

REPUBLIC OF KENYA



NATIONAL PREVENTION AND RESPONSE PLAN ON VIOLENCE AGAINST CHILDREN IN KENYA 2019 – 2023

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Ministry of Labour and Social Protection State Department for Social Protection Department of Children's Services

NATIONAL PREVENTION AND RESPONSE PLAN ON VIOLENCE AGAINST CHILDREN IN KENYA 2019 – 2023

Front cover: Morukirion Karunon, a Turkana woman, carries her 6-months-old daughter Ekadeli Lokienoi, along with her older daughter Atabo Karunon (5) at a UNICEF supported satellite clinic at Nakalala, North West of Lodwar town, in Northwestern Kenya. ©UNICEF Kenya/Shezhad Noorani

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REPUBLIC OF KENYA



**NATIONAL PREVENTION
AND RESPONSE PLAN ON
VIOLENCE AGAINST CHILDREN
IN KENYA 2019 – 2023**

Foreword

The results from the 2019 Violence Against Children (VAC) Survey established that violence against children is still prevalent. The Government through the State Department of Social Protection - Department of Children Services has come up with a National Prevention and Response Plan (2019-2023) that aims to reduce VAC prevalence by 40%.

The Plan is based on the premise that *violence against children is never justifiable, nor is it inevitable; and if its underlying causes are identified and addressed, violence against children is entirely preventable*. Moreover, holistic care for child survivors of violence is equally critical for their recovery and development.

The Plan aims to accelerate evidence-based multi-sectoral actions to address VAC and will be led and implemented by the Government with the support of development partners, civil society organizations and community members. The vision of the plan is a society where all children live free of all forms of violence. This plan will be implemented from 2019 to 2023 with focus on 6 strategic areas that are aimed at preventing and responding to violence.

Protecting children against violence is an obligation shared by many different actors involving both state and non-state actors. I urge all of us to play our part in implementing this Plan. The Government on its part will work closely with County Governments, the private sector and partners to ensure we deliver on this Plan's targets.

A world free of violence against children is possible. Let us make sure that this vice is eliminated in our society. We have the opportunity to end violence through application of the Plan and in ensuring that we use approaches and actions outlined in the plan.



Simon K. Chelugui, E.G.H
Cabinet Secretary, Ministry of Labour and Social Protection

Preface

Violence against Children (VAC) is a global problem which has negative consequences not only for the abused children but also for the society as a whole. It entails all forms of physical, emotional and sexual violence against children. Putting an end to all forms of violence in families, at school, and in communities is of crucial importance for children's rights and well-being, and a sustainable future.

In 2018-2019, the Government of Kenya conducted a National Household VAC survey which measured the prevalence, nature and consequences of physical, emotional and sexual violence amongst children including HIV infection. Results from the survey indicated that VAC is still prevalent.

Subsequently the Cabinet Secretary, Ministry of Labour and Social Protection formed a Violence against Children Prevention and Response National Steering Committee and Technical Working Group composed of state and non-state actors on 16th January 2019. The Department of Children Services through the Technical Working Group (TWG) led the development of the National Prevention and Response Plan. The Plan's strategic actions were enriched by the views and opinions of 418 children (267 girls and 151 boys) aged 10 to 17 years from 27 counties, who provided feedback on the causes of various forms of violence against children and possible ways of its prevention and response.

The Plan has the following six, contextualized strategic areas, which aim to prevent and respond to violence affecting children in Kenya:

STRATEGIC AREA 1: Laws and policies

STRATEGIC AREA 2: Family support – parenting skills and economic strengthening


STRATEGIC AREA 3: Education and life skills

STRATEGIC AREA 4: Community norms and values

STRATEGIC AREA 5: Response and support services

STRATEGIC AREA 6: Coordination

Monitoring and evaluation, resources and communication strategies are all crucial in the plan's implementation. The monitoring plan will be used in order to obtain reliable, adequate and timely data on Violence against Children. The resource mobilization plan will facilitate advocacy for the financial and human resources required for its implementation. The communication strategy will serve as guiding framework for strategically communicating key messages that will promote positive attitude, behaviour change and knowledge in order to prevent and respond to violence.



Nelson Marwa Sospeter, CBS
Principal Secretary,
State Department for Social Protection
Ministry of Labour and Social Protection

Message from UNICEF

The UN Convention on the Rights of the Child, which Kenya ratified 30 years ago, defines violence as “all forms of physical or mental violence, including sexual abuse,” of a child. It calls for legislative, social and education measures to protect children from all forms of violence.

A child’s first experience of violence is often at home, in their school or community. In the very places where children have the right to feel safe and be protected, they can instead be subjected to abuse, often by people they know and trust. Unfortunately, cases of violence have recently increased due to children staying at home during the COVID-19 outbreak.

Violence affects children from all backgrounds, religions and cultures. It can take many forms, including physical, emotional and sexual abuse. It can change children’s lives forever. Children can be injured, left with health issues, permanent disabilities and emotional scars. And it has significant economic costs, including health care costs and loss of productivity.

This five-year National Prevention and Response Plan on Violence against Children by the Government of Kenya is vital and very welcome. It articulates what needs to be done so that Kenya can deliver on its pledge to achieve the SDG to “end abuse, exploitation trafficking and all forms of violence against children”.

A series of important steps have been taken to make sure the Plan delivers tangible benefits and results for children. First, the 2019 survey on violence against children from the Centers for Disease Control and Prevention (CDC), Government of Kenya and UNICEF provided key data and insights to inform this plan. This was the second nationally representative survey, following a study in 2010. The survey reveals the continued scale of violence against children in Kenya, despite progress made to date, thanks to the Government’s and other stakeholders’ efforts. It details who is most vulnerable to what kinds of violence. Building on the data, this Plan covers both the response to violence and, importantly, prevention of it in the first place.

Second, this National Prevention and Response Plan will be fully costed, to allow for clear resource allocations. Third, a robust monitoring and evaluation will enable the Government and partners to keep track of progress. Finally, an accompanying communication strategy will ensure that the issue is well known. This will include a major campaign, **Spot It, Stop It**, which aims to raise awareness of violence against children and inform people how to prevent or report it.

UNICEF is pleased to have been among the partners who worked together on this Plan. Building on this spirit of collaboration, UNICEF will continue to work with communities, civil society, the Government and other actors to end violence against children in Kenya once and for all. Our children deserve no less.

Maniza Zaman
UNICEF Representative to Kenya

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We would like to express our appreciation for the valuable contributions of the children from 28 counties who participated by giving their views on what should be included in the plan. Additionally, a different group of children from 4 counties participated in the validation of the plan. Further we appreciate the County Coordinators for Children Services from all the counties who mobilised the children to participate in the development of the plan.

Special thanks goes to the NPRP on VAC core team which comprised of Waruinge Muhindi, Esther Mugure, Eunice Moraa and Vivienne Mang'oli from the Department of Children Services; Yoko Kobayashi and Roselyn Mutemi-Wangahu from UNICEF Kenya; Anne Ngunjiri, Christian Bernard Ochieng, Millicent Kiruki from LVCT Health and Daniel Mwangi from Population Council. The team wrote various sections of the plan and provided extensive information, expertise and technical guidance during the development process. We further acknowledge the consultant Ruth Koshal who drafted the plan and supported the process.

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Key Terms and Definitions

Child abuse involves acts of commission and omission that result in harm to the child. The four types of abuse are physical abuse, sexual abuse, emotional abuse and neglect.¹

Child labour refers to any situation where a child provides labour in exchange for payment and includes:

- a. any situation where a child provides labour as an assistant to another person and his labour is deemed to be the labour of that other person for the purposes of payment;
- b. any situation where a child's labour is used for gain by any individual or institution whether or not the child benefits directly or indirectly; and
- c. any situation where there is in existence a contract for services where the party providing the services is a child whether the person using the services does so directly or by agent.²

Child marriage is marriage or cohabitation with a child, or any arrangement made for such marriage or cohabitation.³

Child refers to an individual who has not attained the age of 18 years.⁴

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

Child protection refers to preventing and responding to violence, exploitation and abuse against children

including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage.⁵

Child trafficking refers to moving a child within a country or across borders, whether by force or not, with the purpose of exploiting the child.

Evaluation is the use of social research methods to systematically investigate a programme's relevance, effectiveness, efficiency, impact and sustainability.⁶

Family refers to a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious).

Female Genital Mutilation comprises all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons. It includes clitorrectomy, excision and infibulation.⁷

Impact measures the effects of a number of programmes that can seldom be attributed to a single programme or even to several programmes.

Indicators are a measure that can be used to monitor or evaluate an intervention. Indicators can be qualitative (in which case they usually entail verbal feedback from beneficiaries) or quantitative (derived from measurements of the intervention).

INSPIRE refers to a technical package of seven key strategies to end violence against children. These strategies are implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services; and education and life skills.⁸

1 Government of the Republic of Kenya National Council for Children's Services, 'National Plan of Action for Children in Kenya, 2015–2022', National Council for Children's Services, 2015, p. v.

2 Children's Act, 10, 5 (a), (b) and (c), 2001, page 15

3 Government of the Republic of Kenya, The Children Bill (2018), p. 10.

4 Ibid, p. 9.

5 The United Nations Children's Fund (UNICEF), The Child Protection Section, Child Protection Information Sheet, May 2006

6 Organisation for Economic Co-operation and Development – Development Assistance Committee, 'Principles for the Evaluation of Development Assistance', OECD, Paris, 1991.

7 Government of the Republic of Kenya, Prohibition of Female Genital Mutilation Act, no. 32 (2011).

8 WHO (2016) INSPIRE: seven strategies for ending violence against children. Available on <https://bit.ly/394gkY9>. Accessed on 20th March 2020

Key Terms and Definitions

Intimate partner violence or domestic violence involves violence by an intimate partner or ex-partner who is either male or female. It commonly occurs against girls within child and early/forced marriages. Among romantically involved but unmarried adolescents, it is sometimes referred to as “dating violence.”⁹

Justice for children refers to an approach that aims to ensure that children are better served and protected by justice systems including the security and social welfare sectors.¹⁰

Life skills refer to a behaviour change or behaviour development approach designed to address a balance in three areas: knowledge, attitude and skills. Life skills help promote mental well-being and competence in young people as they face the realities of life.

Monitoring is the routine process of data collection and measurement of progress towards programme objectives. It involves reviewing both the quality and quantity of interventions.

Objectives describe the intended benefits to a specific community/group of people or organizations and the institutional changes that are to be realized through one or more interventions.

Outcomes are the long-term results near or at the top of the results chain. They measure changes in behaviour, practices, policies and procedures.

Outputs are the direct products or deliverables of programme activities, such as the number of counselling sessions completed, the number of people reached, and the number of materials distributed. Outputs are the activities or services delivered to achieve outcomes. Outputs measure the changes in knowledge, skills, attitudes, motivation and awareness.

Violence against children includes physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse.¹¹

The three main forms of violence against children are:

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

9 World Health Organization, 'INSPIRE: Seven strategies for ending violence against children', WHO, Geneva, 2016, p. 14.

10 Guidance Note of the Secretary General, UN Approach to Justice for Children, September 2008, page 1

11 The United Nations Convention on the Rights of the Child, Article 19, 1989.

Executive Summary

Kenya has made important progress towards tackling violence against children. Global, regional and national level commitments have been made to address violence against children, as evidenced by the laws, policies, guidelines, strategies and multi-sector programmes and initiatives implemented following the development of the Response Plan to Violence Against Children (2013–2018).

In 2019, Kenya conducted a survey that measured the prevalence, nature and consequences of physical, emotional and sexual violence against children. Drawing on the latest data from the 2019 Violence against Children Survey (VACS), the Government of Kenya developed the National Prevention and Response Plan on Violence Against Children in Kenya 2019–2023 (hereafter referred to as the National Prevention and Response Plan). The plan, which aims to accelerate evidence-based multi-sectoral actions to address violence against children, will be led and implemented by the Government with the support of development partners, civil society organizations and community members.

The National Prevention and Response Plan is based on the premise that violence against children is never justifiable, nor is it inevitable; and if its underlying causes are identified and addressed, violence against children is entirely preventable.¹²

The vision of the National Prevention and Response Plan is to foster a society where all children live free of all forms of violence. Its goal is for all children in Kenya to be protected from physical, sexual and emotional violence, and for those children who experience violence to have access to care, support and services. It aims to reduce the prevalence of childhood violence – that is, a child experiencing at least one form of physical, emotional and sexual violence – by 40 per cent by 2024.

The National Prevention and Response Plan was developed based on the existing gaps in the prevention of and response to violence against children in Kenya, as well as key findings from the 2019 VACS, globally available evidence-based strategies, such as INSPIRE, and prudent practices that are already being implemented in Kenya. The plan has the following six,

contextualized strategic areas, which aim to prevent and respond to violence affecting children in Kenya:

STRATEGIC AREA 1: Laws and policies

STRATEGIC AREA 2: Family support – parenting skills and economic strengthening

STRATEGIC AREA 3: Education and life skills

STRATEGIC AREA 4: Community norms and values

STRATEGIC AREA 5: Response and support services

STRATEGIC AREA 6: Coordination

These strategic areas use a socio-ecological model to address the various layers of risk and protective factors affecting violence against children. Each strategic area has an objective, a rationale, approaches and corresponding actions. The lead actors are government ministries, departments and agencies; and supporting actors include development partners, civil society organizations and the private sector.

The Department of Children Services led the development of the National Prevention and Response Plan through the Technical Working Group on Violence Against Children, which includes representatives of relevant ministries and civil society organizations. The plan's strategic actions were informed by the views and opinions of children from different counties.

The National Prevention and Response Plan monitoring plan aims to obtain reliable, adequate and timely data on violence against children and improve access to and use of data and information by the Government, development partners, civil society organizations and other stakeholders for evidence-based planning, implementation and reporting. Monitoring will be conducted at the national, county and sub-county levels. An evaluation will be conducted at the end of the five-year implementation.

The National Prevention and Response Plan also includes cost estimates and a resource mobilization plan to facilitate advocacy for financial and human resources required for its implementation. The communication plan was developed to ensure adequate dissemination.

¹² Sérgio Pinheiro, Paulo, *World Report on Violence Against Children*, United Nations Secretary-General's Study on Violence Against Children, Geneva, 2006.

Introduction and Background



1.1 INTRODUCTION

Kenya has made important progress towards tackling violence against children. The country has made global, regional and national level commitments to address violence against children, as evidenced by the laws, policies, guidelines, strategies and multi-sector programmes and initiatives implemented following the development of the Response Plan to Violence Against Children (2013–2018).

Children in Kenya continue to experience various forms of violence, however. They are subject to physical, sexual (e.g., incest, sodomy and defilement) and emotional violence, as well as harmful cultural practices such as female genital mutilation (FGM) and child marriage. Some children have also experienced or been exposed to trafficking, radicalization, hazardous labour, drugs and alcohol and online violence.

Violence against children is a violation of the child's right to protection and can have a range of devastating impacts. Exposure to violence, whether as a direct victim or a witness, not only causes immediate pain and suffering but can also damage the child's long-term, development, behaviour and health into adulthood. When children are exposed to violence in their early childhood in the home and within the family, they may lose trust in other human beings, which can impact their capacity to care, love and develop future

relationships.¹³ Children who have been exposed to violence also face an increased risk of normalizing and accepting violence and consequently becoming perpetrators or victims of violence themselves.

The toxic stress that a child exposed to violence experiences can impair his or her brain architecture, immune status, metabolic systems and inflammatory responses. Adults who were exposed to violence as children face a higher risk of behavioural, physical and mental health problems. They are also more likely to experience depression and other mental health challenges, obesity or unintentional pregnancy and engage in risky sexual behaviours, such as multiple concurrent sexual partners or inconsistent condom use with casual sexual partners as well as other risky behaviours such as alcohol, tobacco and drug use and abuse.

Violence also has financial cost to individual children, their families and society, including the burden on the health and other systems such as social services and justice and productivity loss.

The violence against children survey conducted in Kenya in 2019 sought to obtain the latest data on the prevalence, nature and consequences of physical,

¹³ Sérgio Pinheiro, Paulo, *World Report on Violence Against Children*, United Nations Secretary-General's Study on Violence Against Children, Geneva, 2006

emotional and sexual violence against children. The 2019 Violence against Children Survey (VACS) was the second nationally representative survey on violence against children, following a 2010 survey. The results of the 2019 VACS confirmed the high prevalence and complex nature of violence against children in Kenya.

Drawing on the results of this latest survey, the Government of Kenya through the Ministry of Labour and Social Protection, Department of Children Services spearheaded the development of the National Prevention and Response Plan on Violence Against Children in Kenya 2019–2023 (hereafter referred to as National Prevention and Response Plan). The plan was developed in collaboration with relevant government ministries and departments, county governments, development partners and civil society organizations.

While the 2019 VACS primarily collected data on the three forms of violence against children (physical, emotional and sexual violence), the National Prevention and Response Plan also addresses emerging forms of violence for example radicalisation and extremism, online abuse and children gangs that are increasingly relevant to children in Kenya today.

The National Prevention and Response Plan is the second national plan on violence against children and draws significantly on lessons learned from the previous plan, the Response Plan to Violence Against Children (2013–2018). It incorporates cost estimates and a monitoring and evaluation plan and focuses on prevention of violence, as well as response to violence. The plan is based on the premise that violence against children is never justifiable, nor is it inevitable; and if its underlying causes are identified and addressed, violence against children is entirely preventable.¹⁴

The National Prevention and Response Plan is divided into five sections:

- **Section 1:** Introduction and Background outlines the relevant commitments that Kenya has made to address violence against children at the global, regional and national levels. It also describes the progress made and the challenges experienced since the development and implementation of the Response Plan to Violence Against Children (2013–2018). This section also includes introduction with the rationale for addressing violence against children.

- **Section 2:** Situation of violence against children in Kenya describes the key findings of the 2019 VACS. This section also summarises the views and opinions expressed by children on how to prevent and respond to physical, sexual and emotional violence against children.
- **Section 3:** Methodology, Principles, Approaches and Theory of Change describes the process of developing the plan, its guiding principles and approaches to implementation, as well as its theory of change.
- **Section 4:** Strategic areas and objectives of the National Prevention and Response Plan on Violence Against Children outlines the plan's six strategic areas. Each strategic area has an objective, rationale, approaches and corresponding actions. The key actors and supporting actors are also described.
- **Section 5:** Monitoring and evaluation plan uses a results matrix and implementation plan, which includes outcomes, outputs, activities, indicators, lead actor and supporting actors. This section also explains the data reporting and dissemination cycle and the evaluation plan.

1.2 KENYA'S COMMITMENTS TO ENDING VIOLENCE AGAINST CHILDREN

1.2.1. GLOBAL COMMITMENTS TO END VIOLENCE AGAINST CHILDREN

Globally, violence against children has increasingly become a public health, human rights and development priority due to its significant negative impacts on children themselves and society as a whole. Global estimates indicate that by the end of 2016, 1 billion children under 18 years had experienced at least one form of physical, emotional or sexual violence.¹⁵

Kenya abides by key global commitments and international laws on ending violence against children (see Annex 1). These include the United Nations Convention on the Rights of the Child. Article 19 of the Convention states:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or

¹⁴ Ibid.

¹⁵ Hillis, S. et al., 'Global Prevalence of Past-year Violence Against Children: A systematic review and minimum estimates', *Pediatrics*, vol. 137, no. 3, 2016.

negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

- Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.¹⁶

1.2.2 REGIONAL COMMITMENTS TO END VIOLENCE AGAINST CHILDREN

Kenya has also made regional commitments to end violence against children with the ratification of the African Charter on the Rights and Welfare of the Child in 2000. This Charter recognizes all of the rights guaranteed in the Convention on the Rights of the Child and also takes into consideration the specific rights of African children based on their unique contexts and cultures. For example, Article 21 of the Charter addresses harmful traditional practices, such as early marriage and female genital mutilation, which are common in many African countries and violate the rights of the child. The Charter also articulates the child's right to express themselves (Article 7) to access education (Article 11), health (Article 14), protection from sexual exploitation (Article 27) and protection against drug abuse (Article 28).

In 2016, the African Committee of Experts on the Rights and Welfare of the Child established a 25-year agenda entitled 'Agenda 2040: Fostering an Africa fit for children'. The main objective of Agenda 2040 is to restore the dignity of the African child by assessing the achievements and challenges faced in the implementation of the African Charter on the Rights and Welfare of the Child. Agenda 2040 includes Aspiration 7: "every child is protected against violence, exploitation, neglect and abuse."

Kenya is also committed to the African Union Agenda 2063, The Africa We Want, which includes Aspiration 6: "An Africa, whose development is people-driven,

relying on the potential of African people, especially its women and youth, and caring for children."

1.2.3 NATIONAL COMMITMENTS TO END VIOLENCE AGAINST CHILDREN IN KENYA

Kenya's Constitution of 2010 (Article 53) provides for the protection of children from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour. The Constitution also protects the child's right to education, nutrition, shelter, health and parental care.

The Children Act (2001) is Kenya's main legislation concerning children. The Act articulates the child's right to protection from abuse, harmful cultural practices and sexual exploitation, among others. Kenya has developed and strengthened its laws and policies for children and adolescents to prevent and respond to violence against children, as shown in Annex 2.

Kenya's Third Medium-Term Plan (2018–2022), Social Pillar 5.5 on gender, youth and vulnerable groups also calls for child protection.¹⁷ The Medium-Term Plan focuses on the 'Big Four' agenda of manufacturing, food security and nutrition, universal health coverage and affordable new housing; and articulates challenges such as drug abuse, teenage pregnancy, gender-based violence and female genital mutilation.

1.3 PROGRESS MADE TO DATE ON THE PREVENTION OF AND RESPONSE TO VIOLENCE AGAINST CHILDREN IN KENYA

Kenya conducted its first violence against children survey in 2010, which led to the development of the Response Plan to Violence Against Children (2013–2018). The 2010 violence against children survey found that 76 per cent of females and 80 per cent of males aged 18 to 24 had experienced violence at least once in their childhoods, indicating a high level of childhood violence in the country. The survey identified violence against children as a critical inhibitor of growth, development and progress in Kenya.

The Response Plan for 2013–2018 was thereafter developed to address violence against children through six pillars: 1) legislative and policy issues; 2) availability of quality services and coordination of the

¹⁶ United Nations, Convention on the Rights of the Child, United Nations, New York, 20 November 1989.

¹⁷ Government of the Republic of Kenya, 'Third Medium-Term Plan 2018–2022, Transforming Lives: Advancing Socio-economic development through the big four', the National Treasury and Planning, Nairobi, 2018, p. 90.

child protection sector; 3) circumstances in which violence occurs; 4) advocacy and communication; 5) information management and 6) capacity building.

The subsequent 'Desk and Stakeholder Review of the Response Plan on Violence Against Children in Kenya 2013–2018' identified several important achievements made in Kenya to address violence against children.

PILLAR 1: Legislative and Policy Issues

Comprehensive laws, policies and guidelines have been developed, including the Children Bill (2018), the National Plan of Action for Children in Kenya 2015–2022 and the Mentorship Policy for Early Learning and Basic Education 2019.

● PILLAR 2: Availability of Quality Services and Coordination of the Child Protection Sector

The National Council on the Administration of Justice was established with a mandate to address gaps in the administration of justice for children.

The toll-free lines for reporting child abuse (116) and gender-based violence (1195) were upgraded to reach a wider population.

The Cash Transfer for Orphans and Vulnerable Children programme was scaled up to provide households in need with economic strengthening opportunities. The budget for the programme increased from KSH 3.796 billion in 2013 covering 156,022 households to KSH 7.93 billion covering 353,000 households.

● PILLAR 3: Circumstances in Which Violence Occurs

In partnership with development partners and non-governmental organizations, the Anti-Female Genital Mutilation Board developed three tools: Guidelines for Community Dialogues, Guidelines for conducting Alternative Rites of Passage and the Eradicating Female Genital Resource Handbook.

● PILLAR 4: Advocacy and Communication

Meaningful child participation occurred through the Kenya Children Assembly, the Kenya Children's Parliament and children's councils, with the latter two taking place in schools.

● PILLAR 5: Information Management.

The child protection information management system (CPIMS) was developed and rolled out in 47 counties. It has 36 case categories disaggregated by gender, disability, geographical location, family earning and parental status to inform programming, policy and planning.

Sexual violence indicators were developed and tracked through district health information system (DHIS) developed by the Ministry of Health.

● PILLAR 6: Capacity Building

The Ministry of Education developed teacher training manuals and learner's dialogue books in 2016 and 2017.

The Teacher Service Commission and non-government organisations established the Beacon Teachers programme. The beacon teachers support and promote child protection within schools and communities. These teachers detect, prevent and report cases of violence against children and sensitise community members on child safety.¹⁸

The Ministry of Education and the Ministry of Health collaborated to address gender-based violence in schools in line with the Kenya School Health Implementation Guidelines (2018).

The Ministry of Health built the capacities of health workers to provide adolescent- and youth-friendly services.

1.4 CHALLENGES ON IMPLEMENTING THE 2013 – 2018 RESPONSE PLAN TO VIOLENCE AGAINST CHILDREN

Even with the achievements and progress described above, challenges and gaps remain. The challenges described below, as well as the 2019 VACS

¹⁸ Plan International, <https://plan-international.org/kenya/beacon-teachers-work-together-keep-children-safe> accessed on 13 April 2020.

results and evidence-based strategies, informed the development of the National Prevention and Response Plan.

