in central and northern Kenya. Floodlist (25 May 2020) [Kenya – Floods Hit North and Central Regions as Death Toll Rises to 237](#)
- 11 However, it was not clear the exact number of children received by birth families or kinship care.
- 12 See for example Eurochild's definition extracted from the UN Guidelines for the Alternative Care of Children: "a residential setting that is not built around the needs of the child nor close to a family situation and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.). Cited in the Common European Guidelines on the Transition from Institutional to Community-based Care. European Expert Group on the Transition from Institutional to Community-based Care, November 2012, <http://www.deinstitutionalisationguide.eu/>. In addition, UNICEF when defining an institution considers "whether the children have regular contact and enjoy the protection of their parents or other family or primary caregivers, and whether the majority of children in such facilities are likely to remain there for an indefinite period of time". Cited in the UNICEF Consultation on Definitions of Formal Care for Children, pp.12–13.
- 13 Csáky, C. (2009) Keeping children out of harmful institutions: why we should be investing in family-based care, Save the Children, p. vii
- 14 European Expert Group on the Transition from Institutional to Community-based Care. (2012). *Common European Guidelines on the Transition from Institutional to Community-based Care*. <http://www.deinstitutionalisationguide.eu/> [accessed 11 July 2016].
- 15 Berens & Nelson (2015) [The science of early adversity: is there a role for large institutions in the care of vulnerable children?](#) The Lancet.
- 16 Nelson, C., Zeanah, C., et al. (2007) "Cognitive recovery in socially deprived young children: The Bucharest early intervention project". *Science* 318 (no.5858); 1937–1940 (21 December 2007)
- 17 Marinus H van IJzendoorn, Marian J Bakermans-Kranenburg, Robbie Duschinsky, Nathan A Fox, Philip S Goldman, Megan R Gunnar, Dana E Johnson, Charles A Nelson, Sophie Reijman, Guy C M Skinner, Charles H Zeanah, Edmund J S Sonuga-Barke (23 Jun 2020) Institutionalization and deinstitutionalization of children 1: A systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry*. ; Chris Desmond, Kathryn Watt, Anamika Saha, Jialin Huang, Chunling Lu (06 Mar 2020) Prevalence and number of children living in institutional care: global, regional and country estimate. *The Lancet*; Mulheir, G. et al. (2012). Deinstitutionalisation – A Human Rights Priority for Children with Disabilities.
- 18 Ministry of Labour and Social Protection, Department of Children's Services (2020) *Residential Childcare Institution Situation Analysis in Five Counties*; Department of Children's Services, National Council of Children's Services and Changing the Way We Care (2020) *Kenya National Care System Assessment*.
- 19 Republic of Kenya Ministry of Labour and Social Protection State Department for Social Protection (April, 2020) [Preventing and Responding to Covid-19 Key messages to support those working with vulnerable children and families in Kenya](#)
- 20 Orphanage volunteering is a term used to define a spectrum of activities related to the support of orphanages and children's homes by individuals who are primarily, or were initially, tourists on vacation. In most cases, orphanage volunteering involves a tourist who wishes to include an element of social work-orientated volunteering in their travels and who chooses to do this by volunteering their time – sometimes coupled with financial or material support – to an orphanage.
- 21 [Com/2020/456 final](#)
- 22 United Nations Resolution adopted by the General Assembly on 18 December 2019, A/RES/74/133
- 23 For instance, the European Commission [Draft thematic Guidance Fiche for Desk Officers](#) for the 2014–2020 period states that "building or renovating long-stay residential institutions is excluded, regardless of their size". The Commission reiterated this commitment in its 2015 [reply](#) to the list of issues of the UN Committee on the Rights of Persons with Disabilities (para 81).