● **PILLAR 1: Legislative and Policy Issues**

- Delayed amendment of the Children Bill 2018
- Persistent delays in voting on legislation and turning pending bills into laws due to competing political agendas
- Failure to prioritize pending bills such as the Child Trafficking Bill, by the Constitution Implementing Committee
- Out of 66 statutes that address children's issues, just three of them have been harmonized under the Children Act (2001)
- Limited capacity to implement the laws dictating Government response to VAC
- Inadequate resources available to law enforcement and other agencies to monitor and oversee implementation of laws related to child protection

● **PILLAR 2: Availability of Quality Services and Coordination of the Child Protection Sector**

- Data on VAC is inadequate with minimal child participation when responding to or preventing VAC
- Limited budget allocation and lack of a coherent child protection system and response services
- Prohibitive and harmful social norms still hamper progress
- Poor coordination of child protection response services and an over-reliance on NGOs and CSOs to address VAC issues
- Inadequate social work force to support VAC prevention and response
- Insufficient temporary safe houses or shelters for survivors of violence
- Lack of awareness of victim support services
- A laborious legal process in prosecution of cases
- Need to establish a coordination mechanism that provides guidance to child protection state and non-state actors across different sectors
- Weak referral systems
- Lack of a monitoring and evaluation framework to track service provision and use

● **PILLAR 3: Circumstances in Which Violence Occurs**

- Economic and social pressures
- Harmful cultural practices such as FGM and child marriage and the use of violence as child discipline
- Inadequate public and child participation in child protection and addressing the consequences of violence against children
- Poor parenting skills and support groups
- Inadequate multi-sectoral data and information both at the county and national levels

● **PILLAR 4: Advocacy and Communication**

- Popular version of the VAC survey report 2010 had not been disseminated
- Limited dissemination of the VAC Survey 2010 and Response Plan
- There were limited media campaigns on VAC
- A communication strategy on VAC response and prevention was non-existent
- Discriminatory social norms and lack of awareness of services available to survivors of violence impeded progress

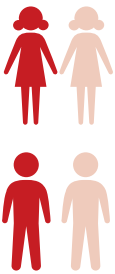
● **PILLAR 5: Information Management.**

- The lack of a comprehensive data management and information system
- There were no clear reporting mechanisms
- There were insufficient sessions for stakeholders to monitor progress, trends and share good practices and lessons learned through periodic meetings

● **PILLAR 6: Capacity Building**

- Inadequate capacity of actors in the children sector
- No clear database, inventory of skills and knowledge among child welfare officers in the children sector
- No resource mobilization strategy and limited human capital and equipment
- Training packages were inadequate for duty bearers
- No comprehensive training and certification in child protection

The Situation of Violence Against Children in Kenya



Nearly half of females (45.9%) and more than half of males (56.1%) experienced childhood violence in Kenya.



Males are less likely to disclose and seek services, especially when they suffer from sexual violence.

2.1 THE 2019 KENYA VIOLENCE AGAINST CHILDREN SURVEY

The Kenya 2019 VACS¹⁹ is the second nationally-representative survey on the prevalence and epidemiology of sexual, physical, and emotional violence among female and male children and youth in Kenya following the first one in 2010. This section describes the burden, contexts, and consequences for violence against children. It also explores the overlap between sexual, physical, and emotional violence and the services sought and utilized for incidents of sexual violence and physical violence. The wealth of information provided by the VACS helped to guide prevention and response efforts that are uniquely adapted to the Kenya context in the 2019 - 2023 National Prevention and Response Plan on VAC.

2.2 KEY FINDINGS ON CHILDHOOD VIOLENCE AS REPORTED BY 18-24 YEAR OLDS

The following summary highlights findings from the 2019 VACS as reported by male and female respondents aged 18-24 years, reflecting on their

experience of violence in childhood (prior to age 18), otherwise referred to as childhood experience of violence.

2.2.1 MAGNITUDE OF VIOLENCE AGAINST CHILDREN

- Nearly half of females (45.9%) and more than half of males (56.1%) experienced childhood violence in Kenya.
- Among the 15.6% of females who experienced childhood sexual violence, nearly two-thirds (62.6%) experienced multiple incidents before age 18.
- Physical violence is the most common type of violence experienced in childhood in Kenya. Nearly two out of five females (38.8 percent) and half of males (51.9%) experienced childhood physical violence.

2.2.2 PERPETRATORS OF CHILDHOOD SEXUAL VIOLENCE

- For both males and females, intimate partners (current or previous spouses,

¹⁹ 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

boyfriends and girlfriends, or romantic partners) are the most common perpetrators of childhood sexual violence, comprising 44.4% of first incidents.

- For nearly one in five females (18.5%) aged 18-24 who experienced childhood sexual violence, the perpetrator of the first incident was a classmate or schoolmate.
- Among females aged 18-24 who experienced any sexual violence in childhood, more than one third (34.5%) indicated the perpetrator of the first incident was at least five years older.

2.2.3 PERPETRATORS OF CHILDHOOD PHYSICAL VIOLENCE

- Childhood physical violence by parents, caregivers, and adult relatives is common, affecting nearly three in ten females (28.9%) and two in five males (37.9%).
- About one in seven females (15.2%) and one in five males (21.5%) experienced physical violence in childhood by an adult from the community or neighbourhood.
- More females had experienced physical violence from an intimate partner in childhood than males (3.6% versus 0.7%).
- Violence from their peers, which include people of the same age not including a boyfriend /girlfriend, spouse, or romantic partners, was also reported. More males (22.9%) than females (9.2%) experienced physical violence from a peer in childhood.

2.2.4 PERPETRATORS OF CHILDHOOD EMOTIONAL VIOLENCE

- Among females, 7.3% experienced emotional violence by a parent, adult caregiver, or adult relative before age 18.

2.2.5 LOCATION AND TIME OF CHILDHOOD VIOLENCE

The survey results indicate that outside locations are not safe for many children in Kenya, where they directly experience sexual violence.

- The most common location of the first incident of childhood sexual violence for females was an outside location (53.7%) followed by the perpetrator's home (31.9%), and the respondent's home (16.1%).
- Among females who experienced sexual violence, 49.4% of the first incidents occurred in the afternoon, followed by evening (40%).

2.2.6 AGE OF FIRST INCIDENT OF VIOLENCE

The VACS indicates that children's exposure to physical and emotional violence begins young.

Childhood sexual violence

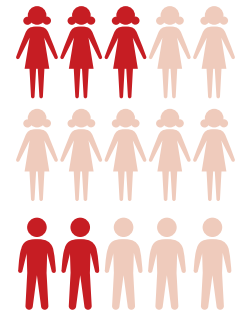
- Among females, the larger proportion (54.9%) experienced their first incident between ages 16-17, 26.6% between ages 14-15 and 18.4% at age 13 or younger.
- Among females who experienced childhood sexual violence, more than three out of five (62.6%) experienced multiple incidents before age 18.

Childhood physical violence

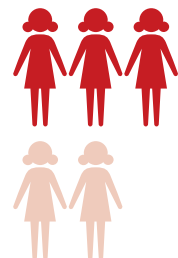
- Nearly half (46.2%) of females experienced their first incident between ages 12 and 17, 42.7% experienced the first incident between ages 6 and 11, and 11.1% had their first experience when they were 5 or younger.
- Among males, the first incident occurred most commonly at age 12-17 (60.6%), followed by age 6-11 (32.3%).

Childhood emotional violence

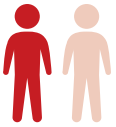
- 60.4% of females had the first experience childhood emotional



Childhood physical violence by parents, caregivers, and adult relatives is common, affecting nearly three in ten females (28.9%) and two in five males (37.9%).



Among females who experienced childhood sexual violence, more than three out of five (62.6%) experienced multiple incidents before age 18.



Half of females (52%) and males (51.5%) aged 18-24 witnessed violence in the home before age 18.



39% of females and 35% of males who witnessed violence at home in childhood were survivors of either physical or sexual violence in the past one year, compared to 18.1% of females and 14.8% of males who did not witness violence at home in childhood.



Only around one third of females (34.8%) and males (34.2%) who experienced childhood sexual violence knew of a place to go for help.

violence when they were 12-17 years old and 39.6% had their first experience when they were 6-11 years old.

2.2.7 WITNESSING VIOLENCE

Witnessing physical violence in the home is common (seeing or hearing a parent being physically abused by another parent/spouse, or seeing or hearing a sibling being physically abused by a parent). Likewise, witnessing physical violence in the community including seeing anyone outside of the home and family environment experiencing physical violence is common.

- Half of females (52%) and males (51.5%) aged 18-24 witnessed violence in the home before age 18.
- One third of females (36.5%) and half of males (54.6%) witnessed violence in the community before age 18.

2.2.8 DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE-SEEKING

Disclosure of Violence

- Among those who experienced any sexual violence in childhood, 41.3% of females told someone about their experience. They most commonly disclosed to a relative (57.6%) or a friend or neighbour (35.3%).
- Only two out of five females (41%) and males (39.2%) told someone about experience of any physical violence in childhood. Among those who disclosed, the person they most commonly told was a relative (females, 73.2%; males, 66.3%), followed by a friend or neighbour (females, 23.5%; males, 30.7%).

Knowledge of service providers

- Only around one third of females (34.8%) and males (34.2%) who experienced childhood sexual violence knew of a place to go for help.
- Only one out of three (33.3%) females two out of five (40.6%) males who had experienced physical violence in childhood knew of a place to seek help.

Service Seeking

There were observed differences between males and females in service seeking for violence. Males are less likely to seek services, especially when they suffer from sexual violence.

- Very few sought help for childhood sexual violence – about one in 10 females (12.5%) compared to three in 100 males (3.2%). About half of females (56%) who sought help did so from doctors, nurses, or other healthcare workers.
- Among females who did not seek services for sexual violence, the most common reason for not seeking services was that they did not think it was a problem or did not need or want services (53.6%), followed by factors characterized by fear (20.9%), including fear of getting in trouble, being dependent on the perpetrator, or fear of being abandoned.
- Less than one in 10 of both males and females sought services for childhood physical violence (8.5% and 8.9%).
- Among females who did not seek services for physical violence, they indicated that the most common reasons for not seeking services were that they did not think it was a problem (28.6%), felt that it was their

fault (27.5%), or did not need or want services (24.5%). Among males, the most common reasons for not seeking services for physical violence were that they felt that the violence was their fault (40.7%), did not think it was a problem (35.4%), or did not need or want services (10.4%).

Receipt of Services

- Even fewer actually received services for childhood sexual violence – 10.7% of females and 3.2% of males.
- Only 7.2% of females and 6.4% of males received services for an incident of physical violence. Among females who received help for any experience of physical violence, four out of five (79.1%) received services from a doctor, nurse, or other healthcare worker.

2.2.9 OUTCOMES ASSOCIATED WITH CHILDHOOD VIOLENCE EXPERIENCE

Mental health conditions and sexual violence

- Females who experienced sexual violence in childhood were significantly more likely to have mental distress in the past 30 days (57.8% versus 36.4%) and to have ever thought of suicide (29% versus 12.8%) compared to those who did not experience sexual violence in childhood.

Mental health conditions and physical violence

- Females who experienced physical violence before age 18 were significantly more likely to have mental distress in the past 30 days compared to those who did not experience childhood physical violence (57% versus 29.1%).
- Males who experienced childhood physical violence were also significantly more likely to have ever thought of suicide compared to those who did not experience childhood physical violence (23.7% versus 10.1%).

Mental health conditions and emotional violence

- Females who experienced childhood emotional violence were significantly more likely to experience mental distress in the past 30 days (77.4% versus 36.5%) and ever thought of suicide (40.7% versus 13.3%) than those who did not experience childhood emotional violence.

School absenteeism due to violence

- 12.2% of females missed school as a result of childhood sexual violence.
- 7.7% of females and 11.2% males missed school as a result of childhood physical violence.

Sex Debut, Pregnancy and Child Marriage

- Among 18-24-year-olds, 9.9% of females and 12.6% of males had early sexual debut, defined as first sex at or before age 15.
- One in five females (22.3%) were pregnant before the age of 18.
- 8.7% of females were married or cohabitated before age 18.

2.2.10 SEXUAL RISK TAKING BEHAVIOUR AND HIV STATUS

HIV and AIDS

- Among 19 to 24 year old who had experienced sexual violence in the past 12 months, a higher proportion of females (88.2%) than males (73.7%) had ever been tested for HIV.

Sexual risk-taking behaviour

- Among those who had sex in the past year, significantly more females (94.9%) than males (69.3%) had two or more sex partners in the past year.
- Three in ten females (30.4%) and two in five males (39.9%) used condoms infrequently in the past 12 months.



Females who experienced physical violence before age 18 were significantly more likely to have mental distress in the past 30 days compared to those who did not experience childhood physical violence (57% versus 29.1%).



Among 18-24 year olds, nearly **one third of females and males experienced emotional violence** by peers in the past 12 months (females, 30.9%; males, 31%).



Among 18-24 year olds, nearly one in ten females (9.6%) and males (9.2%) **experienced emotional violence online or through technology by a peer in the past 12 months.**

41.3%

Among those who experienced any sexual violence in childhood, **41.3% of females told someone about their experience.**



High level of acceptance and normalization of violence against children and women by adolescents and young people was revealed in Kenya.

Sexual risk-taking behaviour and childhood sexual violence

- Among females, more of those who experienced childhood sexual violence compared to those who did not experience childhood sexual violence infrequently used condoms in the past 12 months (39.4% vs 28.7%).

Sexual risk-taking behaviour and childhood physical violence

- Among females, 32.2 % of those who experienced childhood physical violence and 29.1% of those who did not experience childhood physical violence infrequently used condoms in the past 12 months.
- For 19-24-year-old males, 27.8% of those who experienced childhood physical violence and 25.6% of those who did not experience childhood physical violence had multiple sex partners in the past 12 months.
- Additionally, 40.1% of 19-24-year-old males who experienced childhood physical violence used condoms infrequently in the past 12 months compared to 39.7% of males who did not experience childhood physical violence.

2.2.11 RISK FACTORS ASSOCIATED WITH VIOLENCE

Food or material insecurity and violence

- Females who experienced food insecurity were significantly more likely to experience sexual and physical violence in the past 12 months (39.6%) compared to females who had not experience food insecurity (25.5%).
- Males who experienced food insecurity were significantly more likely to experience sexual and physical

violence in the past 12 months (41.3%) compared to males who did not experience food insecurity (19.6%).

Witnessing Violence in the home

- Females who witnessed violence in the home before age 18 were significantly more likely to experience physical or sexual violence in the past 12 months (39%) compared to those who did not witness violence at home (18.1%).
- Males who witnessed violence in the home before age 18 were significantly more likely to have experienced physical or sexual violence in the past 12 months (35%) than those who did not witness violence at home (14.8%).

2.2.12 ATTITUDES, NORMS AND VALUES TOWARDS VIOLENCE

High level of acceptance and normalization of violence against children and women by adolescents and young people was revealed.

- Close to half of females (49.3%) and males (48.1%) indicated it was acceptable for a husband to beat his wife for one or more reasons.
- The bigger proportion of both males and females (60.5% of females, 72.5% of males) endorsed traditional norms and beliefs about gender, sexuality and violence.
- 35.3% of females and 48.1% of males agreed it was necessary for parents to use corporal punishment to raise children.
- Nearly one out of two females (47.1%) and more than half of males (56.9%) agreed it was necessary for teachers to use corporal punishment.

2.3 KEY FINDINGS ON OCCURRENCE OF VIOLENCE IN PREVIOUS 12 MONTHS AS REPORTED BY 13-17 YEAR OLDS

The following summary highlights the 2019 VACS findings as reported by male and female respondents aged 13 to 17 years on their experience of violence within the 12 months prior to the study.

2.3.1 MAGNITUDE OF VIOLENCE AGAINST CHILDREN

- In the past 12 months, 13.5% of females and 2.4% of males aged 13-17 experienced sexual violence.
- More than one out of three females (36.8%) and two out of five males (40.5%) experienced physical violence in the past 12 months.
- 26.4% of females and 19.9% of males experienced food insecurity.

2.3.2 AGE OF FIRST INCIDENT OF VIOLENCE

- Among females who experienced physical violence in the past 12 months, the most common age of the first incident of physical violence was ages 6-11 (50.2%).
- For males who experienced any physical violence in the past 12 months, the most common age of the first incident of physical violence was between 12-17 years (64.6%).
- A larger proportion of females (50.2%) experienced physical violence between ages 6-11 compared to males (26.9%).
- A larger proportion of males (64.6%) had the onset of physical violence between ages 12-17 years compared to females (42.1%).

2.3.3 CONSEQUENCES OF VIOLENCE

Injuries

- Among 13-17-year-olds who had experienced physical violence in the past 12 months, 42.4% of females and

31.4% of males were injured as a result of the violence, indicating the serious nature of the violence.

2.3.4 PERPETRATORS OF THE MOST RECENT INCIDENTS OF SEXUAL VIOLENCE

- Among males, the most common perpetrators of the most recent incident of sexual violence in the past 12 months were a current or previous spouse, boyfriend/girlfriend (45.8%), a stranger (45.8%), a family member (7.2%), or a classmate/schoolmate (4.3%).
- Among females aged 13-17 who experienced sexual violence in the past 12 months, the most common perpetrator of the most recent incident was a current or previous spouse, boyfriend/girlfriend (23.8%), a neighbour (16.2%), a classmate/schoolmate (15.9%), a family member (10.1%), or a friend (9.1%).

2.3.5 PERPETRATORS OF THE MOST RECENT INCIDENTS OF PHYSICAL VIOLENCE

- About one out of four 13-17-year-old females (23.6%) and males (26%) experienced physical violence by an adult in the neighbourhood or community in the past 12 months.
- Nearly one out of five females (19.8%) and males (17%) experienced physical violence by a parent, caregiver, or adult relative in the past 12 months.
- More than one in ten females (12.6%) and nearly one in five males (18.5%) experienced violence by a peer in the past 12 months.

2.3.6 PERPETRATORS OF THE MOST RECENT INCIDENTS OF EMOTIONAL VIOLENCE

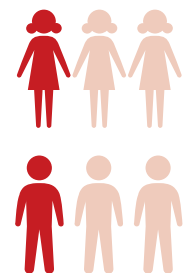
- 12.3% of females and 6.3% of males aged 13-17 experienced emotional violence by a parent, adult caregiver, or other adult relative in the past 12 months. They were told that either they were unloved or did not deserve to be loved, that the parent or



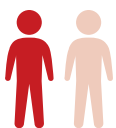
In the past year, **13.5% of females and 2.4% of males aged 13-17 experienced sexual violence.**

12.3 % of females aged 13-17 experienced emotional violence by a parent, caregiver or adult relative in the past 12 months

12.3%



About one third of females (34.3%) and males (32.2%) aged 13-17 year olds experienced emotional violence by a peer in the past 12 months.



Almost half of females (48.2%) and males (41.7%) aged 13-17 experienced physical discipline or verbal aggression by parents or caregivers in the past 12 months.

caregiver wished they were dead or had never been born, or were ridiculed or put down.

- Among females who had an intimate partner, 12.9% experienced emotional violence by an intimate partner.
- About one third of females (34.3%) and males (32.2%) aged 13-17 experienced emotional violence by a peer in the past 12 months.
- Almost half of females (48.2%) and males (41.7%) aged 13-17 experienced physical discipline or verbal aggression by parents or caregivers in the past 12 months.
- In contrast, 31.2% of females and 23.1% of males said their parents used positive discipline strategies in the past 12 months. More than four out of five females (85.8%) and males (83.5%) indicated their parents had high parental monitoring and supervision.

2.3.7 LOCATION AND TIME OF VIOLENCE IN THE PREVIOUS 12 MONTHS

- Among 13-17-year-old females who experienced sexual violence in the past 12 months, the most common locations of the most recent incident were an outside location (75.5%) and the perpetrator's home (14.9%).
- Among 13-17-year-old males who experienced sexual violence in the past 12 months, the most common locations of the most recent incident were the respondent's home (10.3%) and someone else's home (5.1%).
- The most recent incident of sexual violence among 13-17-year-old females occurred in the afternoon (56.6%) and evening (37.3%). The estimates of time of day of the most recent incident were unreliable for males.



About two-thirds of females (63.4%) and males (64.3%) endorsed one or more traditional beliefs about gender, sexual behavior and intimate partner violence.

2.3.8 PROVISION OF LIFE SKILLS IN SCHOOL SETTINGS TO PREVENT VIOLENCE

- Among 13-17-year-olds, 92.9% of females and 88.7% of males are currently enrolled in school.
- 58% of females and 59.5% of males have been taught how to avoid physical fights and violence in school.
- Over half of 13-17-year-olds (55.9% of females and 51.8% of males) have been taught how to avoid bullying in school.

2.3.9 OUTCOMES ASSOCIATED WITH EXPERIENCE OF VIOLENCE IN THE PREVIOUS 12 MONTHS

Mental health conditions and sexual violence

- Females aged 13-17 who experienced sexual violence in the past 12 months were significantly more likely to have ever thought about suicide compared to those who did not experience sexual violence in the past 12 months (20% versus 5.8%).
- Males aged 13-17 who experienced sexual violence in the past 12 months were significantly more likely to experience mental distress in the past 30 days (51.8% versus 19.7%), have smoked in the past 30 days (3.9% versus 0.8%) and have ever intentionally hurt themselves (35.3% versus 10.4%) compared to males who did not experience sexual violence in the past 12 months.

Mental health conditions and physical violence

- Females aged 13-17 who experienced physical violence in the past 12 months were significantly more likely to have mental distress in the past 30 days (48.1% versus 21.9%) and have ever thought of suicide (14.4% versus 3.8%) compared to those who did not experience physical violence in the past 12 months.

- Males aged 13-17 who experienced physical violence in the past 12 months were significantly less likely to smoke in the past 30 days compared to those who did not experience physical violence in the past 30 days (0.5% versus 1.1%).

Mental health conditions and emotional violence

- Females aged 13-17 who experienced emotional violence in the past 12 months were significantly more likely to have mental distress in the past 30 days (72.1% versus 25.9%) and have thoughts of suicide (33.1% versus 4.2%) compared to those females who did not experience emotional violence in the past 12 months.
- Males aged 13-17 who experienced emotional violence in the past 12 months were more likely to experience mental distress in the past 30 days compared to those who did not experience emotional violence (51.4% versus 18.4%).

Pregnancy

- Among females who experienced pressured or physically forced sex or sex when the person was too drunk to say no, 8.4% became pregnant as a result.

School absenteeism due to violence

- Among females, 4.3% missed school as a result of childhood physical violence.
- 6% of females and 2.5% of males aged 13-17 who are enrolled in school missed school or did not leave the home due to fear of violence in the past 12 months.

2.3.10 WITNESSING VIOLENCE

Witnessing violence at home or in the community is common among children aged 13-17.

- 34.6% of females and 22.4% of males witnessed violence in the home in the past 12 months
- 22.4% of females and 21.7% of males witnessed violence in the community or neighbourhood in the past 12 months.

2.3.11 DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE-SEEKING

Disclosure of Violence

- More than half of 13-17 year-old females (56.7%) who experienced any incident of sexual violence in the past 12 months told someone about their experience.
- Females disclosed to a relative (55.1%) or a friend or neighbour (35.5%).
- Among 13-17-year-olds who experienced any physical violence, one third of females (34.4%) and males (33.1%) told someone about an experience of physical violence.
- Both females (68.5%) and males (76.5%) most commonly told a relative, followed by a friend or neighbour (females, 26.4%; males, 34.1%) of their physical violence incident.

Knowledge of service providers

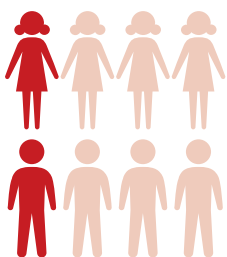
- About three in ten 13-17-year-old females (31.8%) who experienced sexual violence in the past 12 months knew of a place to seek help.
- Among females who experienced pressured or physically forced sex in the



Females aged 13-17 who experienced emotional violence in the past 12 months were significantly more likely to have mental distress in the past 30 days (72.1% versus 25.9%) and have thoughts of suicide (33.1% versus 4.2%) compared to those females who did not experience emotional violence in the past 12 months.



More than 1 in three (34.6%) females and 1 in five (22.4%) males aged 13-17 witnessed violence in the home in the past 12 months



More than **one out of four females (28%) and males (23.9%)** who experienced physical violence **knew of a place to seek help for physical violence.**

past 12 months, 31.2% knew of a place to seek help.

- Only one out of four females (28%) and males (23.9%) who experienced physical violence knew of a place to seek help for physical violence.

Service Seeking

- Among 13-17-year-old who experienced physical violence in the past 12 months 6% of females and 5.7% of males sought help and 4.4% of females received help.
- Among 13-17-year-old females who experienced physical violence in the past 12 months and did not seek services, the most common reasons were that they did not think it was a problem (42.5%) or felt that it was their fault (23.4%).
- For males, the most common reasons for not seeking services were that they did not think it was a problem (54.4%) or felt it was their fault (15.6%).

- Among 13-17-year-olds, two-thirds of females (63.4%) and males (64.3%) endorsed one or more traditional beliefs about gender, sexual behaviour and intimate partner violence.
- About half of females (49.2%) and males (52.4%) agreed it was necessary for parents to use corporal punishment to raise children.
- There is a high level of acceptance of corporal punishment by teachers. More than three out of five females (60.3 %) and males (64.6%) agreed it was necessary for teachers to use corporal punishment.

50.5%

Among females, 50.5% of 13-17 year old indicated it was **acceptable for a husband to beat his wife** for one or more reasons.

2.3.12 RISK FACTORS ASSOCIATED WITH VIOLENCE

Witnessing violence at home

- 13-17 year old who witness physical violence in their home were more likely to have experienced sexual and physical violence in the past 12 months (female: 70.5%; male: 69.6%) compared to those who did not witness violence in their home.

2.4 VIEWS OF CHILDREN ON HOW TO PREVENT AND RESPOND TO VIOLENCE

Children have the right to be heard and have their views given due weight in line with their maturity and evolving capacities in matters affecting their lives. While the 2019 VACS revealed children's experiences of violence, it was also important and necessary to consult children themselves on what they consider the main causes of violence against children and possible approaches to prevention and response.

Through its County Children Coordinators, the Department of Children Services carried out 28 group discussions with 418 children (267 girls and 151 boys) aged 10 to 17 years in 28 counties. The discussions explored children's perspectives on the causes of different forms of violence (physical, sexual and emotional) in specific settings (at home, school and other places) and possible ways to prevent and respond to violence against children. Their views informed the process of developing the National Prevention and Response Plan. Below is a summary of the discussions.

47.3%

Among males, 47.3% of 13-17-year olds indicated it was **acceptable for a husband to beat his wife** for one or more reasons.

2.3.13 ATTITUDES, NORMS AND VALUES TOWARDS VIOLENCE

- Among females, 50.5% of 13-17 year olds indicated it was acceptable for a husband to beat his wife for one or more reasons.
- Among males, 47.3% of 13-17-year-olds indicated it was acceptable for a husband to beat his wife for one or more reasons.

2.4.1 PHYSICAL VIOLENCE (INCLUDING CORPORAL PUNISHMENT) AT HOME

Causes of physical violence at home

- **For parents and caregivers**
 - Poor stress management
 - Drug and substance abuse
 - Lack of parenting skills, especially among young couples
 - Domestic violence
 - Economic hardship
- **For children**
 - Lack of discipline
 - Poor academic performance

Possible preventive measures

- Provide parents with skills such as showing love, communicating with children, positive discipline and stress management
- Support rehabilitation of parents who abuse alcohol and drugs

Required response

- Train parents and children on child rights and where to report violence. Encourage children who

experience physical violence at home to confide in peers, friends, family members, neighbours, relatives and teachers

- Provide support services for children who experience physical violence at home. This can include guidance, counselling, medical attention or first aid, and placement in safe spaces
- Provide guidance and counselling to parents who use violence against children

2.4.2 PHYSICAL VIOLENCE (INCLUDING CORPORAL PUNISHMENT) IN SCHOOL

Causes of physical violence at school

- **For teachers**
 - Poor stress management
 - Drug and substance abuse
 - **For children**
 - Lack of discipline
 - Failure to observe school rules
 - Poor academic performance
 - Slow learning
 - Poor handwriting
 - Poor hygiene
 - Bed wetting
- Lack of underwear or innerwear

TABLE 1. Characteristics of the child participants in the group discussions

RESPONDENT TYPE	NUMBER OF GROUP DISCUSSIONS	FEMALE GROUPS	MALE GROUPS	MIXED GROUPS
Children rescued from the streets	2	1	1	0
Children rescued from female genital mutilation and child marriage	2	2	0	0
Orphaned and vulnerable children	2	1	1	0
Children living with HIV	2	1	1	0
Children living with disabilities	1	0	0	1
Children in statutory institutions	1	0	0	1
Children living in areas affected by emergencies	5	3	2	0
Children in formal school settings	13	7	4	2
Total	28	15	9	4

Possible preventive measures

- Foster good relationships and communication among parents, teachers and students
- Provide teachers with skills and knowledge, including on stress management, child rights, supporting slow learners and addressing poor academic performance without violence
- Provide students with behaviour change communication and moral guidance

Required response

- Support students to report or disclose violence in schools to the appropriate authorities without fear of reprisal, as well as to peers, the police, head teachers, parents and caregivers
- Train head teachers to take appropriate action against teachers who use physical violence against children

2.4.3 PHYSICAL VIOLENCE IN ALL SETTINGS

Causes of physical violence in all settings

- Perceived as a criminal
- Lack adult protection
- Street gangs
- Sexual exploitation
- Delinquency or bad behaviour
- Stealing
- Attempt escape from statutory institutions or remand homes
- Form of discipline in religious institutions
- Drug and alcohol abuse
- Bullying

Possible prevention measures

- Separate children and adults in police cells
- Sensitise adults on child rights
- Peer support
- Child friendly spaces in emergencies and police cells
- Dialogue between adults and children

- Life skills for children
- Separate living spaces for girls and boys in institutions
- Capacity building on non-discrimination of children with disabilities

Required response

- Psychosocial support, guidance and counselling services
- Sexual and reproductive health services for adolescents
- Rehabilitation for alcohol and substance abuse
- Provide positive parenting training and reunite children with families
- Medical assistance
- Children report, disclose and seek services
- Anger management skills for adults

2.4.4 EMOTIONAL VIOLENCE AT HOME

Causes of emotional violence at home

- For parents/caregivers
 - Non-biological relationship to the child
 - Separation or divorce
 - Drug and alcohol abuse
 - Poor stress and anger management
 - Poor mental health
 - Frequent fighting with co-parent/caregiver
- For children
 - Living with non-biological parents or caregivers such as those born out of wedlock or orphaned
 - Disability
 - Lack of self-control or poor behaviour
 - Poor academic performance
 - Poor communication skills

Possible preventive measures

- Support rehabilitation of parents and caregivers who abuse drugs and alcohol



- Provide parenting skills on communication, stress and anger management, child rights and developing healthy non-violent relationships
- Provide government support groups for orphaned and vulnerable children
Provide economic empowerment programmes for parents and caregivers
- Create frameworks for taking action against parents or caregivers who emotionally abuse children

Required response

- Support children to report or disclose emotional violence to the police, elders, peers, grandparents, neighbours and teachers
- Provide family counselling and safe spaces to children who experience emotional violence
- Increase children's awareness of child helpline 116, children officers, *nyumba kumi* and other support structures

2.4.5 SEXUAL VIOLENCE IN ALL SETTINGS

Causes of sexual violence in all settings

- Parent/caregiver with a non-biological relationship to the child, especially stepfathers
- Parent/caregiver abusing alcohol or drugs
- Peer pressure to have sex
- Conflict in the community
- Poverty (e.g., sex for money or gifts)
- Child vulnerability, such as a disability or being orphaned
- Myths about sex, such as that sex with a virgin cures HIV
- Lack of parental supervision
- Lack of safe spaces/institutions in the community (e.g., police cells and streets)
- Cultural norms that perpetuate sexual violence, such as child marriage and negative masculinity where young men are encouraged to have sex with young girls.

Possible prevention measures

- Encourage better parental supervision of children
- Support economic empowerment of families
- Encourage separate sleeping areas for boys and girls
- Encourage the controlled and supervised use of online spaces by children
- Provide children with life-skills education on how to avoid sexual abuse

- Provide children with age-appropriate sex education
- Improve safety in the community and on streets
- Raise awareness on preventing child marriage, how to take action on those who abuse children, teaching children about healthy relationships between boys and girls and child rights

Required response

- In response to reports or disclosure of sexual violence against children to teachers, parents, religious leaders, chiefs and the police, create systems for referring affected children to:
 - Medical attention
 - Peer support systems
 - Counselling
 - Safe spaces
 - Treatment without discrimination and stigma
- Create frameworks for taking appropriate action against perpetrators of sexual violence against children
- Support girls who experience sexual violence, including girls who become pregnant, to return to school
- Raise information on where and how to report sexual violence

These key findings from the Kenya Violence Against Children Survey, 2019 and children discussion forums have important implications for the government and stakeholders in Kenya to accelerate efforts to prevent and effectively respond to violence against children.

Methodology, Principles, Approaches and Theory of Change



3.1 METHODOLOGY AND DEVELOPMENT OF THE NATIONAL PREVENTION AND RESPONSE PLAN

The Department of Children Services led the development of the National Prevention and Response Plan based on globally available evidence-based strategies such as INSPIRE, in close coordination with the multi-sectoral Technical Working Group.

The Department of Children Services organized the Technical Working Group workshops with support from UNICEF and LVCT Health. The Department also convened a workshop to gather the input of sub-county children officers in May 2019. During the workshop, participants developed a guidance note and tools to obtain the views of children. In total, 418 children (267 girls and 151 boys) from 28 counties participated in group discussions and shared their views on the main causes of violence and possible prevention and response measures.

In July 2019, the preliminary findings of the 2019 VACS were shared in a meeting and a presentation was made on the National Prevention and Response Plan. The Department of Children Services heads of section met in August 2019 to review the draft plan and provided feedback on the zero draft of the monitoring and evaluation plan. In September 2019, monitoring and evaluation experts from the various sectors developed the first draft monitoring and evaluation plan. This was

followed by the development of the communication strategy in September 2019. In November 2019, the Data to Action Workshop was conducted to review the key findings from the 2019 VACS to inform the National Prevention and Response Plan.

In December 2019, county consultations took place in Nakuru, Siaya, Turkana and Wajir, where the county governments provided feedback on the latest draft of the National Prevention and Response Plan. Discussions were also held with children in these four counties to solicit their views on important actions under each strategic area.

Stakeholders representing both state and non-state actors validated the National Prevention and Response Plan with corresponding annexes in March 2020.

3.2 GUIDING PRINCIPLES AND APPROACHES

3.2.1 PRINCIPLES

The following are the guiding principles of the National Prevention and Response Plan:²⁰

- To uphold **the best interest of the child** in all situations
- To ensure **respect for human dignity, accountability, non-discrimination, equity and equality** in relation to children

²⁰ National Council of Children Services, 'The National Children Policy Kenya', National Council for Children's Services, 2010, pp. 7-8.

- To ensure **accessibility of services** and **participation by children**
- To commit **every individual adult to take responsibility** to protect the rights of the child regardless of the individual's relationship with the child

3.2.2 APPROACHES

The National Prevention and Response Plan also applies the following approaches:

Evidence-based programming

The National Prevention and Response Plan was informed by INSPIRE which are globally available evidence-based strategies. Its implementation over five years will also be informed by and apply existing and emerging evidence in Kenya. Based on the lessons learned from the Response Plan to Violence Against Children (2013–2018), the operationalization of the National Prevention and Response Plan will include the development and implementation of a monitoring and evaluation plan, cost estimates, a resource mobilization plan and a communication strategy.

Focus on prevention

Violence against children can have severe and harmful impacts. The 2019 VACS found that violence can affect a child's mental health, school attendance and perception of violence, including acceptance and normalization of violence, which can increase the likelihood of perpetration and victimization later in life. Prevention is therefore of utmost importance. This includes primary prevention (prevention of any incidence from happening in the first place), secondary prevention (early identification and management of violence to prevent the problem from progressing) and tertiary prevention (responding to, protecting and rehabilitating child survivors of violence). While tertiary prevention is often referred to as response, it also serves to prevent the reoccurrence of violence against the same survivor and address the survivor's perception of violence to prevent their further victimization or future perpetration.

Gender-sensitive approach

Prevention and response interventions consider the different forms of violence that girls and boys are exposed to, including the unique causes and contexts. As children grow, girls and boys begin to face distinct

vulnerabilities, with girls are at higher risk of sexual abuse and teenage pregnancy and boys at higher risk of physical violence at the community level. While girls' vulnerability must continue to be prioritized, meaningful engagement with and support for boys are also essential. Boys are less likely to disclose and seek services when they experience sexual violence due to social norms on negative masculinity that require boys to be strong and not show emotion. Life-skills training for boys can inform them of their right to protection and the importance of discussing and seeking support in response to violence.

Lifecycle approach: From early childhood to adolescence

Early childhood is a time of tremendous physical, cognitive and socio-emotional development, and exposure to violence during that time can negatively impact a child's long-term well-being. Advances in neuroscience have revealed that toxic stress can severely impact early brain development, with life-long consequences²¹ The first year of life is also the single most dangerous period for violence, abuse and neglect to occur.

A lifecycle approach that identifies the various risks that children and adolescents face based on age is key to design and implementation of interventions that effectively address violence. Prevention, early identification, response to and referrals to address violence against young children should be mainstreamed into existing health interventions. The child protection workforce should be trained on the specific vulnerabilities of young children and adolescents to various forms of violence and how to prevent and respond in collaboration with multi-sector stakeholders, including health and education professionals.

Child Participation

All involved actors should meaningfully engage children in the implementation of the National Prevention and Response Plan and adequately inform children of their right to participate in decision-making and have their voices heard in schools, communities, counties and in national decision-making structures through existing platforms. Children should be supported to take part in the development of laws and policies; planning and budgeting process at the county and national levels; and the dissemination of key messages on violence through

²¹ Anda RF, Butchart A, Felitti VJ, Brown DW. Building a framework for global surveillance of the public health implications of adverse childhood experiences. *Am J Prev Med.* 2010;39(1):93-98.

the various platforms outlined in the key strategic actions. Children who participate should be safeguarded during the process to ensure they are not vulnerable to unintended harm. Child participation guidelines should be adhered to by all duty bearers.

Addressing the intersection between violence against children and violence against women

Violence against children and Intimate Partner Violence (IPV) which predominantly affects women are strongly associated with inter-generational cycles of violence. According to the 2019 VACS, a high number of children in Kenya have been exposed to intimate partner violence at home. When children witness violence at home, they are at higher risk of becoming victims or perpetrators of violence as adults. Youth who are affected by childhood violence are also at higher risk of becoming perpetrators of violence as young adults and carry the impact of the violence forward. National Prevention and Response Plan strategic interventions on parenting and family support, community mobilization and service provision consider the co-occurrence of violence against children and domestic violence, where women disproportionately bear the burdens, shared risk factors and common consequences. The Plan aims to foster synergies between prevention of and response to violence against children and women in the domestic sphere as much as possible.

Vulnerable children

Some children – including children with disabilities, children with HIV or children who are in institutional care – are more vulnerable to violence due to stigma, discrimination or heightened risk, and warrant special attention in the National Prevention and Response Plan. For example, children with disabilities are at a high risk of all forms of violence, including family neglect.²² Girls with disabilities bear the double burden of their gender and disability; for example, girls with intellectual impairments are particularly vulnerable to sexual violence.

Children affected by humanitarian situations

Children affected by emergencies are vulnerable to all forms of violence during and after the onset of crisis. Given that climate-related shocks and humanitarian situations become more intense and frequent in Kenya, the National Prevention and Response Plan

pays special consideration to children and adolescents affected by humanitarian situations. The ongoing effort to strengthen the linkages between humanitarian and development child protection programming should focus on both prevention of and response to violence against children, including gender-based violence.

Social norms approach

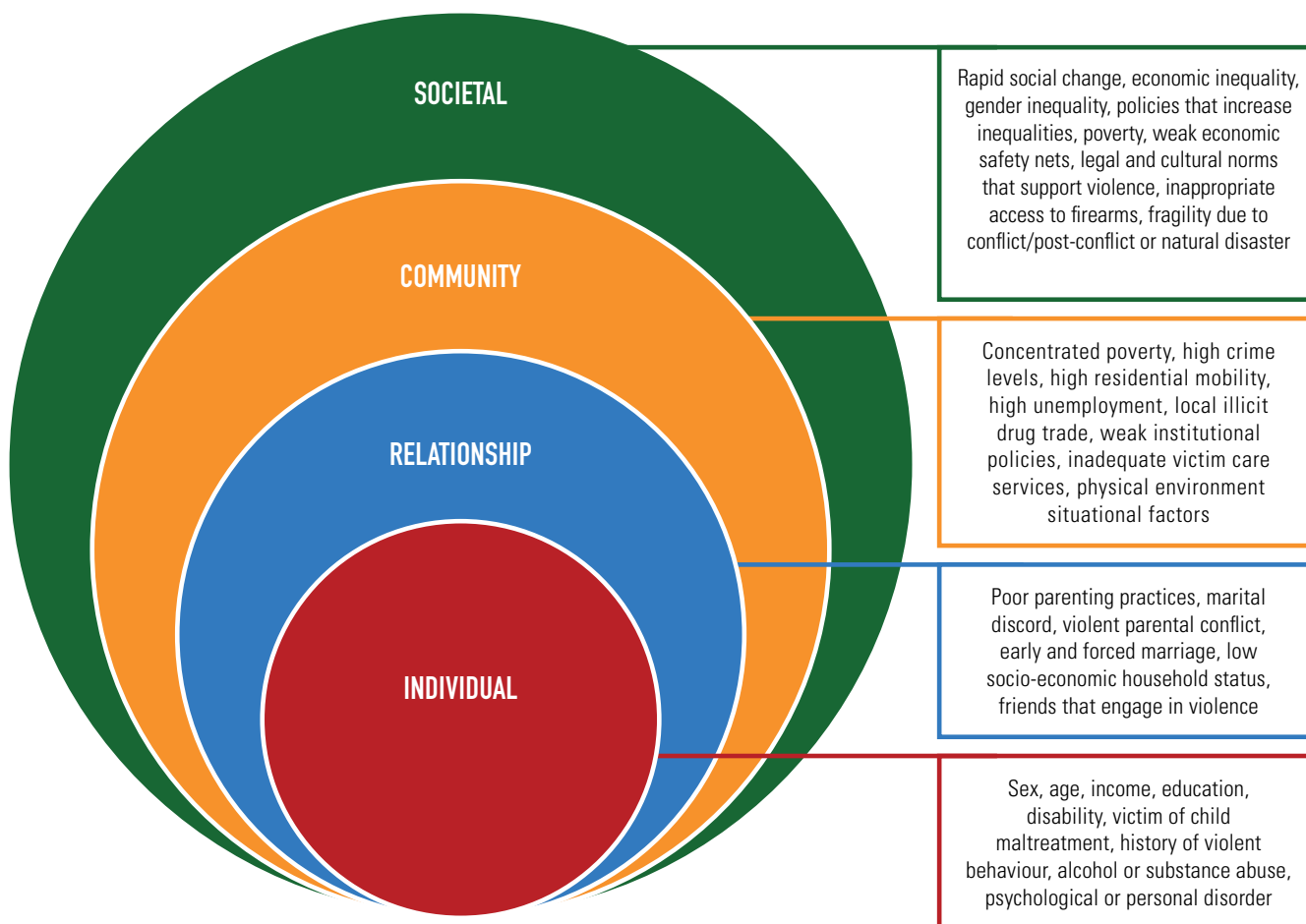
The 2019 VACS revealed a high level of acceptance of corporal punishment, wife beating and negative gender norms²³ among children. Acceptance of violence can undermine reporting and service seeking among children who experience violence; and the normalization of violence among children can lead to further victimization and future perpetration.

Attitudes, values and social norms that condone violence against children and women need to be addressed at all levels – among children, parents, caregivers and service providers, and within families, communities, schools and institutions. As norms are formed at early ages, young children need be reached with age-appropriate programmes. Children in late childhood and early adolescence can be targeted at schools and through social media. Parents and caregivers should be sensitized on the existence and negative impact of harmful norms. Schools and institutions where children spend time should model positive and non-violent norms. Given that social norms are formed at the societal level, community-wide interventions to address acceptance of violence, harmful attitudes and social norms should be prioritized concurrently. Community dialogues that encourage self-reflection and critical analysis of community members' attitudes and behaviours related to violence can be effective when combined with mass media interventions. All efforts should address both violence against children and violence against women, especially in the domestic sphere, as well as negative masculinity. All communication should focus on positive messages highlighting appropriate attitudes and behaviours. When possible, the existing protective behaviours practiced by parents, caregivers, teachers and community members to address violence against children should be highlighted as positive role models.

²³ In the violence against children survey, the following questions were asked in regard to negative gender norms: 1) Should only men, not women decide when to have sex? 2) If someone insults a boy or a man, should he defend his reputation with force if he needs to? 3) Are there times when a woman should be beaten? 4) Do women who carry condoms have sex with a lot of men? 5) Should a woman tolerate violence to keep her family together?

²² Cheshire Disability Services Kenya and CRESNET, 'Exploitation of Children with Disabilities in Kenya: Case Study of Nairobi and Kisumu Counties', 2019.

FIGURE 1. The socio-ecological model for understanding and preventing violence against children



3.3 THEORY OF CHANGE

The National Prevention and Response Plan uses a socio-ecological model for identifying the strategic actions require to prevent and respond to violence against children. The socio-ecological model describes personal and environmental factors at multiple levels (individual, relationship, community and societal levels) where attitudes and behaviours are shared and dynamically interact (see Figure 1).²⁴

Using a socio-ecological model, key challenges in the prevention of and response to violence against children in Kenya have been analysed at the levels of 1) the child; 2) parents/families; 3) schools; 4) communities; 5) service providers; 6) law, policies and coordination.

A theory of change describes and illustrates how and why change will happen in a specific context.²⁵ It describes the linkages among the problems, planned activities, outputs, outcomes and realization of the vision. The National Prevention and Response Plan

theory of change provides a strategic vision for how to address the current situation, in which children in Kenya remain vulnerable to all forms of violence and have limited access to prevention and response services.

The planned activities, outputs and outcomes in the six strategic areas are highlighted as a chain of results to achieve the desired impact. That is, to reduce childhood violence (measured by the prevalence of children who experience at least one type of physical, sexual and emotional violence) by 40 per cent²⁶ in Kenya by 2024 by protecting more children from all forms of violence while enabling those who experience violence to access care, support and services.

This impact will be achieved through the following 13 strategic area outcomes. The logic is that if all of these outcomes are achieved, then the high-level results of the National Prevention and Response Plan will also be achieved.

Krug E, Dalburg L, Mercy J, Zwi A, Lozano R. *World Report on Violence and Health*, Geneva, World Health Organisation; 2002

25 Centre for Theory of Change, 'What is Theory of Change', <www.theoryofchange.org/what-is-theory-of-change/>, accessed 7 January 2020.

26 This means reducing the share of females who experienced at least one type of physical, sexual and emotional violence in their childhood from 45.9 per cent to 27.5 per cent and the share of males from 56.1 per cent to 33.5 per cent over five years from 2019 to 2024. This ambitious target builds on the trend where the share of females who experienced at least one type of physical, sexual and emotional violence in their childhood was reduced from 76 per cent to 45.9 per cent (by 65 per cent) and the share of males from 80 per cent to 56.1 per cent (by 42.1 per cent) over nearly 10 years, from the 2010 VAC Survey to the 2019 VAC Survey.

FIGURE 2. The six strategic areas of the National Prevention and Response Plan



STRATEGIC AREAS AND OUTCOMES OF THE NATIONAL PREVENTION AND RESPONSE PLAN

STRATEGIC AREA 1: LAWS AND POLICIES

- 1.1 Children have increased access and protection through laws and policies.

STRATEGIC AREA 2: FAMILY SUPPORT – PARENTING SKILLS AND ECONOMIC STRENGTHENING

- 2.1 Children have built more positive and supporting parent-child relationships.
- 2.2 Vulnerable families have greater financial stability.

STRATEGIC AREA 3: EDUCATION AND LIFE SKILLS

- 3.1 Schools have safer and more enabling environments for children free from violence.
- 3.2 Children have life skills that protect them from violence.

STRATEGIC AREA 4: COMMUNITY NORMS AND VALUES

- 4.1 Community members, leaders and community-based institutions are sensitized and mobilized to appropriately respond to violence and harmful practices.

STRATEGIC AREA 5: RESPONSE AND SUPPORT SERVICES

- 5.1 Child survivors and child perpetrators of violence





receive comprehensive child-friendly protection and response services in the justice sector.

- 5.2 Child survivors of violence have improved access to essential health services.
- 5.3 Child survivors of violence and children at risk of violence have improved access to essential social services for child protection.
- 5.4 Child survivors of violence have improved access and utilise essential support services through multi-sectoral referral mechanisms established at the county and sub-county levels.

STRATEGIC AREA 6: COORDINATION

- 6.1 State and non-state actors have improved coordination to disseminate, implement and monitor the National Prevention and Response Plan on Violence Against Children (NPRP on VAC) at the national, county and sub-county levels.
- 6.2 Non-state actors working in child protection are regulated through a functional accreditation system.
- 6.3 The Government has improved financial and human capacities to implement and coordinate activities for prevention and response to violence against children.