- 24 Lumos (2019) [A goal within reach: ending the institutionalization of children to ensure no one is left behind](#)
- 25 [Common Provisions Regulation, Regulation \(EU\) No 1303/2013](#)
- 26 [Proposal for a Common Provisions Regulation, COM\(2018\)/375 final, Article 11](#)
- 27 At the end of 2015 DG DEVCO released the tender 'Study on the institutionalisation of children and possible alternatives care solutions in Asia, Africa, Central and South American countries', which aimed to 'strengthen the knowledge of the European Commission on the nature, the extent and scope of institutionalisation and feasibility for deinstitutionalisation (alternative care for children)' (ARES(2015)5590444). The EU also published in 2018 a call for proposal 'Quality Alternative Care for Children and De-Institutionalisation' with a total budget of 13 000 000 euro ([EuropeAid/158557/DH/ACT/Multi](#)). This call resulted in grants to five agencies for projects in Myanmar, Cambodia, Georgia, Burundi and Armenia.
- 28 [Proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, COM\(2018\) 460 final, Annex II and III](#)
- 29 [European Parliament Resolution on the proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, T8-0298/2019, Amendment 337 and 481; Council Partial mandate for negotiations 10305/19, Annex II and III](#)
- 30 Global Study on Children Deprived of Liberty, 2019, pp. 505–506.
- 31 United Nations Resolution adopted by the General Assembly on 18 December 2019, A/RES/74/133, para 34

- 32 Annex to the joint communication to the European Parliament and the Council. EU Action Plan on Human Rights and Democracy 2020-2024. JOIN (2020) 5 final, p. 3.
- 33 For an overview of potential measures, see also: European Expert Group on the Transition from institutional to Community Based Care and Hope and Homes for Children (2019) [Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services](#)
- 34 Hope and Homes for Children (2018) [Development of a safe environment for single mothers, pregnant women and women who give birth outside wedlock and their children](#)
- 35 UNICEF, Global Affairs Canada and Republic of Kenya (2015) [Taking child protection to the next level in Kenya](#)
- 36 Ministry of East African Community, Labour and Social Protection, Office of the Cabinet Secretary. (November 01, 2017). MEACL&SP/7/13(S)SP/Vol.1/ (8). Suspension of Registration of New Charitable Children's Institutions (CCI/SCIs).
- 37 May 2019 Cabinet Secretary Statement State reforms on child welfare, adoption and child protection
- 38 <https://theconversation.com/kenya-takes-next-steps-to-replace-childrens-homes-with-family-care-123876>
- 39 Julia Sloth-Nielsen (September 2019) [Kenya takes next steps to replace children's homes with family care](#) The Conversation
- 40 Republic of Kenya (2005) [The Children \(Charitable Children Institutions\) Regulations](#), Kenya Gazette Supplement No. 89
- 41 Republic of Kenya (October 2014) [Guidelines for the Alternative FAMILY Care of Children in Kenya](#)
- 42 Republic of Kenya and Unicef (2013) [National Standards for Best Practice in Charitable Children Institutions](#)
- 43 The National Council for Children's Services (2015) [National Plan of Action for Children in Kenya 2015-2022](#)
- 44 UNICEF [Annual Report 2017 Kenya](#) p.14
- 45 Late 2019 a consultant was recruited to support this process. <https://bettercarenetwork.org/news-updates/jobs-opportunities/consultancy-development-of-care-reform-strategy-nairobi-kenya>
- 46 Republic of Kenya Mistry of Gender, Children and Social Development (2011) [Kenya National Social Protection Policy](#)
- 47 The [cash transfer scheme for Orphans and Vulnerable Children](#) was launched in 2004 to meet the needs of the country's increasing number of children made vulnerable by poverty and HIV/AIDS. The programme seeks to provide a social protection system through regular cash transfers to families living with OVCs in order to encourage fostering and retention of such children within their families and communities and to promote their human capital development.
- 48 The State Department of Social Protection administers the [presidential secondary school bursary](#) targeted at orphans and vulnerable children to enhance secondary school enrolment.