Theory of Change for National Prevention and Response Plan on Violence Against Children in Kenya 2019–2023

NATIONAL PREVENTION AND RESPONSE PLAN ON VIOLENCE AGAINST CHILDREN IN KENYA 2019–2023							ASSUMPTIONS
VISION	A Kenyan society where all children live free from any form of violence						
IMPACT	Reduce the prevalence of children who experience at least one type of physical, sexual and emotional violence by 40 per cent in Kenya by 2024 by protecting more children from all forms of violence while enabling those who experience violence to access care, support and services.						
OUTCOME	<p>1.1</p> <p>Children have increased access and protection through laws and policies.</p>	<p>2.1</p> <p>Children have built more positive and supporting parent-child relationships.</p>	<p>2.2</p> <p>Vulnerable families have greater financial stability.</p>	<p>3.1</p> <p>Schools have safer and more enabling environments for children free from violence.</p>	<p>3.2</p> <p>Children have life skills that protect them from violence.</p>	<p>4.1</p> <p>Community members, leaders and community-based institutions are more engaged in addressing violence against children, domestic violence and harmful traditional practices.</p>	<p><i>Political, economic and social stability</i></p>
OUTPUT	<p>1.1.1</p> <p>Laws that address violence against children are reviewed and enacted.</p> <p>1.1.2</p> <p>The public has greater awareness of laws and policies that protect children from violence.</p>	<p>2.1.1</p> <p>Parents (mothers and fathers) and caregivers have improved access to quality parenting education programmes.</p> <p>2.1.2</p> <p>Parents (mothers and fathers) and caregivers have improved their understanding of positive parenting practices.</p> <p>2.1.3</p> <p>Social service workforce has strengthened capacities to implement positive parenting programme.</p> <p>2.1.4</p> <p>The National Family Promotion and Protection Policy has been finalized and disseminated.</p>	<p>2.2.1</p> <p>Parents (mothers and fathers) and caregivers have improved access to financial training and existing government funds.</p>	<p>3.1.1</p> <p>Schools have strengthened child-friendly reporting and referral mechanisms for all forms of violence against children.</p> <p>3.1.2</p> <p>Teachers and other stakeholders have strengthened capacities to prevent, identify and respond to violence against children.</p> <p>3.1.3</p> <p>Children have increased opportunities to participate in peer-to-peer dialogues, children assemblies and other forums where children gain knowledge related to protection from violence.</p>	<p>3.2.1</p> <p>Children have greater access to age-appropriate life-skills training and value-based education focusing on violence prevention.</p> <p>3.2.2</p> <p>Stakeholders have improved understanding of the importance of including violence prevention and response in the Life Skills Curriculum and Competency Based Curriculum.</p>	<p>4.1.1</p> <p>Community members have improved awareness and understanding of the negative impacts of violence against children and witnessing violence.</p> <p>4.1.2</p> <p>Community members, community-based organizations and medical professionals have improved awareness and understanding of the negative impacts of harmful traditional practices (including female genital mutilation and child marriage) and alternative positive norms and practices.</p> <p>4.1.3</p> <p>Community members, leaders and community-based organizations are sensitized and mobilized to appropriately respond to violence against children.</p>	<p><i>Enabling environment</i></p> <p><i>Commitment by state and non-state actors</i></p> <p><i>Availability of human and financial resources</i></p> <p><i>Dissemination of the plan</i></p>
STRATEGIES	 Laws and policies	 Family support – parenting skills and economic strengthening		 Education and life skills		 Community norms and values	



PROBLEM STATEMENT

Children in Kenya continue to be vulnerable to all forms of violence with limited access to prevention and response services

NATIONAL PREVENTION AND RESPONSE PLAN ON VIOLENCE AGAINST CHILDREN IN KENYA 2019–2023

ASSUMPTIONS

VISION	A Kenyan society where all children live free from any form of violence
IMPACT	Reduce the prevalence of children who experience at least one type of physical, sexual and emotional violence by 40 per cent in Kenya by 2024 by protecting more children from all forms of violence while enabling those who experience violence to access care, support and services.

OUTCOME	5.1 Child survivors and child perpetrators of violence receive comprehensive child-friendly protection and response services in the justice sector.	5.2 Child survivors of violence have improved access to essential health services.	5.3 Child survivors of violence and children at risk of violence have improved access to essential social services for child protection.	5.4 Child survivors of violence have improved access and utilise essential support services through multi-sectoral referral mechanisms established at the county and sub-county levels.	6.1 State and non-state actors have improved coordination to disseminate, implement and monitor the National Prevention and Response Plan on Violence Against Children at the national, county and sub-county level.	6.2 Non-state actors working in child protection are regulated through a functional accreditation system.	6.3 The government has improved financial and human capacities to implement and coordinate activities for prevention and response to violence against children.	<i>Political, economic and social stability</i>
	5.1.1 Child justice actors have strengthened capacities to provide child-friendly protection and response services.	5.2.1 Health care providers have strengthened capacities to manage cases of violence against children.	5.3.1 The number of children’s officers is increased at the divisional level. 5.3.2 Child protection centres are increased. 5.3.3 Professional and para-professional child protection workforce technical capacities are strengthened based on specialized training packages.	5.4.1 Capacity for multi-sectoral referral systems among relevant sector professionals has been strengthened. 5.4.2 Helpline service providers have strengthened capacities to provide confidential counseling and make appropriate referrals.	6.1.1 Area advisory committees have strengthened capacities to coordinate the implementation of the National Prevention and Response Plan on Violence Against Children. 6.1.2 A central online multi-sectoral database on children’s services that includes violence against children services across state and non-state actors has been developed.	6.2.1 An accreditation system for non-state actors working in child protection has been developed. 6.2.2 An upgraded and revised online National Directory for Children’s Service Providers in the field of child protection has been developed. 6.2.3 An advocacy and communication strategy for violence against children has been implemented.	6.3.1 The implementation of the National Prevention and Response Plan has been monitored annually. 6.3.2 The resources necessary to implement and coordinate the National Prevention and Response Plan have been allocated based on the costing plan.	
OUTPUT	5.1.2 Police officers manning child protection units at police stations have strengthened capacities to respond to violence against children. 5.1.3 Community police committees have strengthened capacities to respond to violence against children.	5.2.2 Community health volunteers and community health extension workers have strengthened capacities on prevention, early identification and referrals of cases of violence against children.						<i>Enabling environment Commitment by state and non-state actors Availability of human and financial resources Dissemination of the plan</i>
STRATEGIES	 Response and support services				 Coordination			

PROBLEM STATEMENT

Children in Kenya continue to be vulnerable to all forms of violence with limited access to prevention and response services



Strategic Areas and Objectives

4.1 STRATEGIC AREA 1: LAWS AND POLICIES

Objective

Effectively implement laws, policies and national plans that protect children from violence in Kenya.

Rationale

The development and enforcement of legal provisions for children is a practical step towards the prevention and protection of children from violence. Laws that prohibit violent behaviours against children such as child sexual abuse and corporal punishment show society that they are wrong and will not be tolerated. These laws and policies will also help hold perpetrators accountable for their actions²⁷.

The 2010 Constitution of Kenya (Article 53) recognises the need for all children to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour. These provisions are aligned with the Convention on the Rights of the Child and the Africa Charter on the Rights and Welfare of the Child, to which Kenya is a signatory. Accordingly, the Government of Kenya has made significant progress in strengthening the legal and policy framework as it relates to child protection. The Children Act of 2001 serves as a foundational umbrella policy instrument on

child protection and child welfare services. Kenya has also instituted national commitments to protect children from violence through the Penal Code, Protection Against Domestic Violence Act 2015 and the Sexual Offences Act 2006, amongst others. At the policy level, the National Children Policy (2010), National Policy for the Eradication of Female Genital Mutilation (2019), the National Plan of Action for Children in Kenya (2015-2022) and National Policy for Prevention and Response to Gender Based Violence (2014), amongst others, have been developed and serve to protect children from different forms of violence. In line with the 2010 Constitution, there has been progress in the involvement of children in contributing to the legislative process.

Despite these significant progresses and the availability of the comprehensive legal framework that provides a judicial mechanism for prevention and response to VAC, there are still important gaps that need to be addressed. Implementation and enforcement of laws has been insufficient due to limited capacity and inadequate resources available to law enforcement and other agencies to monitor and oversee implementation of laws related to child protection.

There are also a number of pending bills including the Children Bill, 2018, that, if signed into law, would considerably strengthen the legal mechanism protecting children and providing recourse for prosecution of

27 INSPIRE, Seven Strategies to End VAC, WHO, page 31

their offenders. Upon its enactment, development of its rules and regulations will be critical to ensure its operationalisation and enforcement.

In addition, policy reviews and reformation as well as legislative revision is required to ensure that legal frameworks prohibit all forms of violence against children. Similarly, county government legislative instruments in relation to prevention and response to violence against children needs to be strengthened.

Finally, there is a need to significantly improve public awareness on the existing laws that prevent and respond to violence against children. This is especially critical in view of the widespread acceptance and use of corporal punishment and other forms of violence in all settings. Children themselves also need to be informed of their protection rights in an age-appropriate manner.

Approaches and actions

1 Amend, review and enact laws and policies addressing violence against children that ban physical violence, criminalize sexual abuse and exploitation of children and ban harmful practices in all settings.

- Finalize and facilitate the enactment of the Children Bill 2018 including the development of rules and regulations
- Review the Sexual Offences Act 2006 to address discrimination of minors based on gender
- Amend the Prohibition of the Female Genital Mutilation Act to address medicalization of FGM
- Develop a National Child Protection and Safeguarding Policy
- Develop the National Plan of Action on Child Online Protection
- Review the National Children Policy 2010
- Develop county specific costed action plans to end FGM in line with the Prohibition of FGM Act
- Review the Counter Trafficking Act to align it with the Constitution and accommodate emerging issues

2 Raise public awareness of laws and policies that protect children from violence.

- Establish a central online accessible repository of laws and policies that address child protection issues and violence against children in Kenya

- Increase the capacity of paralegals and community child protection structures on child rights, violence against children and its legal implications using a tailor-made training manual
- Disseminate laws and policies addressing violence against children to duty bearers at the national, county and sub-county levels
- Sensitize the community on laws and policies addressing violence against children through organized community forums, online platforms, local vernacular radio stations and Television
- Develop child friendly and popular versions of laws and policies addressing violence against children

4.2 STRATEGIC AREA 2: FAMILY SUPPORT – PARENTING SKILLS AND ECONOMIC STRENGTHENING

Objective

Promote positive parenting practices and economic strengthening to reduce violence within the family.

Rationale

Families, parents, and caregivers play a central role in child well-being and development. Their roles in protecting children from all forms of violence cannot be overemphasized. Families however could also put children at risk of violence due to various challenges they face including family disintegration, single parenting, exposure to drugs and substance abuse, the breakdown of the social support system, extreme poverty and disasters. Many parents struggle to take full parental responsibility as they strive to improve economic situation and lack knowledge on positive parenting and negative impacts of violent discipline. Parental neglect also affects children as they can experience violence at the hands of neighbours, nannies and siblings in the home.

According to the Kenya 2019 VAC Survey, about one in three females and two in five males reported parents or adult relatives as the perpetrators of the first incident of physical violence in their childhoods. The prevalence of violent discipline against children is also high. Almost half of females (48.2 per cent) and males (41.7 per cent) aged 13-17 experienced physical discipline or verbal aggression by parents or caregivers. Alarmingly, over half of the respondents said that they had witnessed violence within their homes in their childhood.

Parenting and caregiver support programmes have been identified as a promising strategy to improve family dynamics and prevent violence against children, including child maltreatment and harsh physical discipline^{28,29}. Moreover, there is emerging evidence that some parenting programmes can contribute to reducing both the experience³⁰ and perpetration of intimate partner violence (IPV).³¹

The VAC survey also confirmed an association between food insecurity and violence where 39.6 per cent of females and 41.3 per cent of males aged 18-24 who experienced food insecurity, experienced sexual or physical violence in the past 12 months, compared to 25.5 per cent of females and 19.6 per cent of males who did not experience food insecurity.

Income and economic strengthening interventions can benefit children by reducing child maltreatment and decreasing IPV, thereby minimizing the likelihood that children witness such violence and suffer the consequences, including the potential of experiencing or becoming a perpetrator of violence in the future. In addition, women's access to financial resources strengthens the household's economic status in a way that can prevent the abuse and neglect of children.³²

Approaches and actions

1 Strengthen family care and positive parenting programmes for violence prevention.

- Develop a strategy on positive parenting programmes
- Implement evidence-based parenting programmes and family support that aims to foster parent-child relationships
- Review and disseminate the 'Good Practice in Child Care: A manual for children Caregivers (2011) to enhance parent-child relationships

28 WHO, *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children*. 2018, Geneva: World Health Organization.

29 Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L., *What works to prevent sexual violence against children: Evidence Review*. 2019, Together for Girls.

30 Ellsberg, M., Arango, D.J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., *Prevention of Violence Against Women and Girls: What Does the Evidence Say?*. Lancet 2015. 385(9977): p. 1155-66.

31 Heise, L., *What Works to Prevent Partner Violence? An Evidence Overview*. 2011, London: STRIVE Research Consortium, London School of Hygiene and Tropical Medicine.

32 WHO, *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children*. 2018, Geneva: World Health Organization.

2 Strengthen institutional capacities to support families.

- Finalize and disseminate the National Family Promotion and Protection Policy³³
- Finalize and enact the Family Promotion and Protection Bill (2019)
- Review and disseminate the National Social Protection Policy 2011
- Finalize and disseminate the Street Families Rehabilitation Policy
- Develop the capacities of social workforce on implementation of positive parenting and economic empowerment and link families to services

3 Promote economic empowerment to increase families' financial capacities and resilience.

- Implement Cash Transfer programmes i.e. Orphans and Vulnerable Children-Cash Transfer, Older Persons Cash Transfer, Persons With Disabilities-Cash Transfer and Hunger and Safety Net Programme
- Provide economic plus programmes e.g. the Biashara Fund,³⁴ the Women Enterprise Fund, the Youth Enterprise Fund, the National Government Affirmative Action Fund, savings and credit cooperatives and Chamas
- Review existing manuals or curriculums utilized to provide financial training for economic plus programmes to integrate gender equality and violence prevention
- Sensitize Cash Transfer beneficiaries to register groups and link them to existing funds and microfinance options

4.3 STRATEGIC AREA 3: EDUCATION AND LIFE SKILLS

Objective

Promote and strengthen a safe, secure and enabling school environment and life-skills training in Kenya.

Rationale

All children in Kenya have the right to quality, relevant, accessible, affordable and child-friendly education³⁵ that is free from violence. Learning institutions are an

33 'Draft National Family Promotion and Protection Policy'.

34 Section 24, (4) of the Public Finance Management Act 2012, Draft Public Finance Management (Biashara Kenya Fund) Regulations, 2018, Treasury – merger of the Women's Enterprise Fund and Youth Enterprise Fund.

35 'The National Children Policy Kenya', p. 9.

important environment for children to learn social skills and behaviour that can prevent violence. The adults in these spaces can also help identify and address violence that children suffer at home and in the community.

Schools are however one of the settings in which children experience violence, including corporal punishment, bullying, emotional violence and sexual violence. According to the 2019 VAC Survey, for nearly two in five males (38.9 per cent) and one in five females (18.5 per cent) aged 18-24 who experienced childhood sexual violence, the perpetrator of the first incident was a classmate or schoolmate. Children also suffer from physical and emotional violence perpetrated by their peers. In addition, there is a high level of acceptance of corporal punishment by teachers with more than half of children agreeing that corporal punishment by teachers is necessary. Reports of drug, alcohol and substance abuse and teenage pregnancy are also on the rise within schools³⁶. The Third Medium-Term Plan cites teenage pregnancy as an emerging issue.³⁷ School environments have to be made safe free from violence.

Children need to be empowered with age-appropriate life skills to protect themselves from experiencing and perpetrating all forms of violence. Life-skills programmes have to be designed according to age and should start early given that children of all ages are exposed to violence. Programmes should be contextualized to address the high level of acceptance among children and adolescents of harmful values and social norms related to violence against children, corporal punishment, violence against women, wife beating and gender inequality.

In 2017, the Ministry of Education launched the Competency Based Curriculum, which was designed by the Kenya Institute of Curriculum Development to develop skills and knowledge that learners can apply in everyday life to protect themselves from violence. This is an important initiative that can be further strengthened for VAC prevention and response.

Approaches and actions

1 Provide safe, secure and enabling school environments that are free from violence.

- Strengthen reporting and referral mechanisms for all forms of violence against children in

³⁶ The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) and the Kenya Institute for Public Policy Research and Analysis (KIPPRA), Status of Drugs and Substance Abuse Among Primary School Pupils in Kenya, Special Paper 20, 2019

³⁷ 'Third Medium-Term Plan 2018-2020', p. 48.

schools using child-friendly mechanisms such as suggestion boxes, referral directories and standardized referral forms

- Increase the capacities of teachers on prevention, identification and response to violence against children. These include codes of conduct for teachers, alternative positive disciplinary practices using the positive discipline manual, child safety against violent extremism and drug abuse, case management cycles and other relevant standard operating procedures for cases of violence against children
- Sensitize education stakeholders including boards of management and non-teaching staff (security personnel, administrative support, matrons, cooks, etc.) on prevention, identification and response to violence against children, and alternative forms of discipline
- Disseminate child protection guidelines, policies and national plans of action on violence against children to teachers through various education-related advocacy fora (e.g., the head teachers' association conference, the Kenya national union of teachers' conference)
- Launch, disseminate and enforce implementation of school re-entry guidelines which addresses all forms of violence

2 Enhance the capacities of teachers and school nurses or matrons to provide psychosocial support services to children and appropriate referral.

- Establish a programme on revolving volunteer counsellors that visit multiple schools to provide counselling to learners and the entire school community
- Create safe and inclusive spaces and amenities within schools to offer therapy, support and a place of refuge for learners by adhering to the School Safety Standards Manual and Child Friendly School Manual
- Finalize and disseminate the standard operating procedures on school-related gender-based violence to teachers and other stakeholders

3 Enhance child participation in preventing and responding to violence against children through various platforms within and outside schools.

- Support the presentation of themes on violence



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against children during co-curriculum activities in early learning and basic education e.g. drama, music festivals, sports and clubs to increase awareness on violence against children

- Facilitate peer to peer dialogues on violence against children through existing child clubs
- Convene children assemblies in all counties to sensitize learners in an age-appropriate way on the existing child protection policies, guidelines and measures for prevention, identification and response to violence against children, including relevant sections of the code of conduct for teachers

4 Strengthening the provision of life skills and value-based education.

- Strengthen life skills education and training in statutory and non-statutory children’s institutions
- Increase children’s knowledge on investment and entrepreneurship by providing platforms for interacting with and learning from the business community for self-sufficiency
- Include prevention and response to violence in the learning and teaching of life skills

4.4 STRATEGIC AREA 4: COMMUNITY INTERVENTIONS ADDRESSING NORMS AND VALUES

Objective

Promote norms and values that support non-violent, nurturing, respectful, positive and gender-equitable relationships with and for children.

Rationale

Societal norms and values determine what social groups consider acceptable and unacceptable. Norms and values are strong drivers of human behaviour and critical factors in prevention or perpetration of violence against children. Shifting a community’s negative social norms and values away from acceptance of violence against children is an essential aspect of prevention.

In Kenya, some forms of violence against children – particularly harsh discipline, including corporal punishment and psychological aggression – are considered normal. Harmful gender norms, including the acceptability of wife-beating, are also prevalent. Thirty-nine per cent of women who have ever been married have experienced physical or sexual spousal

abuse.³⁸ The social values that normalize violence against children and women exist in parallel and reinforce the inter-generational cycle of violence in families through children's exposure to and normalization of these values. The prevalence of these norms can also inhibit help-seeking behaviour, as the women and children who are victims/survivors tend to accept their abuse as normal. There is also stigma associated with reporting abuse, which can bring embarrassment and shame to victims/survivors.

The 2019 VAC Survey revealed a high level of acceptance of corporal punishment by parents and teachers and endorsement of harmful traditional norms and beliefs about gender inequality, sexuality and violence among children and young people.

Deeply ingrained negative social and cultural norms also help to perpetrate harmful traditional practices such as female genital mutilation, child marriage and cattle rustling, all of which result in the physical, sexual and emotional violence against children. According to the 2014 Kenya Demographic and Health Survey, 21 per cent of women aged 15 to 49 have undergone female genital mutilation. While the prevalence rate remains high, the decline is attributable to the robust and comprehensive legislation and policies prohibiting female genital mutilation in Kenya (see Annex 2), as well as community mobilization, collaboration with

religious leaders and programmes on alternative rites of passage led by the Anti-Female Genital Mutilation Board and its partners.

Kenyan societies and communities must be engaged further to foster a shared understanding of what constitutes violence against children and women and come to broad agreement that any form of violence against children and women is unacceptable – even in domestic settings. Communities need to be engaged in public discussion on the serious impacts of violence and how violence affects the individual and society as a whole. The aim of these discussions should be to begin shifting negative social norms, behaviours and practices towards non-violence and positive practices.

Positive role models who practice non-violent and nurturing parenting and resolve differences without spousal abuse should be identified and promoted. Positive peer influences should be also leveraged to shift social norms and behaviours. One approach that has been shown to work in modifying harmful norms and values is community mobilization and bystander interventions linked with mobilization campaigns and services.³⁹

The unique vulnerabilities of certain groups of children, such as children with disabilities, particularly girls with disabilities, should be noted and addressed. In all

38 Kenya Demographic and Health Survey, 2014.

39 'INSPIRE Handbook', p. 38.



efforts, the meaningful engagement of men and boys will be indispensable to addressing violence against women and children.

Approaches and actions

1 Address social norms and values that accept violence within the community to shift attitudes and behaviours.

- Sensitize community members on the negative impacts of violence against children, domestic violence, violence in the community as well as alternative positive and peaceful methods to managing behaviours
- Identify and engage positive role models (community gatekeepers, religious leaders, men and boys) and reformed deviants within

various communities to act as change agents and champions to change negative norms and values and harmful practices

- Facilitate community and inter-generational dialogues on violence against children, domestic violence and negative gender and social norms, as well as alternative positive and protective ways to address violence, through community gatherings, such as chief barazas, community policing and nyumba kumi, forums, self-help groups

2 Address norms that support harmful traditional practices such as female genital mutilation and child marriage.

- Implement the Guidelines on Alternative Rites of Passage (July 2018), Community Dialogue and Intergenerational Dialogues (June 2018)



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- Empower girls and boys with information on the dangers of female genital mutilation and child marriage through life skills and alternative rites of passage
- Create awareness on emerging issues on FGM e.g. medicalisation, cross border FGM, secrecy, and lowering the age of cutting

3 Promote community mobilization and bystander programmes

- Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children
- Hold dialogues with boys and girls of different age groups to gain their perspectives and ensure their perspectives are taken into consideration in community efforts to address violence against children

4.5 STRATEGIC AREA 5: RESPONSE AND SUPPORT SERVICES

Objective

Improve access to quality health services, social services and justice for all children who are at risk of or have experienced violence.

Rationale

Response and support services help to prevent and reduce the harmful effects of violence in children's lives.⁴⁰ An effective and comprehensive response and support strategy ensures that children who have experienced violence or are at risk of violence receive appropriate, timely and child-friendly services that address their safety, health and social needs and ensure justice.⁴¹

Progress has been made in Kenya on the provision of services to respond to violence against children. In 2016, the National Council on the Administration of Justice Special Taskforce on Children Matters was appointed to address gaps in the administration of justice for children and the infrastructural resources used in the administration of justice. The Diversion Policy (2019) was developed as an alternative to child prosecution. Under this policy, selected cases pertaining to minors are diverted to avoid incarcerating the child.

The National Police Service, which plays an important role by investigating and incarcerating perpetrators of violence against children and rescuing survivors, implemented the child safeguarding protocols and the National Police Service Standard Operating Procedures for the Prevention and Response to Gender-Based Violence.

The social welfare and social service sector has been improving case management for child survivors of violence to ensure that the child's needs are met in a holistic manner by developing the Guidelines and initiating a standardized training package for child protection practitioners.

Most recently, the Ministry of Health has developed the National Standard Operating Procedures for the Management of Sexual Violence Against Children (2018)⁴² and the country has focused on building the capacities of health service providers support child survivors of violence. Additionally, public health facilities offer free services such as diagnosis, treatment, psychological support and referrals to survivors of violence.

Despite these progresses, the majority of children who experience violence has not been accessing necessary services. According to the 2019 VAC Survey, among those experienced childhood sexual violence, one in three females and one in four males knew of a place to seek help and only one in eight females and three in hundred males sought help. As for childhood physical violence, one in three females and two in five males knew of a place to seek help and a smaller proportion of them (8.9 per cent of females and 8.5 per cent of males) sought help.

The current challenges include a lack of systematic multi-sectoral approach to service provision for children affected by violence, which not only leaves children without access to quality services, but also represents a loss of crucial data. Insufficient financial and human resources to manage response services is another challenge. In addition, existing services are primarily adult focused. Child-friendly reporting tools and mechanisms to support interventions that provide timely care to child survivors of violence are needed. Capacity development of the workforce is required in all sectors at all levels, from sub-locations to the national level.

40 Ibid., p. 198

41 Ibid.

42 Ministry of Health (2018) National Standard Operating Procedures for the Management of Sexual Violence Against Children. Available on <https://bit.ly/2Ubk0hA> Accessed on 23 March 2020

Approaches and actions:

1 Strengthen the capacities of criminal justice actors to offer quality, comprehensive child-friendly protection and response services to child survivors and child offenders of violence.

- Roll out the Juvenile Justice Information Management System, an information management system for tracking juvenile cases from entry to logical conclusion
- Increase the capacity of child justice actors to offer quality, comprehensive and child-friendly protection and response services to child survivors and child perpetrators of violence based on existing guidelines and training curricula (e.g. the Child Care and Protection Officers Training, Through care Guidelines (2013), Guidelines Manual on Juvenile Justice Best Practices (2016)
- Increase the capacity of the Directorate of Criminal Investigations to identify and investigate medical personnel (e.g., doctors, clinical officers and nurses) who perform female genital mutilation on children
- Disseminate the Office of the Director of Public Prosecutions Diversion Policy (2019), and Diversion Guidelines (2019) to law enforcement agencies and the community to enhance diversion programmes for children in conflict with the law
- Increase the capacities of police officers and local administration officers to respond appropriately to cases of violence against children with a view of stopping recurrence in their areas of jurisdiction
- Increase the capacities of community policing committees to identify, prevent and respond to violence against children

2 Improve access to essential health services for children who have experienced violence.

- Increase the capacities of health care providers to manage child survivors of violence (identification, specimen collection and preservation diagnosis, treatment, case management, referrals, documentation and reporting)
- Develop the capacities of community health volunteers, child protection volunteers and community health extension workers on prevention, early identification and referral of cases of violence against children
- Disseminate National Standard Operating Procedures for the Management of Sexual Violence against Children (2018)

- Provide professional counselling and therapy for child survivors of violence and children in conflict with the law

3 Strengthen social services for child protection and response to violence against children.

- Increase the number and build capacity of children officers up to the division level to ensure the quality provision of child protection services for child survivors of violence
- Expand functional child protection centres to cover five regions
- Establish one-stop gender-based violence recovery centres
- Finalize and disseminate the Guidelines on Case Management and Referral for Child Protection in Kenya (2019)
- Create awareness on alternative forms of family care for children at risk and child survivors of violence
- Map out and re-evaluate the existing day care centres and children's homes to ascertain their standards of care and protection for the children under their care
- Build capacity of the management and staff of day care centres on identification, prevention and response to violence against children
- Sensitize existing charitable institutions on the National Standards for Best Practices in Charitable Children Institutions (2013)
- Conduct a national awareness campaign on violence against children to disseminate key messages on violence to the public (children and adults) through print and electronic and social media
- Develop the capacities of the professional and para-professional child protection workforce using their specialized technical package

4 Strengthen referral mechanisms for essential multi-sectoral services.

- Convene forums to strengthen linkages between gender-based violence and child protection service providers
- Strengthen multi-sectoral coordination for service provision for child survivors of violence at the county and sub-county levels (e.g., mapping of service providers, development of service directories and referral mechanism and evidence collection)

- Disseminate the 'Child Protection in Emergencies: Operational Guideline for Child Protection Practitioners in Kenya' to ensure prevention and response to violence against children in humanitarian situations

5 Promote functional helplines to support effective prevention and response to violence against children.

- Raise awareness among children, parents, caregivers and communities on the services available to address various forms of violence and relevant reporting mechanisms (the Child Helpline 116, the Gender-Based Violence Hotline 1195, the National Police Service emergency numbers 999 and 112 and the ONE2ONE Hotline 1190)
- Develop the capacities of helpline service providers to provide confidential counselling and appropriate referrals

4.6 STRATEGIC AREA 6: COORDINATION

Objective

Improve coordination mechanisms to prevent and respond to violence against children in Kenya.

Rationale

Strong coordination is key to integrating and synchronizing the efforts of all stakeholders to prevent and respond to violence against children. Without effective coordination, achieving the goal of protecting children from violence will not be possible. Coordination is also essential in ensuring efficient use of resources available without any duplication.

The Children Act (2001) outlines the mandate of the National Council for Children's Services, which was established as a statutory structure overseeing child well-being and child welfare activities at the national level.⁴³ The Department of Children Services establishes, promotes, coordinates and supervises services and facilities designed to advance the well-being of children and their families.⁴⁴ Together, the National Council for Children's Services and the Department of Children Services support the area

⁴³ The National Council for Children's Services is composed of the Chairperson and council members are drawn from line ministries, departments and agencies, as well as non-state actors, religious organizations and private sector representatives. 'National Plan of Action for Children in Kenya, 2015–2022' p. 44.

⁴⁴ Government of the Republic of Kenya, Children Act, section 38, sub-section 1 (2001).

advisory councils to function as child protection coordination mechanisms at the county and sub-county levels.

In recent years, the National Council for Children's Services has coordinated the development of several pertinent national plans and guidelines. In 2015, the Council compiled and published the National Directory of Children Service Providers to facilitate better coordination among stakeholders.⁴⁵ The Department of Children Services has also spearheaded the implementation of the Child Protection Information Management System (CPIMS), which has been rolled out in all 47 counties to date.

Multi-sectoral coordination of the implementation, monitoring and reporting on child protection programmes and projects however remains weak. The allocation of human and financial resources – specifically for coordination – has been limited. The overlapping roles and responsibilities of the National Council for Children's Services and the Department of Children Services were identified in the past as a challenge and has been addressed through legal and policy initiatives aimed at delinking the two entities.

Specifically on violence against children, the National Steering Committee was established to provide oversight of funding, policy and administrative matters, guidance and oversight of the activities of the Technical Working Group on Violence Against Children. The Committee is chaired by the Cabinet Secretary of the Ministry of Labour and Social Protection and its membership is comprised of the Cabinet Secretaries of other line ministries. The Technical Working Group on Violence Against Children was established to develop and support the implementation of the National Prevention and Response Plan.

Approaches and actions

1 Enhance coordination mechanisms at all levels.

- Strengthen the capacities of area advisory councils to coordinate the implementation of the National Prevention and Response Plan
- Develop a multi-agency integrated database that captures children's services on prevention and response to child protection issues including violence against children

⁴⁵ National Council for Children's Services, National Directory of Children Services Providers, 2015.



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2 Improve the regulatory, legislative and policy environment for actors working in the field of child protection.

- Develop and maintain a functional accreditation system for the regulation of child protection non-state actors
- Upgrade and revise the National Directory for Children's Service Providers in the field of child protection to an online platform
- Establish mechanisms that link children voices in various platforms to the executive and legislature decision making levels at the county and national levels

3 Create awareness on prevention and response on violence against children

- Develop an advocacy and communication strategy on violence against children
- Develop information, education and communication materials for different audiences in society in different formats to change their attitudes towards and perceptions of violence against children using the communication for development approach
- Disseminate key messages on violence against children through various settings and channels (e.g., awareness campaigns, marking international days and other relevant fora)
- Increase the capacities of journalists, media personnel and practitioners to report on violence against children

4 Monitor and evaluate the implementation of the National Prevention and Response Plan.the National Prevention and Response Plan.

- Develop data collection tools for monitoring and reporting of violence against children and build consensus on their utilization and frequency of reporting
- Conduct biannual meetings on violence against children with multi-sectoral stakeholders to discuss the trends and emerging issues
- Hold annual review meetings of the Inter-Ministerial Steering Committee on violence against children

5 Increase human and financial resource allocation to implement and coordinate activities for prevention and response to VAC .

- Advocate with the National Treasury for budget allocation using the costed plan
- Leverage available resources for effective implementation of the plan by identifying and mobilizing resources

FIGURE 3. Coordination Structure of the National Prevention and Response Plan on Violence Against Children



4.7 CHILDREN'S PERSPECTIVES

In December 2019, the Department of Children Services consulted children in four counties – Wajir, Turkana, Siaya and Nakuru – to gain their perspectives on what needs to be done under each strategic area. This section presents the views and opinions of children consulted in these four counties.

STRATEGIC AREA 1: LAWS AND POLICIES

- Punish law breakers and perpetrators of violence against children using the legal justice system to serve as a lesson to other offenders.
- Take punitive action on parents and perpetrators that encourage violence such as child marriage in exchange for wealth.
- Create government structures to enforce the prevention of violence against children, including female genital mutilation and child marriage.

STRATEGIC AREA 2: FAMILY SUPPORT – PARENTING SKILLS AND ECONOMIC STRENGTHENING

- Foster good relationships between parents and their children to prevent abuse.
- Address issues of parental fighting in front of children.
- Protect children from parents who abuse drugs and alcohol.
- Strengthen families by providing training for parents and uneducated family members on skills such as tailoring or modern farming methods to increase access to job opportunities and reduce poverty.
- Engage in group savings and merry-go-rounds⁴⁶ to encourage savings and social support.

STRATEGIC AREA 3: EDUCATION AND LIFE SKILLS

- Provide school children with guidance and counselling instead of using corporal punishment.
- Provide suggestion boxes in schools to empower children to give suggestions and opinions and report abuse.
- Equip schools with libraries to help children do their homework and avoid walking long distances to look for books from neighbours and become vulnerable to abuse.

- Provide uniforms, equipment and fees to decrease children's vulnerability to abuse.
- Raise awareness among children of their rights and responsibilities regarding violence against children.
- Teach children self-defence tactics to defend themselves against violence.
- Provide children with guidance on how not to choose friends who may ruin their lives.
- Provide life-skills education to help children cope with challenging situations.
- Provide children with guidance and counselling to help prevent further offences.
- Provide children with guidance and counselling to help prevent delinquency.
- Train children to be peer counsellors.

STRATEGIC AREA 4: COMMUNITY NORMS AND VALUES

- Encourage communities to reject norms and values that promote female genital mutilation and abuse of children.
- Help communities take action to rescue child survivors of violence and report incidents of violence to the appropriate authorities.
- Encourage communities to provide counselling and other emotional support to abused children.

STRATEGIC AREA 5: RESPONSE AND SUPPORT SERVICES

- Expand the facilities available for the rehabilitation of children to avoid mixing imprisoned children with adults and separate children by age to prevent abuse by older children of younger children.
- Increase children's access to police services to enable more rapid reporting of cases of abuse.
- Employ additional government pro bono lawyers to ensure fair justice in child abuse cases.
- Provide suicide prevention counselling services.
- Encourage parents to report issues to the appropriate authorities, particularly on behalf of children with disabilities.
- Raise awareness among children of where to report violence (i.e., the physical location of the office) when it is not possible to seek assistance at home.
- Inform children about mechanisms for reporting violence, including Child Helpline 116 and police emergency number 999.

⁴⁶ A merry-go-round is a small social organization. Members contribute a small sum of money on a regular basis, often weekly. Each time money is collected, the full sum is paid out to one of the members.



Monitoring and Evaluation Plan

The Monitoring and Evaluation plan provides a robust approach for monitoring and evaluating the programme activities outlined in the National Prevention and Response Plan. It will monitor the progress made towards the National Prevention and Response Plan (NPRP) goal and objectives. The M&E plan will enhance programme reporting, the production of M&E products, and the sharing of data to enable efficient and effective decision making at all levels.

The specific objectives of the M&E plan include:

1. To outline the core indicators that will be used to monitor the NPRP on VAC activities at output, outcome, and impact levels.
2. To describe the data collection and reporting plan and define the responsibilities of the different stakeholders.
3. To define the processes to ensure that good quality VAC data is collected and reported
4. To describe the M&E coordination mechanism.
5. To outline the evaluation questions and plan.

5.1. CORE INDICATORS

The National Prevention and Response Plan will monitor the progress made towards the high-level impact goal: **to reduce the prevalence of violence against children by 40 per cent in Kenya by 2024** by

protecting children from all forms of violence while enabling those who experience violence to access care, support and services.

The core indicators will be used by the different sectors to track the progress of the activities outlined in the National Prevention and Response Plan. These indicators will measure the performance in line with the set goal and the targeted results (both output and outcome) for each strategic area. Routine M&E systems will generate data for output level indicators, while non-routine M&E systems will generate data for outcome and impact level indicators. A complete list of the core indicators is presented in the Monitoring and Evaluation Indicator Information Sheet Matrix. The matrix provides the following details for the Impact and outcome indicators:

- i. Indicator
- ii. Definition
- iii. Method of Computation
- iv. Frequency of Collection

5.2 THE RESULTS MATRIX AND IMPLEMENTATION PLAN

The National Prevention and Response Plan has a detailed results matrix/logical framework (see Annex 5). The framework includes impact, outcomes, outputs and indicators that are SMART – specific, measurable,

attainable, realistic and time-bound. Baseline data were extracted from various sources, including the 2019 VAC Survey. Existing indicators are used from the National Plan of Action on Children, the National Plan of Action against the Sexual Exploitation of Children (2018–2022), the Third Medium-Term Plan, INSPIRE and UNICEF. The indicators are set at the impact, outcome and output levels. The cause and effect relationships link activities to outputs, outputs to outcomes, and outcomes to impact.

In addition to the overall results matrix, sector-specific contributions have been developed for each of the six strategic areas highlighting the lead and supporting role. Each sector is responsible for reporting progress, challenges and recommendations using their sector-specific contributions. Stakeholders will review progress annually. After two and a half years, there will be an internal mid-term review to reflect on progress, lessons learned, good practices, recommendations for improvement and areas that require change.

5.3 DATA COLLECTION, REPORTING AND USE

The Department of Children Services and the National Council for Children’s Services are responsible for monitoring and reporting on the implementation of the National Prevention and Response Plan. The lead and supporting actors responsible for implementation will report against the results framework to the Ministry of Labour and Social Protection on a biannual basis through the Department of Children Services. In turn, the Department of Children Services will collect data and reports for analysis, review and dissemination among line ministries, development partners, civil society organizations and other stakeholders. The reports will be used to identify progress, challenges, lessons learned and gaps in prevention and response to violence against children.

Relevant sectors will make use of their own data collection tools and guides. The Department of Children Services will use the Child Protection Information Management System; the health sector will use the Kenya Health Information System; and the education sector will use the National Education Management Information System. The sectors will explore whether the current data collected through these systems includes data on violence against children. The National Council for Children’s Services will then analyse, collect and review the relevant data.

At the county and sub-county levels, the area advisory councils will provide quarterly reports to the

Department of Children Services and the National Council for Children’s Services in line with the results framework. The information will be compiled by the Department of Children Services and shared with state and non-state actors at biannual meetings. At the national level, the Department of Children Services will produce an annual report detailing the progress achieved, activities implemented, outcomes achieved, challenges, mitigation measures and recommendations. The report will include a colour-coded dashboard summarizing progress and challenges for multi-sector stakeholders. The National Council for Children’s Services will share the annual report with the Inter-Ministerial Steering Committee with recommendations for the subsequent year.

For this process to be functional, existing data collection, analysis and reporting tools will need to be reviewed and common tools and guides will need to be developed and utilized by state and non-state actors implementing activities at the sub-national and national levels. Once data reporting tools and guides are developed, stakeholders will be trained on the use of these tools for data collection, reporting and planning. The process will follow the five stages of the data cycle depicted in Figure 4.

5.4 DATA QUALITY ASSURANCE

The role of a data quality assurance (DQA) system is to validate the quality of data and thereby provide information on possible needs to improve the reporting system and help inform decision-makers on the extent to which data can be relied on to plan future interventions. Each sector will be encouraged to develop sector-specific DQA procedures and to institute regular DQA activities into their work plans. The DQA activities will focus on the quality of the recorded, reported, and aggregated data and seek to quantify any errors. The DQA will ensure that accurate and good quality VAC data is collected and transmitted to the National level. Data Quality Assurance for data aggregated at the national level should be done by a government designated DQA Manager/Officer to follow up on training, information gaps and use.

5.5 COORDINATION

Adequate human, financial and material resources for the monitoring and evaluation process will require investment. Robust costing and resource mobilization plans will be developed – with specific budget lines for monitoring and reporting – to ensure sufficient human and financial resources are available, and a designated person will be responsible and accountable for the

coordination of the monitoring and evaluation plan from the Department of Children Services in collaboration with National Council of Children’s Services. Furthermore, state and non-state actors will be engaged biannually to ensure their commitment through the monitoring, reporting and review forums. Multi-sector collaboration will be encouraged during implementation, progress review and planning for subsequent years.

5.6 EVALUATION

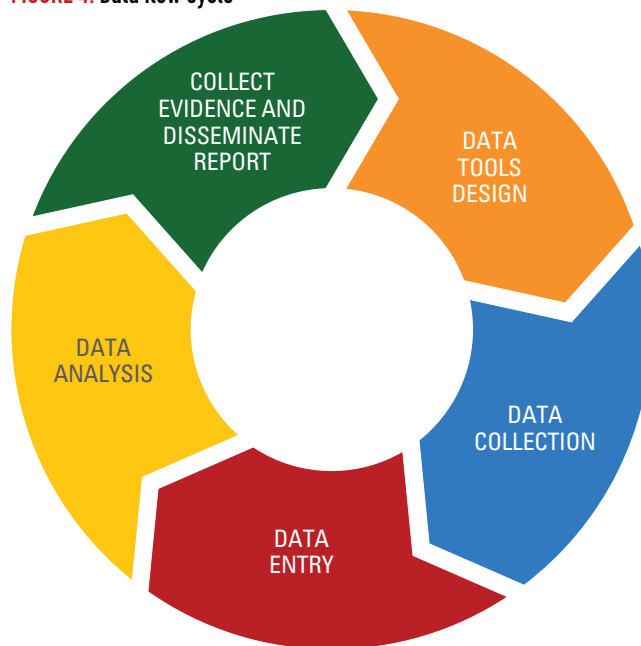
Evaluation is crucial for accountability purposes and to ensure that the commitments made through the National Prevention and Response Plan are met across the sectors. A joint team comprised of evaluators and programme stakeholders will lead the mid-term review and final evaluation activities.

The mid-term review will be carried out after two and a half years (from the launch of the NPRP on VAC). The detailed, external, end of term evaluation will be undertaken after five years. The Technical Working Group will support the evaluation process. The evaluation methodology will be determined at the time of the external evaluation. An assessment of the M&E plan will form an essential component of these evaluations, and this will be highlighted in the evaluation team’s terms of reference. The methodology for the external evaluation will be more rigorous than the mid-term review.

The Organisation for Economic Co-operation and Development Development Assistance Committee criteria will be used in conjunction with a set of key evaluation questions.⁴⁷

- **Relevance:** The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.
 - To what extent are the objectives of the programme still valid?
 - Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
 - Are the activities and outputs of the programme consistent with the intended impacts and effects?
- **Effectiveness:** A measure of the extent to which an aid activity attains its objectives.
 - To what extent were the objectives achieved / are likely to be achieved?

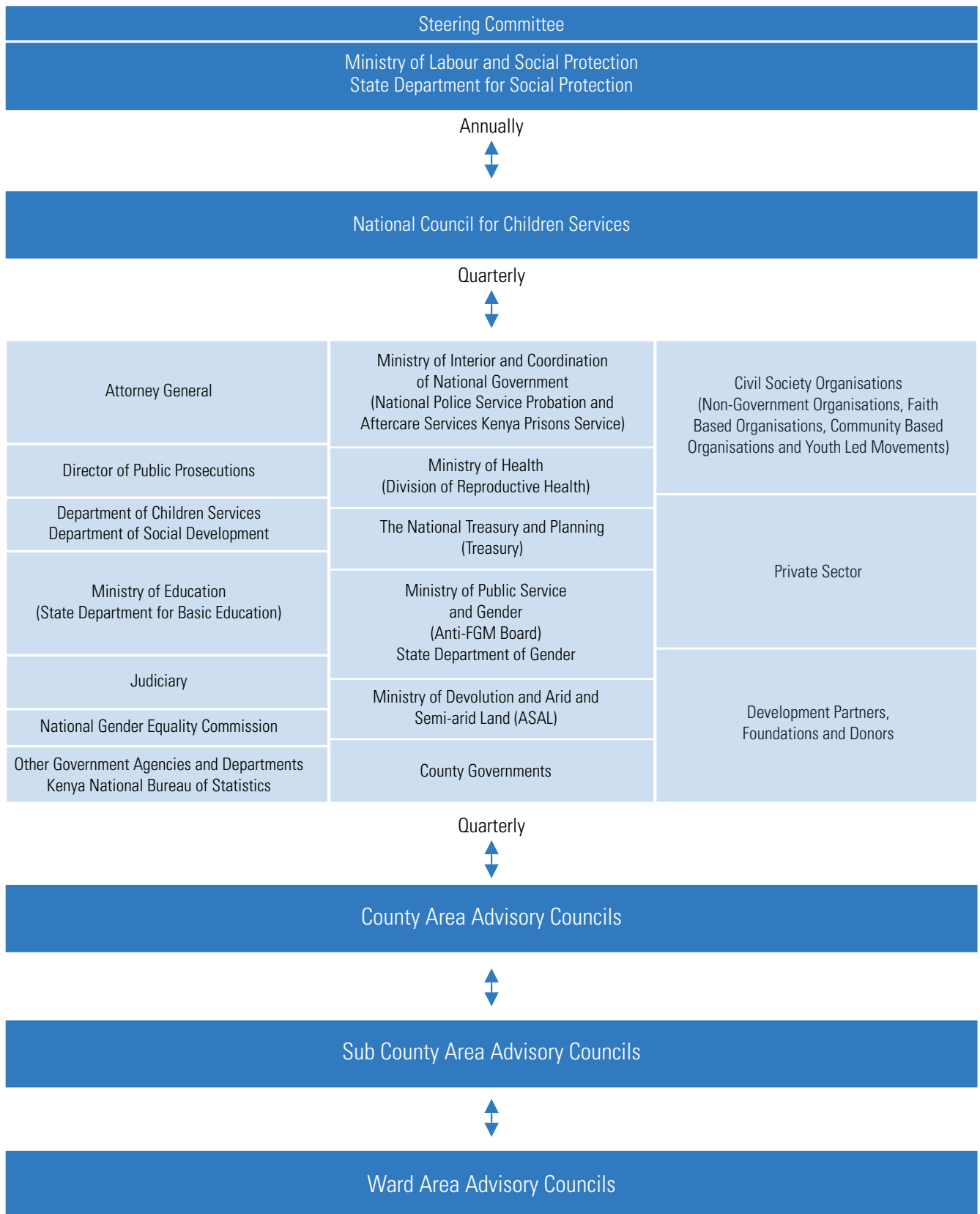
FIGURE 4. Data flow cycle



- What were the major factors influencing the achievement or non-achievement of the objectives?
- **Efficiency:** This measures the outputs – qualitative and quantitative – in relation to the inputs to determine if interventions use the least costly resources possible in order to achieve the desired results.
 - Were activities cost-efficient?
 - Were objectives achieved on time?
 - Was the programme or project implemented in the most efficient way compared to alternatives?
- **Impact:** The positive and negative changes produced by the intervention, directly or indirectly, intended or unintended.
 - What has happened as a result of the programme or project?
 - What real difference has the activity made to the beneficiaries?
 - How many people have been affected?
- **Sustainability:** This measures whether the benefits of an activity are likely to continue after donor funding has ended.
 - To what extent did the benefits of a programme or project continue after donor funding ceased?
 - What were the major factors that influenced the achievement or non-achievement of sustainability of the programme or project?

⁴⁷ 'Principles for the Evaluation of Development Assistance'.

FIGURE 5. Data collection and reporting structure





5.7 ASSUMPTIONS

The monitoring and evaluation plan makes the following assumptions:

- Adequate human, financial, and material resources for the monitoring and evaluation process will require investment.
- There will be continued commitment by state and non-state actors.
- Functional structures and systems, such as the area advisory committees, will exist.
- Political, economic, social and environmental stability will continue.
- There will be a willingness for government multi-sector collaboration.

5.8 ACCOUNTABILITY AND LEARNING

An important element of progressive monitoring and evaluation is an accountability process. This entails sharing information, data and incorporating the opinions of the beneficiaries such as children, parents, adults, caregivers and service providers. The valuable feedback (both positive and negative) from both state and non-state actors should then be used for improving the programme design, development and implementation.

Learning from achievements and challenges within the monitoring and evaluation process should be used to improve implementation. This requires support, commitment and a staff member delegated for the learning process. Effective learning should answer the following three questions: What is working well? What needs to be improved? And What needs to be corrected? The lessons learned are then incorporated within the monitoring and evaluation process.