- 49 Inua Jamii is Kenya's flagship National Safety Net Program for the beneficiaries of : i. cash transfer for orphans and vulnerable children, ii. older persons cash transfer, iii. persons with severe disabilities cash Transfer, iv. hunger safety net programme. The objective of Inua Jamii is to uplift the lives of poor and vulnerable citizens of Kenya through regular and reliable bi-monthly cash transfers. <https://www.socialprotection.go.ke/wp-content/uploads/2019/10/SOCIAL-ASSISTANCE-UNIT-SAU-FREQUENTLY-ASKED-QUESTIONS-converted.pdf>
- 50 Republic of Kenya Ministry of Health (2019) [Refocusing on quality of care and increasing demand for services: Essential elements in attaining universal health coverage in Kenya](#)
- 51 UNICEF 2017 Annual report Kenya [https://www.unicef.org/about/annualreport/files/Kenya\\_2017\\_COAR.pdf](https://www.unicef.org/about/annualreport/files/Kenya_2017_COAR.pdf)
- 52 Civil Society Report 2019, [The Second Progress Report on Implementation of SDGs in Kenya](#)
- 53 UNICEF (2017) [Child Poverty in Kenya](#) p.8
- 54 Chege, Njeri & Ucembe, Stephen. (2020). [Kenya's Over-reliance on Institutionalization as a Child Care and Child Protection Model: A Root-cause Approach](#). Social Sciences. 9. 57. P.6
- 55 UNICEF 2017 Annual report Kenya, p. 33 [https://www.unicef.org/about/annualreport/files/Kenya\\_2017\\_COAR.pdf](https://www.unicef.org/about/annualreport/files/Kenya_2017_COAR.pdf)
- 56 <https://data.childprotection.go.ke/>
- 57 Chege, Njeri & Ucembe, Stephen. (2020). [Kenya's Over-reliance on Institutionalization as a Child Care and Child Protection Model: A Root-cause Approach](#). Social Sciences. 9. 57.
- 58 Government of Kenya, UNICEF and Global Affairs Canada (2015) [Taking child protection to the next level in Kenya](#)
- 59 The 2018 National a census of Street Families Report shows that there are 15,752 children in street situations.
- 60 Advancing the rights of children deprived of parental care: Domestic adoption of children in Kenya (2012)
- 61 Chege, Njeri & Ucembe, Stephen. (2020). Kenya's Over-reliance on Institutionalization as a Child Care and Child Protection Model: A Root-cause Approach. Social Sciences. 9. 57. P.10
- 62 Ministry of Labour and Social Protection of Kenya, Department of Children's Services. Violence against Children in Kenya: Findings from a National Survey, 2019. Nairobi, Kenya: 2019, p.82. Accessed <https://sdgkenyaforum.org/content/uploads/documents/Od3c6c04e0b392c5.pdf> July 2020]
- 63 Plan International (25 June 2020) [Covid-19: lockdown linked to high number of unintended teen pregnancies in Kenya](#)
- 64 Global Social Welfare Workforce Alliance (2013) [Situational Analysis: Kenya's Social Welfare Workforce](#)
- 65 <http://www.familyplanning2020.org/kenya>
- 66 <https://www.habitat.org/where-we-build/kenya>
- 67 Krystle Kabare (2018) [Social Protection and Disability in Kenya](#). Working Paper. Development Pathways.
- 68 National Coordinating Agency for Population and Development (2008) [Kenya National Survey for Persons with Disabilities](#). Preliminary Report.
- 69 <https://www.changingthewaywecare.org/project/kenya/>
- 70 <https://www.alternativecare.or.ke/>
- 71 [www.kesca.org](http://www.kesca.org)
- 72 May 2019 Cabinet Secretary Statement State reforms on child welfare, adoption and child protection
- 73 <https://www.usaid.gov/documents/1860/mwendo-orphans-and-vulnerable-children-project>
- 74 [European Union and Republic of Kenya National Indicative Programme for the 2014-2020 period](#)
- 75 European Commission Directorate General for International Cooperation and Development (2020) [Supporting health systems across Africa](#)
- 76 European Union (May 2020) [Access to water and sanitation in Kenya to fight COVID-19](#)
- 77 World Health Organisation (2020) [The EU and WHO working Together to Defeat COVID-19 in Kenya](#)
- 78 [European Union and Republic of Kenya National Indicative Programme for the 2014-2020 period](#)
- 79 Developing ethical data collection mechanisms to assess the situation of children living without parental care should include processes to determine where and with whom children are living, the type of care arrangement, and the quality of care they are receiving, ensuring data privacy protections, especially for children under 18.





Credit:Lumos



hope and homes  
for children



Changing  
THE WAY WE  
care