ANNEX 1: HUMAN RIGHTS TREATIES RATIFIED BY KENYA RELEVANT TO THE PREVENTION OF AND RESPONSE TO VIOLENCE AGAINST CHILDREN

HUMAN RIGHTS TREATY	DATE OF SIGNAGE OR RATIFICATION
Convention on the Elimination of All Forms of Discrimination Against Women	Accession: 9 March 1984
United Nations Convention of the Rights of the Child	Ratification: 30 July 1990
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	Ratification: 28 January 2002
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography	Signature: 8 September 2000
African Charter on the Rights and Welfare of the Child	Ratification: 25 July 2000
International Labour Organisation Worst forms of Child Labour Convention, 1999 (No. 182)	Ratification: 7 May 2001

ANNEX 2: PREVENTIVE MEASURES, POLICIES AND GUIDELINES FOR CHILDREN AND ADOLESCENTS TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN

Possible preventive measures

- The Penal Code (cap. 63) (1970)
- The Borstal Institutions Act (cap. 92) (1991)
- The Children Act (2001)
- The Sexual Offences Act (2006)
- The Alcoholic Drinks Control Act (2010)
- The Constitution of Kenya, article 53 (1) d (2010)
- The Counter-Trafficking in Persons Act (2010)
- The Prohibition of Female Genital Mutilation Act (2011)
- The Basic Education Act (2013)
- The Kenya Information and Communication (Amendment) Act, no. 41A (2013)
- The Marriage Act No. 4 (2014)
- The Persons Deprived of Liberty Act, no. 23 (2014)
- The Victim Protection Act, no. 17 (2014)
- The Probation of Offenders Act (cap. 64)
- The Protection Against Domestic Violence Act, no. 2 (2015)
- The Teachers Service Commission Code of Conduct and Ethics Regulations (2015)
- The Witness Protection (Amendment) Act, no. 45 (2016)
- The Basic Education (Amendment) Act, no. 17 (2017)
- The Computer Misuse and Cybercrimes Act, no. 5 (2018)
- The Protection of Pupils/Students from Sexual Abuse, circular no. 3 (2010), revised to circular no. 14 (2018)

Policies

- Education Sector Policy on Peace Education (2014)
- Bail and Bond Policy Guidelines (2015)
- Diversion Policy (2019)
- National Adolescent Sexual and Reproductive Health Policy (2015)
- Sessional Paper No. 1 of 2015 on the National Policy on Elimination of Child Labour (2015)
- Education Sector Disaster Management Policy (2019)
- National Policy for the Eradication of Female Genital Mutilation (2019)

Guidelines

- Standards of Practices for Child Protection Centres (2010)
- County Child Protection Systems Guidelines (2013)
- National Mentorship Guidelines on Strengthening RH/HIV Integration Services (2013)
- National Standards for Best Practices in Charitable Children's Institutions (2013)
- Minimum Service Standards for Orphans and Vulnerable Children Kenya: Job aid booklet (2013)
- Guidelines for the Alternative Family Care of Children in Kenya (2014)
- National Health Sector Standard Operating Procedures on Management of Sexual Violence in Kenya (2014)
- National Police Service Standard Operating Procedures for Prevention and Response to Gender-Based Violence (2019)
- Plea Bargaining Guidelines (2019)

ANNEX 3: SUSTAINABLE DEVELOPMENT GOALS AND TARGETS RELEVANT TO VIOLENCE AGAINST CHILDREN


SUSTAINABLE DEVELOPMENT GOALS AND TARGETS RELEVANT TO CHILD PROTECTION	
<p>3 GOOD HEALTH AND WELL-BEING</p> 	<p>Goal 3: Good Health and Well-Being Ensure healthy lives and promote well-being for all at all ages</p> <p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p>
<p>4 QUALITY EDUCATION</p> 	<p>Goal 4: Quality Education Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</p> <p>4a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all</p>
<p>5 GENDER EQUALITY</p> 	<p>Goal 5: Gender Equality Achieve gender equality and empower all women and girls</p> <p>5.1 End all forms of discrimination against all women and girls everywhere</p> <p>5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</p> <p>5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</p>
<p>8 DECENT WORK AND ECONOMIC GROWTH</p> 	<p>Goal 8: Decent Work and Economic Growth Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</p> <p>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, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms</p>
<p>16 PEACE, JUSTICE AND STRONG INSTITUTIONS</p> 	<p>Goal 16: Decent Work and Economic Growth Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</p> <p>16.1 Significantly reduce all forms of violence and related death rates everywhere</p> <p>16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children</p> <p>16.9 By 2030, provide legal identity for all, including birth registration</p>

ANNEX 4: SECTOR CONTRIBUTIONS


1. SOCIAL PROTECTION, CULTURE AND RECREATION SECTOR

1.1 DEPARTMENT OF CHILDREN SERVICES



1.2 NATIONAL COUNCIL FOR CHILDREN SERVICES

STRATEGIC AREA	ACTIONS	DEPARTMENT OF CHILDREN SERVICES	NATIONAL COUNCIL FOR CHILDREN SERVICES
 Laws and Policies	Finalize and facilitate the enactment of the Children Bill 2018 including the development of rules and regulations.	Support	Lead
	Review the Sexual Offences Act 2006 to address discrimination of minors based on gender.	Support	Support
	Amend the Prohibition of the Female Genital Mutilation Act on medicalization of FGM.	Support	-
	Develop a National Child Protection and Safeguarding Policy.	Support	Lead
	Review the National Children Policy 2010.	Support	Lead
	Develop county specific costed action plans to end FGM in line with the Prohibition of FGM Act.	Support	-
	Review the Counter Trafficking Act to align it with the Constitution and accommodate emerging issues.	Lead	Support
	Establish a central online accessible repository of laws and policies that address child protection issues and violence against children in Kenya.	Support	Lead
	Increase the capacity of paralegals and community child protection structures on child rights, violence against children and its legal implications using a tailor-made training manual.	Lead	Support
	Disseminate laws and policies addressing violence against children to duty bearers at the national, county and sub-county levels.	Lead	Support
	Sensitize the community on laws and policies addressing violence against children through organized community forums, online platforms, local vernacular radio stations and Television.	Lead	Support
Develop child friendly and popular versions of laws and polices addressing violence against children.	Lead	Support	

STRATEGIC AREA	ACTIONS	DEPARTMENT OF CHILDREN SERVICES	NATIONAL COUNCIL FOR CHILDREN SERVICES
 Family Support – Parenting Skills and Economic Strengthening	Develop a strategy on positive parenting programmes.	Support	Support
	Implement evidence-based parenting programmes and family support that aims to foster parent-child relationships.	Support	-
	Review and disseminate the 'Good Practice in Child Care: A manual for children Caregivers (2011) to enhance parent-child relationships.	Support	Lead
	Finalize and disseminate the National Family Promotion and Protection Policy.	Support	-
	Finalize and enact the Family Promotion and Protection Bill (2019).	Support	-
	Review and disseminate the National Social Protection Policy 2011.	Support	-
	Finalize and disseminate the Street Families Rehabilitation Policy.	Support	-
	Develop the capacities of social workforce on implementation of positive parenting and economic empowerment and link families to services.	-	Support
	Implement Cash Transfer programmes i.e. Orphans and Vulnerable Children-Cash Transfer, Older Persons Cash Transfer, Persons With Severe Disabilities- Cash Transfer and Hunger Safety Net Programme.	Support	-
 Education and Life Skills	Increase the capacities of teachers on prevention, identification and response to violence against children. These include codes of conduct for teachers, alternative positive disciplinary practices using the positive discipline manual, child safety against violent extremism and drug abuse, case management cycles and other relevant standard operating procedures for cases of violence against children.	Support	-
	Sensitize education stakeholders including boards of management and non-teaching staff (security personnel, administrative support, matrons, cooks, etc.) on prevention, identification and response to violence against children, and alternative forms of discipline.	Support	-
	Disseminate child protection guidelines, policies and national plans of action on violence against children to teachers through various education-related advocacy fora (e.g., the head teachers' association conference, the Kenya national union of teachers' conference).	Support	-
	Finalize and disseminate the standard operating procedures on school-related gender-based violence to teachers and other stakeholders.	Support	-
	Support the presentation of themes on violence against children during co-curriculum activities in early learning and basic education e.g. drama, music festivals, sports and clubs to increase awareness on violence against children.	Support	-
	Facilitate peer to peer dialogues on violence against children through existing child clubs.	Support	-
	Convene children assemblies in all counties to sensitize learners in an age-appropriate way on the existing child protection policies, guidelines and measures for prevention, identification and response to violence against children, including relevant sections of the code of conduct for teachers.	Lead	-
	Strengthen life skills education and training in statutory and non-statutory children's institutions.	Lead	-
	Increase children's knowledge on investment and entrepreneurship by providing platforms for interacting with and learning from the business community for self-sufficiency.	Support	-
	Include prevention and response to violence in the learning and teaching of life skills.	Support	-

STRATEGIC AREA	ACTIONS	DEPARTMENT OF CHILDREN SERVICES	NATIONAL COUNCIL FOR CHILDREN SERVICES
 <p>Community Interventions Addressing Norms and Values</p>	Sensitize community members on the negative impacts of violence against children, domestic violence, violence in the community as well as alternative positive and peaceful methods to managing behaviours.	Lead	-
	Identify and engage positive role models (community gatekeepers, religious leaders, men and boys) / and reformed deviants within various communities to act as change agents and champions to change negative norms and values and harmful practices.	Lead	-
	Facilitate community and inter-generational dialogues on violence against children, domestic violence and negative gender and social norms, as well as alternative positive and protective ways to address violence, through community gatherings, such as chief barazas, community policing and nyumba kumi, forums, self-help groups.	Lead	-
	Implement the Guidelines on Alternative Rites of Passage (July 2018), Community Dialogue and Intergenerational Dialogues (June 2018).	Support	-
	Empower girls and boys with information on the dangers of female genital mutilation and child marriage through life skills and alternative rites of passage.	Support	-
	Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children.	Lead	-
	Hold dialogues with boys and girls of different age groups to gain their perspectives and ensure their perspectives are taken into consideration in community efforts to address violence against children.	Lead	-




STRATEGIC AREA	ACTIONS	DEPARTMENT OF CHILDREN SERVICES	NATIONAL COUNCIL FOR CHILDREN SERVICES
 Response and Support Services	Roll out the Juvenile Justice Information Management System, an information management system for tracking juvenile cases from entry to logical conclusion.	Support	Support
	Increase the capacity of child justice actors to offer quality, comprehensive and child-friendly protection and response services to child survivors and child perpetrators of violence based on existing guidelines and training curricula (e.g. the Child Care and Protection Officers Training, Through care Guidelines (2013), Guidelines Manual on Juvenile Justice Best Practices (2016).	Lead	Support
	Increase the capacity of the Directorate of Criminal Investigations to identify and investigate medical personnel (e.g., doctors, clinical officers and nurses) who perform female genital mutilation on children.	Support	-
	Disseminate the Office of the Director of Public Prosecutions Diversion Policy (2019), and Diversion Guidelines (2019) to law enforcement agencies and the community to enhance diversion programmes for children in conflict with the law.	Support	-
	Increase the capacities of police officers and local administration officers to respond appropriately to cases of violence against children with a view of stopping recurrence in their areas of jurisdiction.	Support	-
	Increase the capacities of community policing committees to identify, prevent and respond to violence against children.	Support	-
	Increase the capacities of health care providers to manage child survivors of violence (identification, specimen collection and preservation diagnosis, treatment, case management, referrals, documentation and reporting).	Support	-
	Develop the capacities of community health volunteers, child protection volunteers and community health extension workers on prevention, early identification and referral of cases of violence against children.	Support	-
	Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.	Support	-
	Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.	Lead	Support
	Expand functional child protection centres to cover five regions.	Support	-
	Establish one-stop gender-based violence recovery centres.	Support	-
	Finalize and disseminate the Guidelines on Case Management and Referral for Child Protection in Kenya (2019).	Lead	Support
	Create awareness on alternative forms of family care for children at risk and child survivors of violence.	Lead	-
	Map out and re-evaluate the existing day care centres and children's homes to ascertain their standards of care and protection for the children under their care.	Lead	-
	Build capacity of the management and staff of day care centres on identification, prevention and response to violence against children.	Lead	-
	Sensitize existing charitable institutions on the National Standards for Best Practices in Charitable Children Institutions (2013).	Lead	Support
	Conduct a national awareness campaign on violence against children to disseminate key messages on violence to the public (children and adults) through print and electronic and social media.	Lead	Support
Develop the capacities of the professional and para-professional child protection workforce using their specialized technical package.	Lead	-	

STRATEGIC AREA	ACTIONS	DEPARTMENT OF CHILDREN SERVICES	NATIONAL COUNCIL FOR CHILDREN SERVICES
 Response and Support Services (continued)	Convene forums to strengthen linkages between gender-based violence and child protection service providers.	Lead	Support
	Strengthen multi-sectoral coordination for service provision for child survivors of violence at the county and sub-county levels (e.g., mapping of service providers, development of service directories and referral mechanism and evidence collection).	Lead	Support
	Disseminate the 'Child Protection in Emergencies: Operational Guideline for Child Protection Practitioners in Kenya' to ensure prevention and response to violence against children in humanitarian situations.	Lead	Support
	Raise awareness among children, parents, caregivers and communities on the services available to address various forms of violence and relevant reporting mechanisms (the Child Helpline 116, the Gender-Based Violence Hotline 1195, the National Police Service emergency numbers 999 and 112 and the ONE2ONE Hotline 1190).	Lead	-
	Develop the capacities of helpline service providers to provide confidential counselling and appropriate referrals.	Lead	-
 Coordination	Strengthen the capacities of area advisory councils to coordinate the implementation of the National Prevention and Response Plan.	Support	Lead
	Develop a multi-agency integrated database that captures children's services on prevention and response to child protection issues including violence against children.	Support	Lead
	Develop and maintain a functional accreditation system for the regulation of child protection non-state actors.	Support	Lead
	Upgrade and revise the National Directory for Children's Service Providers in the field of child protection to an online platform.	Support	Lead
	Establish mechanisms that link children voices in various platforms to the executive and legislature decision making levels at the county and national levels.	Support	Lead
	Develop an advocacy and communication strategy on violence against children.	Lead	-
	Develop information, education and communication materials for different audiences in society in different formats to change their attitudes towards and perceptions of violence against children using the communication for development approach.	Lead	Support
	Disseminate key messages on violence against children through various settings and channels (e.g., awareness campaigns, marking international days and other relevant fora).	Lead	Support
	Increase the capacities of journalists, media personnel and practitioners to report on violence against children.	Lead	Support
	Develop data collection tools for monitoring and reporting of violence against children and build consensus on their utilization and frequency of reporting.	Support	Lead
	Conduct biannual meetings on violence against children with multi-sectoral stakeholders to discuss the trends and emerging issues.	Support	Lead
	Hold annual review meetings of the Inter-Ministerial Steering Committee on violence against children.	Support	Lead
	Advocate with the National Treasury for allocation using the budget costed plan.	Lead	Support
Leverage available resources for effective implementation of the plan by identifying and mobilizing resources.	Lead	Support	

1.3 DEPARTMENT OF SOCIAL DEVELOPMENT

1.4 SOCIAL ASSISTANCE UNIT

1.5 SOCIAL PROTECTION SECRETARIAT



STRATEGIC AREA	ACTIONS	DEPARTMENT OF SOCIAL DEVELOPMENT	SOCIAL ASSISTANCE UNIT	SOCIAL PROTECTION SECRETARIAT
 Family Support – Parenting Skills and Economic Strengthening	Develop a strategy on positive parenting programmes.	Lead	-	-
	Implement evidence-based parenting programmes and family support that aims to foster parent-child relationships.	Lead	-	-
	Review and disseminate the 'Good Practice in Child Care: A manual for children Caregivers (2011) to enhance parent-child relationships.	Support	-	-
	Finalize and disseminate the National Family Promotion and Protection Policy.	Lead	-	-
	Finalize and enact the Family Promotion and Protection Bill (2019).	Lead	-	-
	Review and disseminate the National Social Protection Policy 2011.	Support	-	Lead
	Finalize and disseminate the Street Families Rehabilitation Policy.	Support	-	-
	Develop the capacities of social workforce on implementation of positive parenting and economic empowerment and link families to services.	Lead	-	-
	Implement Cash Transfer programmes i.e. Orphans and Vulnerable Children-Cash Transfer, Older Persons Cash Transfer, Persons With Severe Disabilities- Cash Transfer and Hunger Safety Net Programme.	Support	-	-
	Provide economic plus programmes e.g. the Biashara Fund, ⁴⁹ the Women Enterprise Fund, the Youth Enterprise Fund, the National Government Affirmative Action Fund, savings and credit cooperatives and Chamas.	Support	Lead	-
	Review existing manuals or curriculums utilized to provide financial training for economic plus programmes to integrate gender equality and violence prevention.	Support	-	-
Sensitize Cash Transfer beneficiaries to register groups and link them to existing funds and microfinance options.	Lead	-	-	
 Education and Life Skills	Increase children's knowledge on investment and entrepreneurship by providing platforms for interacting with and learning from the business community for self-sufficiency.	Support	-	-
	Include prevention and response to violence in the learning and teaching of life skills.	Support	-	-
 Response and Support Services	Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.	Lead	-	-

⁴⁹ Section 24, (4) of the Public Finance Management Act 2012, Draft Public Finance Management (Biashara Kenya Fund) Regulations, 2018, Treasury – merger of the Women's Enterprise Fund and Youth Enterprise Fund.



1.6 STATE DEPARTMENT FOR GENDER



1.7 NATIONAL GENDER AND EQUALITY COMMISSION

1.8 ANTI-FEMALE GENITAL MUTILATION BOARD

STRATEGIC AREA	ACTIONS	STATE DEPARTMENT FOR GENDER	NATIONAL GENDER AND EQUALITY COMMISSION	ANTI-FEMALE GENITAL MUTILATION BOARD
 Laws and Policies	Finalize and facilitate the enactment of the Children Bill 2018 including the development of rules and regulations.	-	Support	-
	Review the Sexual Offences Act 2006 to address discrimination of minors based on gender.	Support	Support	-
	Amend the Prohibition of the Female Genital Mutilation Act on medicalization of FGM.	Support	Support	Lead
	Develop county specific costed action plans to end FGM in line with the Prohibition of FGM Act.	Support	-	Lead
	Review the Counter Trafficking Act to align it with the Constitution and accommodate emerging issues.	Support	-	-
	Establish a central online accessible repository of laws and policies that address child protection issues and violence against children in Kenya.	-	Support	-
	Increase the capacity of paralegals and community child protection structures on child rights, violence against children and its legal implications using a tailor-made training manual.	-	Support	-
	Disseminate laws and policies addressing violence against children to duty bearers at the national, county and sub-county levels.	-	-	Support
 Family Support – Parenting Skills and Economic Strengthening	Develop a strategy on positive parenting programmes.	Support	-	-
	Implement evidence-based parenting programmes and family support that aims to foster parent-child relationships.	Support	-	-
	Implement evidence-based parenting programmes and family support that aims to foster parent-child relationships.	-	Support	-
	Finalize and enact the Family Promotion and Protection Bill (2019).	Support	Support	-
	Review and disseminate the National Social Protection Policy 2011.	Support	Support	-
	Finalize and disseminate the Street Families Rehabilitation Policy.	Lead	-	-
	Provide economic plus programmes e.g. the Biashara Fund, ⁵⁰ the Women Enterprise Fund, the Youth Enterprise Fund, the National Government Affirmative Action Fund, savings and credit cooperatives and Chamas.	Lead	-	-
	Review existing manuals or curriculums utilized to provide financial training for economic plus programmes to integrate gender equality and violence prevention.	Support	-	-
Sensitize Cash Transfer beneficiaries to register groups and link them to existing funds and microfinance options.	-	-	-	

⁵⁰ Section 24, (4) of the Public Finance Management Act 2012, Draft Public Finance Management (Biashara Kenya Fund) Regulations, 2018, Treasury – merger of the Women's Enterprise Fund and Youth Enterprise Fund.

STRATEGIC AREA	ACTIONS	STATE DEPARTMENT FOR GENDER	NATIONAL GENDER AND EQUALITY COMMISSION	ANTI-FEMALE GENITAL MUTILATION BOARD
 Education and Life Skills	Strengthen reporting and referral mechanisms for all forms of violence against children in schools using child-friendly mechanisms such as suggestion boxes, referral directories and standardized referral forms.	Support	Support	-
	Disseminate child protection guidelines, policies and national plans of action on violence against children to teachers through various education-related advocacy fora (e.g., the head teachers' association conference, the Kenya national union of teachers' conference).	Support	Support	-
	Finalize and disseminate the standard operating procedures on school-related gender-based violence to teachers and other stakeholders.	Support	-	-
 Community Interventions Addressing Norms and Values	Sensitize community members on the negative impacts of violence against children, domestic violence, violence in the community as well as alternative positive and peaceful methods to managing behaviours.	Support	-	Support
	Identify and engage positive role models (community gatekeepers, religious leaders, men and boys) / and reformed deviants within various communities to act as change agents and champions to change negative norms and values and harmful practices.	Support	-	Support
	Facilitate community and inter-generational dialogues on violence against children, domestic violence and negative gender and social norms, as well as alternative positive and protective ways to address violence, through community gatherings, such as chief barazas, community policing and nyumba kumi, forums, self-help groups.	Support	-	Support
	Implement the Guidelines on Alternative Rites of Passage (July 2018), Community Dialogue and Intergenerational Dialogues (June 2018).	Support	-	Lead
	Empower girls and boys with information on the dangers of female genital mutilation and child marriage through life skills and alternative rites of passage.	Lead	-	Support
	Create awareness on emerging issues on FGM e.g. medicalisation, cross border FGM, secrecy, and lowering the age of cutting.	-	Support	Lead
	Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children.	-	Support	Support
	Hold dialogues with boys and girls of different age groups to gain their perspectives and ensure their perspectives are taken into consideration in community efforts to address violence against children.	-	-	Support

STRATEGIC AREA	ACTIONS	STATE DEPARTMENT FOR GENDER	NATIONAL GENDER AND EQUALITY COMMISSION	ANTI-FEMALE GENITAL MUTILATION BOARD
 Response and Support Services	Establish one-stop gender-based violence recovery centres.	Lead	-	-
	Convene forums to strengthen linkages between gender-based violence and child protection service providers.	Support	-	-
	Raise awareness among children, parents, caregivers and communities on the services available to address various forms of violence and relevant reporting mechanisms (the Child Helpline 116, the Gender-Based Violence Hotline 1195, the National Police Service emergency numbers 999 and 112 and the ONE2ONE Hotline 1190).	Support	-	-
	Develop the capacities of helpline service providers to provide confidential counselling and appropriate referrals.	Support	-	-
 Coordination	Strengthen the capacities of area advisory councils to coordinate the implementation of the National Prevention and Response Plan.	Support	-	-
	Develop a multi-agency integrated database that captures children's services on prevention and response to child protection issues including violence against children.	Support	Support	Support
	Upgrade and revise the National Directory for Children's Service Providers in the field of child protection to an online platform.	Support	-	-
	Establish mechanisms that link children voices in various platforms to the executive and legislature decision making levels at the county and national levels.	-	Support	-
	Hold annual review meetings of the Inter-Ministerial Steering Committee on violence against children.	Support	-	-
	Advocate with the National Treasury for allocation using the budget costed plan.	Support	-	-
	Leverage available resources for effective implementation of the plan by identifying and mobilizing resources.	Support	-	-

2. GOVERNANCE, JUSTICE, LAW AND ORDER SECTOR

2.1 NATIONAL POLICE SERVICE


2.2 KENYA PRISONS SERVICE




2.3 PROBATION AND AFTERCARE SERVICES



2.4 JUDICIARY


2.5 OFFICE OF DIRECTOR OF PUBLIC PERSECUTIONS



2.6 OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF JUSTICE

STRATEGIC AREA	ACTIONS	NATIONAL POLICE SERVICE	KENYA PRISONS SERVICE	PROBATION AND AFTERCARE SERVICES	JUDICIARY	OFFICE OF DIRECTOR OF PUBLIC PERSECUTIONS	OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF JUSTICE
 Laws and Policies	Finalize and facilitate the enactment of the Children Bill 2018 including the development of rules and regulations.	Support	Support	Support	Support	Support	Support
	Review the Sexual Offenses Act 2006 to address discrimination of minors based on gender.	Support	Support	Support	Support	Support	Lead
	Amend the Prohibition of the Female Genital Mutilation Act on medicalization of FGM.	Support	Support	Support	Support	Support	-
	Develop a National Child Protection and Safeguarding Policy.	Support	-	-	-	Support	-
	Develop the National Plan of Action on Child Online Protection.	Support	-	-	-	Support	Support
	Review the National Children Policy 2010.	Support	-	-	-	-	-
	Amend the Prohibition of the Female Genital Mutilation Act on medicalization of FGM.	Support	-	Support	-	-	-
	Develop county specific costed action plans to end FGM in line with the Prohibition of FGM Act.	Support	-	-	-	Support	-
	Review the Counter Trafficking Act to align it with the Constitution and accommodate emerging issues.	Support	-	-	Support	Support	Support
	Establish a central online accessible repository of laws and policies that address child protection issues and violence against children in Kenya.	Support	Support	Support	Support	Support	-
	Increase the capacity of paralegals and community child protection structures on child rights, violence against children and its legal implications using a tailor-made training manual.	Support	Support	Support	-	Support	-
Disseminate laws and policies addressing violence against children to duty bearers at the national, county and sub-county levels.	Support	-	-	Support	Support	Support	

STRATEGIC AREA	ACTIONS	NATIONAL POLICE SERVICE	KENYA PRISONS SERVICE	PROBATION AND AFTERCARE SERVICES	JUDICIARY	OFFICE OF DIRECTOR OF PUBLIC PERSECUTIONS	OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF JUSTICE
 Laws and Policies (continued)	Sensitize the community on laws and policies addressing violence against children through organized community forums, online platforms, local vernacular radio stations and Television.	-	-	Support	Support	Support	Support
	Develop child friendly and popular versions of laws and polices addressing violence against children.	-	-	Support	Support	Support	Support
 Family Support – Parenting Skills and Economic Strengthening	Review and disseminate the ‘Good Practice in Child Care: A manual for children Caregivers (2011) to enhance parent-child relationships.	Support	-	-	Support	Support	Support
	Finalize and disseminate the National Family Promotion and Protection Policy.	-	-	-	-	-	Support
	Finalize and enact the Family Promotion and Protection Bill (2019).	Support	-	Support	-	Support	-
	Review and disseminate the National Social Protection Policy 2011.	-	-	-	-	-	Support
	Finalize and disseminate the Street Families Rehabilitation Policy.	-	-	-	-	-	Support
	Develop the capacities of social workforce on implementation of positive parenting and economic empowerment and link families to services.	-	-	-	Support	-	-
 Education and Life Skills	Strengthen reporting and referral mechanisms for all forms of violence against children in schools using child-friendly mechanisms such as suggestion boxes, referral directories and standardized referral forms.	Support	-	Support	Support	Support	-
	Increase the capacities of teachers on prevention, identification and response to violence against children. These include codes of conduct for teachers, alternative positive disciplinary practices using the positive discipline manual, child safety against violent extremism and drug abuse, case management cycles and other relevant standard operating procedures for cases of violence against children.	Support	-	-	-	-	-
	Strengthen life skills education and training in statutory and non-statutory children’s institutions.	-	Lead	Lead	-	-	-

STRATEGIC AREA	ACTIONS	NATIONAL POLICE SERVICE	KENYA PRISONS SERVICE	PROBATION AND AFTERCARE SERVICES	JUDICIARY	OFFICE OF DIRECTOR OF PUBLIC PERSECUTIONS	OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF JUSTICE
 Community Interventions Addressing Norms and Values	Sensitize community members on the negative impacts of violence against children, domestic violence, violence in the community as well as alternative positive and peaceful methods to managing behaviours.	Support	-	-	-	-	-
	Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children.	Support	-	-	-	-	-
	Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children.	Support	-	-	-	-	-
 Response and Support Services	Roll out the Juvenile Justice Information Management System, an information management system for tracking juvenile cases from entry to logical conclusion.	Support	Support	Support	Lead	Support	Support
	Increase the capacity of child justice actors to offer quality, comprehensive and child-friendly protection and response services to child survivors and child perpetrators of violence based on existing guidelines and training curricula (e.g. the Child Care and Protection Officers Training, Through care Guidelines (2013), Guidelines Manual on Juvenile Justice Best Practices (2016).	Support	Support	Support	Support	Support	-
	Increase the capacity of the Directorate of Criminal Investigations to identify and investigate medical personnel (e.g., doctors, clinical officers and nurses) who perform female genital mutilation on children.	Lead	-	-	Support	-	-
	Disseminate the Office of the Director of Public Prosecutions Diversion Policy (2019), and Diversion Guidelines (2019) to law enforcement agencies and the community to enhance diversion programmes for children in conflict with the law.	Support	Support	Support	-	Lead	-
	Increase the capacities of police officers and local administration officers to respond appropriately to cases of violence against children with a view of stopping recurrence in their areas of jurisdiction.	Lead	-	-	Support	Support	-
	Increase the capacities of community policing committees to identify, prevent and respond to violence against children.	Lead	-	-	-	Support	-





STRATEGIC AREA	ACTIONS	NATIONAL POLICE SERVICE	KENYA PRISONS SERVICE	PROBATION AND AFTERCARE SERVICES	JUDICIARY	OFFICE OF DIRECTOR OF PUBLIC PERSECUTIONS	OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF JUSTICE
 Response and Support Services (continued)	Increase the capacities of health care providers to manage child survivors of violence (identification, specimen collection and preservation diagnosis, treatment, case management, referrals, documentation and reporting).	Support	-	-	-	-	-
	Develop the capacities of community health volunteers, child protection volunteers and community health extension workers on prevention, early identification and referral of cases of violence against children.	Support	-	-	-	-	-
	Disseminate National Standard Operating Procedures for the Management of Sexual Violence against Children (2018).	Support	-	-	Support	Support	-
	Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.	Support	-	Support	Support	Support	-
	Expand functional child protection centres to cover five regions.	Support	-	-	Support	Support	Support
	Establish one-stop gender-based violence recovery centres.	Support	-	-	Support	Support	-
	Finalize and disseminate the Guidelines on Case Management and Referral for Child Protection in Kenya (2019).	Support	-	-	Support	-	-
	Create awareness on alternative forms of family care for children at risk and child survivors of violence.	Support	-	-	Support	Support	-
	Sensitize existing charitable institutions on the National Standards for Best Practices in Charitable Children Institutions (2013).	Support	-	-	-	-	-
	Conduct a national awareness campaign on violence against children to disseminate key messages on violence to the public (children and adults) through print and electronic and social media.	Support	-	-	-	Support	-
	Convene forums to strengthen linkages between gender-based violence and child protection service providers.	Support	-	-	Support	Support	-
	Strengthen multi-sectoral coordination for service provision for child survivors of violence at the county and sub-county levels (e.g., mapping of service providers, development of service directories and referral mechanism and evidence collection).	Support	-	-	Support	Support	-


STRATEGIC AREA	ACTIONS	NATIONAL POLICE SERVICE	KENYA PRISONS SERVICE	PROBATION AND AFTERCARE SERVICES	JUDICIARY	OFFICE OF DIRECTOR OF PUBLIC PERSECUTIONS	OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF JUSTICE
 Response and Support Services (continued)	Disseminate the 'Child Protection in Emergencies: Operational Guideline for Child Protection Practitioners in Kenya' to ensure prevention and response to violence against children in humanitarian situations.	Support	-	-	-	-	-
	Raise awareness among children, parents, caregivers and communities on the services available to address various forms of violence and relevant reporting mechanisms (the Child Helpline 116, the Gender-Based Violence Hotline 1195, the National Police Service emergency numbers 999 and 112 and the ONE2ONE Hotline 1190).	Support	-	-	-	-	-
	Develop the capacities of helpline service providers to provide confidential counselling and appropriate referrals.	Support	-	-	-	-	-
 Coordination	Strengthen the capacities of area advisory councils to coordinate the implementation of the National Prevention and Response Plan.	Support	-	-	Support	-	-
	Develop a multi-agency integrated database that captures children's services on prevention and response to child protection issues including violence against children.	Support	-	-	Support	-	-
	Develop and maintain a functional accreditation system for the regulation of child protection non-state actors.	Support	-	-	-	-	-
	Upgrade and revise the National Directory for Children's Service Providers in the field of child protection to an online platform.	Support	-	-	Support	-	-
	Hold annual review meetings of the Inter-Ministerial Steering Committee on violence against children.	Support	-	-	Support	-	-


3. HEALTH SECTOR

3.1 MINISTRY OF HEALTH (DIVISION OF REPRODUCTIVE HEALTH)

3.2 COUNTY GOVERNMENTS

STRATEGIC AREA	ACTIONS	MINISTRY OF HEALTH (DRH)	COUNTY GOVERNMENTS
 Laws and Policies	Finalize and facilitate the enactment of the Children Bill 2018 including the development of rules and regulations.	Support	-
	Develop a National Child Protection and Safeguarding Policy.	Support	-
	Review the National Children Policy 2010.	Support	-
	Disseminate laws and policies addressing violence against children to duty bearers at the national, county and sub-county levels.	Support	Support
 Family Support – Parenting Skills and Economic Strengthening	Implement evidence-based parenting programmes and family support that aims to foster parent-child relationships.	Support (NASCOP)	Support
	Review and disseminate the 'Good Practice in Child Care: A manual for children Caregivers (2011) to enhance parent-child relationships.	Support	-
	Develop the capacities of social workforce on implementation of positive parenting and economic empowerment and link families to services.	Support	Support
 Education and Life Skills	Strengthen reporting and referral mechanisms for all forms of violence against children in schools using child-friendly mechanisms such as suggestion boxes, referral directories and standardized referral forms.	Support	Support
	Increase the capacities of teachers on prevention, identification and response to violence against children. These include codes of conduct for teachers, alternative positive disciplinary practices using the positive discipline manual, child safety against violent extremism and drug abuse, case management cycles and other relevant standard operating procedures for cases of violence against children.	Support	Support
	Sensitize education stakeholders including boards of management and non-teaching staff (security personnel, administrative support, matrons, cooks, etc.) on prevention, identification and response to violence against children, and alternative forms of discipline.	Support	Support
	Establish a programme on revolving volunteer counsellors that visit multiple schools to provide counselling to learners and the entire school community.	Support	Support
	Create safe and inclusive spaces and amenities within schools to offer therapy, support and a place of refuge for learners by adhering to the School Safety Standards Manual and Child Friendly School Manual.	Support	Support
	Finalize and disseminate the standard operating procedures on school-related gender-based violence to teachers and other stakeholders.	Support	-
 Community Interventions Addressing Norms and Values	Sensitize community members on the negative impacts of violence against children, domestic violence, violence in the community as well as alternative positive and peaceful methods to managing behaviours.	Support	Support
	Create awareness on emerging issues on FGM e.g. medicalisation, cross border FGM, secrecy, and lowering the age of cutting.	Support	Support
	Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children.	Support	Support

STRATEGIC AREA	ACTIONS	MINISTRY OF HEALTH (DRH)	COUNTY GOVERNMENTS
 Response and Support Services	Increase the capacity of the Directorate of Criminal Investigations to identify and investigate medical personnel (e.g., doctors, clinical officers and nurses) who perform female genital mutilation on children.	Support	-
	Increase the capacities of health care providers to manage child survivors of violence (identification, specimen collection and preservation diagnosis, treatment, case management, referrals, documentation and reporting).	Lead	Support
	Develop the capacities of community health volunteers, child protection volunteers and community health extension workers on prevention, early identification and referral of cases of violence against children.	Lead	Support
	Disseminate National Standard Operating Procedures for the Management of Sexual Violence against Children (2018).	Lead	Support
	Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.	Support	Lead
	Expand functional child protection centres to cover five regions.	Support	-
	Establish one-stop gender-based violence recovery centres.	Support	-
	Finalize and disseminate the Guidelines on Case Management and Referral for Child Protection in Kenya (2019).	Support	-
	Map out and re-evaluate the existing day care centres and children's homes to ascertain their standards of care and protection for the children under their care.	Support	Support
	Build capacity of the management and staff of day care centres on identification, prevention and response to violence against children.	Support	Support
	Convene forums to strengthen linkages between gender-based violence and child protection service providers.	Support	-
	Raise awareness among children, parents, caregivers and communities on the services available to address various forms of violence and relevant reporting mechanisms (the Child Helpline 116, the Gender-Based Violence Hotline 1195, the National Police Service emergency numbers 999 and 112 and the ONE2ONE Hotline 1190).	Support	Support
	Develop the capacities of helpline service providers to provide confidential counselling and appropriate referrals.	Support	Support



STRATEGIC AREA	ACTIONS	MINISTRY OF HEALTH (DRH)	COUNTY GOVERNMENTS
 Coordination	Strengthen the capacities of area advisory councils to coordinate the implementation of the National Prevention and Response Plan.	Support	Support
	Develop a multi-agency integrated database that captures children's services on prevention and response to child protection issues including violence against children.	Support	Support
	Develop and maintain a functional accreditation system for the regulation of child protection non-state actors.	Support	-
	Upgrade and revise the National Directory for Children's Service Providers in the field of child protection to an online platform.	Support	-
	Develop information, education and communication materials for different audiences in society in different formats to change their attitudes towards and perceptions of violence against children using the communication for development approach.	Support	-
	Disseminate key messages on violence against children through various settings and channels (e.g., awareness campaigns, marking international days and other relevant fora).	Support	Support
	Advocate with the National Treasury for allocation using the budget costed plan.	Support	-
	Leverage available resources for effective implementation of the plan by identifying and mobilizing resources.	Support	-


4. EDUCATION SECTOR



4.1 MINISTRY OF EDUCATION – STATE DEPARTMENT FOR BASIC EDUCATION


4.2 TEACHER’S SERVICE COMMISSION

4.3 COUNTY GOVERNMENTS

STRATEGIC AREA	ACTIONS	MINISTRY OF EDUCATION - STATE DEPARTMENT FOR BASIC EDUCATION	TEACHER'S SERVICE COMMISSION	COUNTY GOVERNMENTS
 Laws and Policies	Finalize and facilitate the enactment of the Children Bill 2018 including the development of rules and regulations.	Support	-	-
	Develop a National Child Protection and Safeguarding Policy.	Support	-	-
	Develop the National Plan of Action on Child Online Protection.	Support	-	-
	Review the National Children Policy 2010.	Support	-	-
	Amend the Prohibition of the Female Genital Mutilation Act on medicalization of FGM.	Support	-	Support
	Develop county specific costed action plans to end FGM in line with the Prohibition of FGM Act.	Support	-	Support
	Review the Counter Trafficking Act to align it with the Constitution and accommodate emerging issues.	Support	-	-
	Increase the capacity of paralegals and community child protection structures on child rights, violence against children and its legal implications using a tailor-made training manual.	Support	-	-
	Disseminate laws and policies addressing violence against children to duty bearers at the national, county and sub-county levels.	Support	-	Support
	Develop child friendly and popular versions of laws and policies addressing violence against children.	Support	-	-
 Family Support – Parenting Skills and Economic Strengthening	Review and disseminate the ‘Good Practice in Child Care: A manual for children Caregivers (2011) to enhance parent-child relationships.	Support	-	-
	Finalize and enact the Family Promotion and Protection Bill (2019).	Support	-	Support
	Review and disseminate the National Social Protection Policy 2011.	Support	-	Support
	Finalize and disseminate the Street Families Rehabilitation Policy.	-	-	Support
	Develop the capacities of social workforce on implementation of positive parenting and economic empowerment and link families to services.	Support	-	-


STRATEGIC AREA	ACTIONS	MINISTRY OF EDUCATION - STATE DEPARTMENT FOR BASIC EDUCATION	TEACHER'S SERVICE COMMISSION	COUNTY GOVERNMENTS
 Education and Life Skills	Strengthen reporting and referral mechanisms for all forms of violence against children in schools using child-friendly mechanisms such as suggestion boxes, referral directories and standardized referral forms.	Lead	Support	Support
	Increase the capacities of teachers on prevention, identification and response to violence against children. These include codes of conduct for teachers, alternative positive disciplinary practices using the positive discipline manual, child safety against violent extremism and drug abuse, case management cycles and other relevant standard operating procedures for cases of violence against children.	Support	Lead	Support
	Sensitize education stakeholders including boards of management and non-teaching staff (security personnel, administrative support, matrons, cooks, etc.) on prevention, identification and response to violence against children, and alternative forms of discipline.	Lead	Support	Lead
	Disseminate child protection guidelines, policies and national plans of action on violence against children to teachers through various education-related advocacy fora (e.g., the head teachers' association conference, the Kenya national union of teachers' conference).	Lead	Support	-
	Launch, disseminate and enforce implementation of school re-entry guidelines which addresses all forms of violence.	Lead	Support	-
	Establish a programme on revolving volunteer counsellors that visit multiple schools to provide counselling to learners and the entire school community.	Lead	Support	Lead
	Create safe and inclusive spaces and amenities within schools to offer therapy, support and a place of refuge for learners by adhering to the School Safety Standards Manual and Child Friendly School Manual.	Lead	Support	Lead
	Finalize and disseminate the standard operating procedures on school-related gender-based violence to teachers and other stakeholders.	Support	Lead	Support
	Support the presentation of themes on violence against children during co-curriculum activities in early learning and basic education e.g. drama, music festivals, sports and clubs to increase awareness on violence against children.	Lead	Support	Lead
	Facilitate peer to peer dialogues on violence against children through existing child clubs.	Lead	Support	Lead
	Convene children assemblies in all counties to sensitize learners in an age-appropriate way on the existing child protection policies, guidelines and measures for prevention, identification and response to violence against children, including relevant sections of the code of conduct for teachers.	Support	-	Support
	Strengthen life skills education and training in statutory and non-statutory children's institutions.	Support	-	-
	Increase children's knowledge on investment and entrepreneurship by providing platforms for interacting with and learning from the business community for self-sufficiency.	Lead	-	Lead
Include prevention and response to violence in the learning and teaching of life skills.	Lead	-	Lead	

STRATEGIC AREA	ACTIONS	MINISTRY OF EDUCATION - STATE DEPARTMENT FOR BASIC EDUCATION	TEACHER'S SERVICE COMMISSION	COUNTY GOVERNMENTS
 Community Interventions Addressing Norms and Values	Sensitize community members on the negative impacts of violence against children, domestic violence, violence in the community as well as alternative positive and peaceful methods to managing behaviours.	Support	-	Support
	Identify and engage positive role models (community gatekeepers, religious leaders, men and boys) / and reformed deviants within various communities to act as change agents and champions to change negative norms and values and harmful practices.	-	-	Support
	Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children.	Support	-	Support
	Hold dialogues with boys and girls of different age groups to gain their perspectives and ensure their perspectives are taken into consideration in community efforts to address violence against children.	Support	-	Support
 Response and Support Services	Increase the capacities of health care providers to manage child survivors of violence (identification, specimen collection and preservation diagnosis, treatment, case management, referrals, documentation and reporting).	Support	-	-
	Develop the capacities of community health volunteers, child protection volunteers and community health extension workers on prevention, early identification and referral of cases of violence against children.	Support	-	-
	Disseminate National Standard Operating Procedures for the Management of Sexual Violence against Children (2018).	Support	-	-
	Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.	Support	-	Lead
	Convene forums to strengthen linkages between gender-based violence and child protection service providers.	Support	-	-
	Strengthen multi-sectoral coordination for service provision for child survivors of violence at the county and sub-county levels (e.g., mapping of service providers, development of service directories and referral mechanism and evidence collection).	Support	-	Support
	Disseminate the 'Child Protection in Emergencies: Operational Guideline for Child Protection Practitioners in Kenya' to ensure prevention and response to violence against children in humanitarian situations.	Support	-	Support
	Raise awareness among children, parents, caregivers and communities on the services available to address various forms of violence and relevant reporting mechanisms (the Child Helpline 116, the Gender-Based Violence Hotline 1195, the National Police Service emergency numbers 999 and 112 and the ONE2ONE Hotline 1190).	Support	-	Support
Develop the capacities of helpline service providers to provide confidential counselling and appropriate referrals.	Support	-	Support	

STRATEGIC AREA	ACTIONS	MINISTRY OF EDUCATION - STATE DEPARTMENT FOR BASIC EDUCATION	TEACHER'S SERVICE COMMISSION	COUNTY GOVERNMENTS
 Coordination	Strengthen the capacities of area advisory councils to coordinate the implementation of the National Prevention and Response Plan.	Support	-	Support
	Develop a multi-agency integrated database that captures children's services on prevention and response to child protection issues including violence against children.	Support	-	Support
	Develop and maintain a functional accreditation system for the regulation of child protection non-state actors.	Support	-	-
	Upgrade and revise the National Directory for Children's Service Providers in the field of child protection to an online platform.	Support	-	-
	Establish mechanisms that link children voices in various platforms to the executive and legislature decision making levels at the county and national levels.	Support	-	-
	Develop information, education and communication materials for different audiences in society in different formats to change their attitudes towards and perceptions of violence against children using the communication for development approach.	Support	-	-
	Disseminate key messages on violence against children through various settings and channels (e.g., awareness campaigns, marking international days and other relevant fora).	Support	-	Support
	Hold annual review meetings of the Inter-Ministerial Steering Committee on violence against children.	Support	-	-
	Advocate with the National Treasury for budget allocation using the costed plan.	Support	-	-
	Leverage available resources for effective implementation of the plan by identifying and mobilizing resources.	Support	-	-

5. PUBLIC ADMINISTRATION SECTOR

5.1 NATIONAL TREASURY

STRATEGIC AREA	ACTIONS	NATIONAL TREASURY
 Coordination	Advocate with the National Treasury for budget allocation using the costed plan.	Support
	Leverage available resources for effective implementation of the plan by identifying and mobilizing resources.	Support

ANNEX 5: RESULTS MATRIX

THE NATIONAL PREVENTION AND RESPONSE PLAN ON VIOLENCE AGAINST CHILDREN 2019 – 2023

STRATEGIC AREA 1: LAWS AND POLICIES

OBJECTIVE 1: TO EFFECTIVELY IMPLEMENT LAWS AND POLICIES THAT PROTECT CHILDREN FROM VIOLENCE IN KENYA

OUTCOME

OUTCOME	OUTCOME INDICATOR	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
1.1 Children have increased access and protection through laws and policies	Number of child survivors of violence receiving legal services (Justice/ law enforcement services)	1,263 In 2019	5,000	Child Protection Information Management System (CPIMS)	Department of Children Services (DCS)

OUTPUTS

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
1.1.1 Laws and policies that address violence against children are reviewed and enacted	Number of reviewed and enacted laws that address violence against children	6	9	National Council for Children Services (NCCS)	Anti-FGM Board (AFGMB), Communication Authority, DCS, Judiciary, Ministry of Education (MOE), Ministry of Information and Technology, National Government Administrative Officers (NGAO), State Law Office, Teachers Service Commission (TSC), County Governments, Private Sector, Development Partners (DP), Civil Society Organisations (CSOs), Faith Based Organisations (FBOs)	Enacted, amended and reviewed laws and policies.	DCS, NCCS, National Council for Law Reporting (NCLR), Parliament (National Assembly and the Senate)

Activities

- Finalize and facilitate the enactment of the Children Bill 2018 including the development of rules and regulations.
- Review the Sexual Offences Act 2006 to address discrimination of minors based on gender.
- Amend the Prohibition of the Female Genital Mutilation Act to address medicalization of FGM.
- Develop a National Child Protection and Safeguarding Policy.
- Develop the National Plan of Action on Child Online Protection.
- Review the National Children Policy 2010.
- Develop county specific costed action plans to end FGM in line with the Prohibition of FGM Act.
- Review the Counter Trafficking Act to align it with the Constitution and accommodate emerging issues.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
1.1.2 The public has greater awareness of laws and policies that protect children from violence	An accessible registry or repository of laws and policies and other VAC materials that address child protection issues in Kenya established.	0	1	NCCS	DCS, National Council for Law Reporting (NCLR), DP, CSOs	Established registry or repository	NCCS
	Number of counties where awareness sessions have been carried out to inform the public on laws and policies that protect children from violence	0	47	NCCS	AFGMB, Attorney General (AG), DCS, MOE, NGAO, Office of the Director for Public Prosecutions (ODPP), State Department for Gender (SDG), DP, CSOs, Media Council and Media Owners	Developed Information Education and Communication (IEC) materials	NCCS

Activities

- Establish a central online accessible repository of laws and policies that address child protection issues and violence against children in Kenya.
- Increase the capacity of paralegals and community child protection structures on child rights, violence against children and its legal implications using a tailor-made training manual.
- Disseminate laws and policies addressing violence against children to duty bearers at the national, county and sub-county levels.
- Sensitize the community on laws and policies addressing violence against children through organized community forums and local vernacular radio stations and television.
- Develop child friendly and popular versions of laws and policies addressing violence against children.

STRATEGIC AREA 2: FAMILY SUPPORT – PARENTING SKILLS AND ECONOMIC STRENGTHENING

OBJECTIVE 2: TO PROMOTE POSITIVE PARENTING PRACTICES AND ECONOMIC STRENGTHENING WHICH WILL RESULT IN REDUCED VIOLENCE WITHIN THE FAMILY

OUTCOMES

OUTCOMES	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
2.1 Children have built more positive and supporting parent-child relationships	Percentage of females and males (13 – 17 year olds) who have close relationships with a parent (disaggregated by mother and father)	85.8 % females (with mothers) 59.6% females (with fathers) 88.8 % males (with mothers) 86.7% males (with fathers)	95.8 % females (mothers) 66.5% females (with fathers) 98.8 % males (mothers) 98.8 % males (fathers)	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of females and males (13 – 17 year olds) who experienced positive discipline	31.4 % females 23.1 % males	60 % females 60 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of females and males (13 – 17 year olds) who experienced physical discipline or verbal aggression by parents and caregivers in the past 12 months	48.2 % females 41.7 % males	24.1 % female 20.85 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
2.2 Vulnerable families have greater financial stability	Percentage of households below the national poverty line (Kenya Poverty Index 2019)	36.1%	34.23 % (Reduction by 5% ⁴⁹)	Kenya National Bureau of Statistics (KNBS) database	KNBS with Poverty Indicator Index KNBS Surveys
	Percentage of children (13- 17 year olds) who experience food insecurity	26.4 % females 19.9 % males ⁵⁰	16% females 10% males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Number of beneficiaries receiving cash transfers to Orphans and Vulnerable Children (OVC), Older Persons Cash Transfer (OPCT), Persons with Disabilities (PWD) and Hunger Safety Net Programme (HSNP)	810,000 in 2018 ⁵¹	1,800,000 by 2022 ⁵²	Cash Transfer database	Single Registry, Conditional Cash Transfer (CCT) MIS, Child Protection Information Management System (CPIMS), World Bank

49 As the rate dropped by 10 % in a ten-year period from 2005 to 2015, in five years according to Basic Report on Wellbeing in Kenya 2015/2016 by KNBS, the reduction of 5 % can be reasonably targeted.

50 31% of HHs experienced food insecurity (KDHS) Report for HHs 2014)

51 Government of the Republic of Kenya, Third Medium Term Plan, 2018 – 2022, Transforming Lives: Advancing socio-economic development through the “Big Four”, page 92

52 ibid

OUTPUTS

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
2.1.1 Parents (mothers and fathers) and caregivers have improved access to quality parenting education programmes	Number of mothers, fathers and caregivers reached through parenting programmes	0	15,000	Department of Social Development (DSD)	DCS, SDG, State Department for Social Protection (SDSP), DP, Community Based Organisations (CBOs), CSOs	DSD Registry	Workshop and training reports
2.1.2 Parents (mothers and fathers) and caregivers have improved their understanding on positive parenting practices	Number of mothers, fathers and caregivers who demonstrate knowledge on positive parenting tips	0	TBD	DSD	DCS, SDG, SDSP, DP, CBOs, CSOs,	DSD Registry	Workshop and training reports

Activities

- Develop a strategy on positive parenting programmes.
- Implement evidence-based parenting programmes and family support that aims to foster parent-child relationships.
- Review and disseminate the 'Good Practice in Child Care: A manual for children Caregivers (2011) to enhance parent-child relationships

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
2.1.3 Social service workforce has strengthened capacities to implement positive parenting programme.	Number of social service workforce trained to provide positive parenting programmes	0	To be determined (TBD)	DSD	DCS, SDG, State Department for Social Protection (SDSP), DP, Community Based Organisations (CBOs), CSOs	DSD Registry	Workshop and training reports

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
2.1.4 The National Family Promotion and Protection policy has been finalized and disseminated	The National Family Promotion and Protection bill finalised and disseminated	No	Yes	DSD and Parliament	AG, DCS, DP CSOs	Existence of Family Promotion and Protection Law	Kenya Law Reform Commission
	The National Family Promotion and Protection policy finalised and disseminated	No	Yes	DSD	DCS, DP, CSOs	DSD Registry	DSD and Parliament

Activities

- Finalize and disseminate the National Family Promotion and Protection Policy.⁵³
- Finalize and enact the Family Promotion and Protection Bill (2019)
- Review and disseminate the National Social Protection Policy 2011
- Finalize and disseminate the Street Families Rehabilitation Policy
- Develop the capacities of social workforce on implementation of positive parenting and economic empowerment and link families to services

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
2.2.1 Parents (mothers and fathers) and caregivers have improved access to financial training and existing government funds	Number of parents (disaggregated by mothers and fathers) and caregivers who received financial training	0	300,000	DSD	DCS, Social Assistance Unit (SAU), SDG, SDSP, Social Protection Secretariat (SPS), Financial Institutions, Private Sector, DP, CSOs	Single registry (SPS)	SAU Consolidated Cash Transfer MIS Reports

Activities

- Implement Cash Transfer programmes i. e. Orphans and Vulnerable Children Cash Transfer, Older Persons Cash Transfer, Persons with Severe Disabilities Cash Transfer and Hunger Safety Net Programme.
- Provide economic plus programmes e.g. the Biashara Fund,⁵⁴ the Women Enterprise Fund, the Youth Enterprise Fund, the National Government Affirmative Action Fund, savings and credit cooperatives and Chamas.
- Review existing manuals/curriculums utilized to provide financial training for economic plus programmes to integrate gender equality and violence prevention.
- Sensitize Cash Transfer beneficiaries to register groups and link them to existing funds and microfinance options

53 Ministry of Labour and Social Protection, Draft National Family Promotion and Protection Policy, May 2019.

54 Section 24, (4) of the Public Finance Management Act 2012, Draft Public Finance Management (Biashara Kenya Fund) Regulations, 2018, Treasury – merger of the Women's Enterprise Fund and Youth Enterprise Fund.

STRATEGIC AREA 3: EDUCATION AND LIFE SKILLS

OBJECTIVE 3: PROMOTE AND STRENGTHEN A SAFE, SECURE AND ENABLING SCHOOL ENVIRONMENT AND LIFE-SKILLS TRAINING IN KENYA

OUTCOMES

OUTCOMES	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
3.1 Schools have safer and more enabling environments for children free from violence	Percentage of females and males who agree with the necessity of corporal punishment by teachers 13-17 year olds	60.3 % females 64.6% males	50 % females 50% males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of females and males for whom the perpetrator of first incident of sexual violence in childhood was a classmate or schoolmate 18-24 year olds	18.5 % females 38.9 % unreliable estimate for male	10 % females 10 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
3.2 Children have life skills that protect them from violence	Percentage of female and males who experienced emotional violence by a peer 13-17 year olds in the past 12 months	30.9 % females 31.0% males	25 % females 26% males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of females and males who had a physical fight with a peer 13-17 year olds, in the past 12 months	11.1 % females 20.2 % males	6 % females 13 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)

OUTPUTS

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
3.1.1 Schools have strengthened child friendly reporting and referral mechanisms for all forms of violence against children	Percentage of schools with reporting and referral mechanisms	0	10% ⁵⁵	MOE, County Governments	DCS, Judiciary KPS, MOH NGEK, National Police Service (NPS), ODPP, Probation and Aftercare Services, SDG, TSC, KPSA, DP CSOs	School records	School based surveys

55 3,234 out of 32,344 public primary and secondary schools

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
3.1.2 Teachers and other stakeholders have strengthened capacities to prevent, identify and respond to violence against children	Number of teachers who were trained on prevention, identification and response to violence against children	1,300	8,000 (2,000 per year)	TSC	DCS, MOE NPS, SDG County Governments KPSA, DP, CSOs, Parents' associations	MOE and TSC County and Sub-County offices Teacher Training Colleges (TTC)	School-based surveys School records from MOE TSC records on teachers vetted

Activities

- Finalize and disseminate the standard operating procedure on school-related gender-based violence to teachers and other stakeholders.
- Strengthen reporting and referral mechanisms for all forms of violence against children in schools using child-friendly mechanisms such as suggestion boxes, referral directories and standardized referral forms.
- Increase the capacities of teachers and other stakeholders on prevention, identification and response to violence against children. These include code of conduct for teachers, alternative positive disciplinary practices using the positive discipline manual, child safety against violent extremism and drug abuse, case management cycles and other relevant standard operating procedures for cases of violence against children.
- Sensitize Boards of Management and non-teaching staff (security personnel, administrative support, matrons, cooks, etc.) on prevention, identification and response to violence against children, and alternative forms of discipline.
- Disseminate child protection guidelines, policies and national plans of action on violence against children to teachers through various education related advocacy fora (e.g., The head teachers association conference, Kenya national union of teachers conference)
- Re-admit school drop-outs due to teenage pregnancies by fully enforcing the school re-entry guidelines
- Enhance the capacities of teachers and school nurses/ matrons to provide psychosocial support services to children.
- Establish a programme on revolving volunteer counsellors that visit multiple schools to provide counselling to learners and the entire school community
- Create safe and inclusive spaces within schools to offer therapy, support and a place of refuge for learners by adhering to the School Safety Standards Manual and Child Friendly School Manual.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
3.1.3 Children have increased opportunities to participate in peer to peer dialogue, children assemblies and other forums where children gain knowledge related to protection from violence	Number of counties that convene children assemblies that focus on prevention and response to violence	20	47	DCS	MOE TSC County Governments KPSA DP CSOs	MOE and TSC County and Sub-County offices	School-based surveys School records from MOE

Activities

- Support the presentation of themes on violence against children in co-curriculum activities e.g. drama, music festivals, sports and clubs to increase awareness on violence against children.
- Facilitate peer to peer dialogues on violence against children including online bullying through existing child clubs.
- Convene Children Assemblies in all counties to sensitize learners in an age-appropriate way on the existing child protection policies, guidelines and measures for prevention, identification and response to violence against children, including relevant sections of the code of conduct for teachers.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
3.2.1 Children have greater access to age-appropriate life-skills training and value-based education focusing on violence prevention	Percentage of children who accessed life-skills training and value-based education focusing on violence prevention	0 %	25 %	MOE TSC	DCS, Kenya Institute of Special ducation (KISE), Kenya Prisons Service (KPS) Probation and After care Services Boards of Management (BOMs) Private Sector DP, CSOs	MOE and TSC	School based records
	Percentage of schools with functional life skills programmes which focus on prevention and response to VAC	0 %	25 % (8,086 schools)	MOE TSC	DCS, KISE, KPS Probation and After care Services, BOMs Private Sector DP, CSOs	MOE and TSC	School based records
3.2.2 Stakeholders have improved understanding of the importance of including violence prevention and response in the Life Skills Curriculum and Competency Based Curriculum (CBC)	Number of advocacy forums held with relevant stakeholders to include violence prevention and response in the Life Skill curriculum and CBC curriculum	0	5 (one per year)	MOE TSC	DCS DPs CSOs	School records	Training and workshop reports

Activities

- Strengthen life skills education and training in statutory and non-statutory children’s institutions, such as child offenders in borstal institutions, remand homes, rehabilitation schools, probation hostels and charitable children institutions.
- Increase children’s knowledge on investment and entrepreneurship by providing platforms for interacting with and learning from the business community for self-sufficiency.
- Include prevention and response to violence in the learning and teaching of Life Skills.

STRATEGIC AREA 4: COMMUNITY INTERVENTIONS ADDRESSING NORMS AND VALUES

OBJECTIVE 4: PROMOTE NORMS AND VALUES THAT SUPPORT NON-VIOLENT, NURTURING, RESPECTFUL, POSITIVE AND GENDER-EQUITABLE RELATIONSHIPS WITH AND FOR CHILDREN.

OUTCOME

OUTCOME	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
4.1 Community members, leaders and community-based institutions are more engaged in addressing violence against children, domestic violence and harmful traditional practices	Percentage of females and males (13 – 17 year olds) who agree with the necessity of corporal punishment by parents	49.2% females 52.4% males	44.2 % females 47.4 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of female and male who believe wife beating is justified (disaggregated by age) (18 – 24 year olds from the 2019 VAC Survey and 15 – 49 year olds from Kenya Demographic and Health Survey (DHS) 2014	49.3% females (VACS) 48.1% males (VACS) 42 % women (KDHS) 36% men (KDHS)	39.3% females (VACS) 38.1% males (VACS) 32 % women (KDHS) 26 % men (KDHS)	VAC Survey Data Kenya Demographic Health Survey (KDHS) reports 2014	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target) KNBS
	Percentage of males and females (18 – 24 year olds) who endorse harmful cultural norms and beliefs about gender, sexuality and violence	60.5 % females 72.5 % males	55.5 % females 68.5 % males	VAC Survey Data	VAC Survey Report 2019 (Baseline) Prospective VAC Survey (Target)
	Percentage of women and men who believe that FGM should continue (KDHS 2014)	6 % females 9 % females	3 % females 6 % females	AFGM Board KDHS reports	KNBS

OUTPUTS

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
4.1.1 Community members have improved awareness and understanding of the negative impact of violence against children, and witnessing violence	Number of community members reached with awareness raising sessions on the negative impact of violence against children and witnessing violence at the community level	0	25,000 people	DCS	AFGMB, MOE MOH, NGAO NPS, SDG County Governments, DP, CSOs, Media	DCS reports SDGA reports	DCS SDGA
	Number of community dialogues held on violence against children and witnessing violence	0	47 (one in each county)	DCS	AFGMB, NGAO SDG, County Governments, DP, CSOs	DCS reports SDGA reports	DCS SDGA

Activities

- Sensitize community members on the negative impacts of violence against children, domestic violence, violence in the community as well as alternative positive and peaceful methods to managing behaviours.
- Identify and engage positive role models (community gatekeepers, religious leaders, men and boys) / and reformed deviants within various communities to act as change agents and champions to change negative norms and values and harmful practices.
- Facilitate community and inter-generational dialogues on violence against children, domestic violence and negative gender and social norms, as well as alternative positive and protective ways to address violence, through community gatherings, such as chief barazas, community policing and nyumba kumi, forums, self-help groups.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
4.1.2 Community members, community-based organizations and medical professionals have improved awareness and understanding of negative impact of harmful traditional practices (including female genital mutilation and child marriage) and alternative positive norms and practices	Number of community members (disaggregated by male and females) who participated in community dialogues to end harmful cultural practice (female genital mutilation and/ or child marriage) and alternative positive norms and practices	5,000 females 4,000 males	30,000 females 25,000 males	AFGMB	DCS, SDG County Governments, DP, CSOs	AFGMB	AFGMB Reports
	Number of girls and boys who participated in life skill sessions or alternative rites of passage with information on the dangers of female genital mutilation and child marriage	3,000 females 1,000 males	15,000 females 5,000 males	AFGMB	County Governments, DP, CSOs	AFGMB	AFGMB Reports
	Number of medical professionals who participated in information sessions on the harmful effects of the medicalization of female genital mutilation	0 females 0 males	400 medical professionals	AFGMB	MOH, NGAO National Gender and Equality Commission (NGEC), County Governments, KPSA, Financial Institutions, DP CSOs, Circumcisers	AFGMB	AFGMB Reports

Activities

- Implement the Guidelines on Alternative Rites of Passage (July 2018), Community Dialogue and Intergenerational Dialogues (June 2018)
- Empower girls and boys with information on the dangers of female genital mutilation and child marriage through life skills and alternative rites of passage.
- Create awareness on emerging issues on FGM e.g. medicalisation, cross border FGM, secrecy, and lowering the age of cutting.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
4.1.3 Community members, leaders and community-based organizations are sensitized and mobilized to appropriately respond to violence against children	Number of community members (disaggregated male and female) who are trained to identify, appropriately intervene and report on violence against children	0 females 0 males	12,500 females 12,500 males (25,000 in total)	DCS	SDG, MOE MOH, NGAO NGEC, NPS AFGMB, County Governments, DP, CSOs, Community members	DCS reports SDGA reports	DCS SDGA
	Number of dialogue meetings or forums held with boys and girls of different age groups to incorporate their perspectives in community efforts to address violence against children	0 females 0 males	5,875 females 5,875 males (11,750 in total)	DCS	AFGMB, MOE NGAO, County Governments, DP, CSOs	DCS reports SDGA reports	DCS SDGA

Activities

- Develop the capacities of selected community members and community-based organizations to identify, appropriately intervene and report on violence against children.
- Hold dialogues with boys and girls of different age groups to gain their perspectives and ensure their perspectives are taken into consideration in community efforts to address violence against children.

STRATEGIC AREA 5: RESPONSE AND SUPPORT SERVICES

OBJECTIVE 5: IMPROVE ACCESS TO QUALITY HEALTH SERVICES, SOCIAL SERVICES AND JUSTICE FOR ALL CHILDREN WHO ARE AT RISK OF OR HAVE EXPERIENCED VIOLENCE.

OUTCOMES

OUTCOME	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.1 Child survivors and juvenile offenders of violence receive comprehensive child friendly protection and response services in the Justice sector	Number of child survivors who received legal services	1,263 (in 2019)	5,000	Case files, reports from the probation office CPMIS	CPIMS
	Number of child offenders in the past year (children in conflict with the law)	406 females	TBD	Case registers from the NPS	NPS case register for 2019 (baseline)
		1,992 males			
	Number of child victims of violence (children in contact with the law)	4,528 females 777 males	TBD	Case registers from NPS	NPS case register
Number of juvenile offenders on violence who have undergone diversion	TBD	TBD	ODPP Records	Judiciary Database, Probation and Aftercare Service records, Judiciary case file records	
5.2 Child survivors of violence have improved access to essential health services	Number of child survivors of sexual violence who received essential health services	9,694 females	38,776 females	MOH, County and Sub County Health Management Team, Kenya Health Information System (KHIS), KDHS, Kenya Quality Model for Health (KQMH) Training reports	KHIS reports Trauma registers Commodity registers, Personnel registers Training certificates
		637 males KHIS 2019 (Rape survivors)	2,548 males		
Number of child survivors of violence who received professional counselling, therapy or psychosocial support by health practitioners (Number completed trauma counselling)	4,505 females	18,020 females	MOH, County and Sub County Health Management Team KHIS, Demographic Health surveys, KQMH Training reports	KHIS reports Trauma registers Commodity registers, Personnel registers Training certificates	
	169 males ⁵⁶	676 males			
5.3 Child survivors of violence and children at risk of violence have improved access to essential social services for child protection	Number of social workers with child protection responsibility	401	1,449	CPMIS Portal	DCS Annual Reports
	Number of girls and boys who have experienced violence and received social work services	16,585 children	75,000 Children (18,750 per year)	CPMIS Portal	DCS Annual Reports

56 KHIS for January – December 2019 retrieved on March 2020

OUTCOME	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.4 Child survivors of violence have improved access and utilise essential support services through multi-sectoral referral mechanisms established at county and sub-county level	Percentage of females and males who knew of a place to seek help (services) about any experience of sexual violence 18 – 24 years, before age 18	34.8 % females	52.2 % females	VAC Survey Data	VAC Survey Report 2019 (Baseline)
		34.2 % males	51.3 % males		Prospective VAC Survey (Target)
	Percentage of females and males who sought professional services for any incident of sexual violence 18 – 24 years, before age 18	12.5 % females	18.8 % females	VAC Survey Data	VAC Survey Report 2019 (Baseline)
		3.2 % males	4.8 % males		Prospective VAC Survey (Target)
	Percentage of females and males who knew of a place to seek help (services) about any experience of physical violence 18 – 24 years, before age 18	33.3 % females	50.0 % females	VAC Survey Data	VAC Survey Report 2019 (Baseline)
40.6 % males		60.9 % males	Prospective VAC Survey (Target)		
Percentage of females and males who sought professional services for any incident of physical violence 18 – 24 years, before age 18	8.9 % females	13.4 % females	VAC Survey Data	VAC Survey Report 2019 (Baseline)	
	8.5 % males	12.8 % males		Prospective VAC Survey (Target)	

OUTPUTS

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.1.1 Child justice actors have strengthened capacities to provide child friendly protection and response services.	Number of justice professionals (prosecutors) trained to respond to violence against children.	TBD	TBD	DCS Judiciary Probation and Aftercare Services	NPS, ODPP Treasury, Law Society of Kenya (LSK), DP, CSOs	Change from registries to Reports from DCS, Judiciary and all other players under National Council for the Administration of Justice (NCAJ)	Activity reports from NCAJ players (DCS, Judiciary, Probation, NPS, etc.)
5.1.2 Police officers manning child protection units at police stations have strengthened capacities to respond to violence against children.	Number of police officers trained on sexual gender based violence and child related cases	387 officers	TBD	NPS	Judiciary, DCS KPS, NGAO, Probation and Aftercare Services, Treasury, DP, CSOs	NPS Reports, Police records	Activity Reports from NPS and supporting actors NPS baseline 2019
5.1.3 Community police committees have strengthened capacities respond to violence against children.	Number of community policing committees trained to identify, prevent and respond to violence against children	TBD	TBD	Directorate of Community Policing	DCS, Judiciary, ODPP, Probation and Aftercare Services, Treasury, LSK, DP, CSOs	Directorate reports, DCS reports and reports from supporting partners	Directorate reports, DCS reports and reports from supporting partners

Activities

- Roll out the Juvenile Justice Information Management System (JJIMS), an IMS for tracking juvenile cases from entry to logical conclusion.
- Increase the capacity of child justice actors to offer quality, comprehensive and child-friendly protection and response services to child survivors and child perpetrators of violence based on existing guidelines and training curricula (e.g. the Child Care and Protection Officers Training, Through care Guidelines (2013), Guidelines Manual on Juvenile Justice Best Practices (2016)).
- Increase the capacity of the Directorate of Criminal Investigations to identify and investigate medical personnel (e.g., doctors, clinical officers and nurses) who perform female genital mutilation on children Disseminate the ODPP Diversion Policy 2019, and ODPP Diversion Guidelines (2019) to law enforcement agencies and the community in order to enhance diversion programmes for children in conflict with the law.
- Increase capacity of police officers manning child protection units at police stations on violence against children response.
- Increase capacity of community policing committees to identify, prevent and respond to violence against children

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.2.1 Health care providers have strengthened capacities to manage cases of violence against children.	Number of health professionals trained to manage violence against children cases	0	TBD	MOH	DCS, MOE, NPS County Governments, DP, CSOs, FBOs community health volunteers	Professional bodies e.g. LSK, MOH, Universities, Medical Training Colleges	Data from MOH, DCS, Technical Training Certificates, Curriculum of Higher learning institutions
5.2.2 Community health volunteers and community health extension workers have strengthened capacities on prevention, early identification and referrals of cases of violence against children.	Number of community health volunteers and community health extension workers trained to prevent, identify and refer cases of violence against children	0	30,000	MOH	DCS, MOE, NPS County Governments, DP, CSOs	DCS and MOH reports and records	DCS, MOH and DP

Activities

- Increase the capacities of health care providers to manage child survivors of violence (identification, diagnosis, treatment, case management, referrals, documentation and reporting)
- Develop the capacities of community health volunteers, child protection volunteers and community health extension workers on prevention, early identification and referral of cases of violence against children
- Disseminate National Standard Operating Procedures for the Management of Sexual Violence against Children’ 2018
- Provide professional counselling and therapy for child survivors of violence and children in conflict with the law.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.3.1 The number of children's officers is increased at the divisional level.	Number of children's officers at the sub-county level	314	870	DCS, State Department for Social Protection (DSP)	NCCS, Public Service Commission, Council of Governors (COG), DP CSOs	HR Registries and staff returns from DCS	Ministry of Labour and Social Protection, Strategic Plan 2018-2022 HR Registries and staff returns from DCS
5.3.2 Child Protection Centres are increased	Number of new child protection centres established	7	47	DSP	DCS, Judiciary MOH, NCCS NPS, SDGA, Treasury, County Governments, DP, CSOs	Staff Establishment Reports	DCS Annual Reports
5.3.3 Professional and para-professional child protection workforce technical capacities are strengthened based on specialized training packages.	Number of professional child protection practitioners trained on specialized training package	40	300	DSP	DCS, Judiciary MOH, NGAO, NGEC, NPS, DP CSOs	Staff Establishment Reports	Staff Establishment Reports
	Number of para-professional child protection volunteers trained on specialized training package	218	500	DSP	DCS, Judiciary MOH, NGAO NGEC, DP, CSOs	Staff Establishment Reports	Staff Establishment Reports

Activities

- Increase the number of children officers up to the division level to ensure the quality provision of child protection services for child survivors of violence.
- Expand functional child protection centres to cover five regions.
- Finalize and disseminate the Guidelines on Case Management and Referral for Child Protection in Kenya (2019).
- Create awareness on alternative forms of family care for children for children at risk and child survivors of violence.
- Sensitize existing charitable institutions on National Standards for Best Practices in Charitable Children Institutions (2013)
- Conduct a national awareness campaign on Violence Against Children to disseminate key messaging on violence to the public (children and adults) through print and electronic and social media.
- Develop the capacities of the professional and para-professional child protection workforce using their specialized technical package.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.4.1 Capacity for multi-sectoral referral systems among relevant sector professionals has been strengthened	Presence of multi-sectoral referral mechanisms established to include Service directories Multi-sector referral tools National Protocol Multi-sectoral includes Police (P3 Form) Health (MOH 100 e) Social Services Education Judiciary Gender	0	47 Service Directories 1 multi-sector referral tool 1 National Protocol to cascade to 47 counties	DCS	Judiciary, MOH, NGAO, NGEC, NPS, DP, CSOs	Professional bodies e.g. LSK, MOH, Universities, Technical Training Colleges	Data from MOH, Police, Judiciary, DCS Degree Certificates, Technical Training Certificates, Curriculum of Higher learning institutions

Activities

- Convene forums to strengthen linkages between gender-based violence and child protection service providers
- Strengthen multi-sectoral coordination for service provision for child survivors of violence at the county and sub-county levels (e.g., mapping of service providers, development of service directories and referral mechanism and evidence collection).
- Disseminate the 'Child Protection in Emergencies: Operational Guideline for Child Protection Practitioners in Kenya' to ensure prevention and response to violence against children in humanitarian situations.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
5.4.2 Hotline service providers have strengthened capacity to provide confidential counselling and make appropriate referrals	Number of helpline service providers trained on confidential counselling and appropriate referral for violence against children cases	25 service providers (116) 3 (NPS 999)	100 service providers (116) 50 (NPS 999)	DCS	Judiciary, MOH, NGAO, NGEC, NPS, DP, CSOs	Professional bodies e.g. LSK, MOH, Universities, Technical Training Colleges	Data from MOH, NPS, Judiciary, DCS Degree Certificates, Technical Training Certificates, Curriculum of Higher learning institutions

Activities

- Raise awareness among children, parents, caregivers and communities on the services available to address various forms of violence and relevant reporting mechanisms, (the Child Helpline 116, the Gender-Based Violence Hotline 1195 and the National Police Service emergency numbers 999 and 112, ONE2ONE Hotline 1190.
- Develop the capacities of helpline service providers to provide confidential counselling and appropriate referrals.

STRATEGIC AREA 6: COORDINATION

OBJECTIVE 6: TO IMPROVE COORDINATION MECHANISMS TO PREVENT AND RESPOND TO VAC IN KENYA

OUTCOMES

OUTCOME	OUTCOME INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	SOURCE OF INFORMATION
6.1 State and non-state actors have improved coordination to disseminate, implement and monitor the NPRP on VAC at national, county and sub-county level	NPRP on VAC implementation and monitoring report disseminated	0	5	National Annual Report on VAC, minutes	DCS
6.2 Non-state actors working in child protection are regulated through a functional accreditation system	A functional accreditation system for the regulation of non-state actors working in child protection established.	No	Yes	Accreditation system in place	DCS Reports (Annual), Minutes, Kenya Accreditation Service (KENAS)
6.3 The government has improved financial and human capacities to implement and coordinate activities for prevention and response to violence against children	Amount of government financial resources budgeted to implement and coordinate activities for prevention and response to violence against children	KSH 26.5 million budgeted in FY 2019/20 ⁵⁷	KSH 30.7 million	Budget reports	DCS National Treasury
	Amount budgeted by the government for personnel to implement and coordinate activities for prevention and response to violence against children	KSH 157 million ⁵⁸	KSH 1,075 million ⁵⁹	Human Resources reports	DCS Public Service Commission

⁵⁷ Amount based on the DCS Workplan costed activities related to VAC in FY 2019/2020

⁵⁸ Amount based on all the DCS staff including support staff since all personnel have a role to play on prevention and response to VAC

⁵⁹ Amount based on Ministerial Strategic Plan, specific DCS figures for all personnel

OUTPUTS

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
6.1.1 Area Advisory Committees (AACs) has strengthened capacities to coordinate implementation of the National Prevention and Response Plan on VAC	Number of Area Advisory Committees (AACs) trained to coordinate implementation of the NPRP on VAC (disaggregated by sub-county)	0	284 sub counties	DCS	DSP, Judiciary, MOE, MOH, NCCS, NPS, SDG, COG, DP CSOs	Review reports (training and annual) minutes, reports and list of participants, SOPs, Revised Directory of CP Actors, Curriculum	DCS training reports
6.1.2 An advocacy and communication strategy for violence against children has been implemented	Number of Counties with awareness creation activities planned and implemented under advocacy and communication strategy for violence against children	0	47	DCS	Media Council of Kenya, NCCS, Public Communications Unit (PCU) within Ministry of Labour and Social Protection, COG DP, CSOs	Review of an advocacy and communication strategy Review annual reports, IEC VAC materials, Meeting minutes,	DCS reports
	Number of multi-sectoral meetings convened on the advocacy and communication strategy at the County level	0	47	DCS	Media Council of Kenya, NCCS, PCU, COG, DP CSOs	Review of an advocacy and communication strategy Review annual reports, IEC VAC materials, Meeting minutes,	DCS reports

Activities

- Strengthen the capacities of area advisory councils to coordinate the implementation of the National Prevention and Response Plan.
- Develop an advocacy and communication strategy on violence against children.
- Develop Information, Education and Communication materials for different audiences in society in different formats to change their attitudes and perception towards violence against children using the communication for development approach.
- Disseminate key messaging on violence against children through various settings and channels, e.g. awareness campaigns, marking of International Days and other relevant forums.
- Increase the capacities of journalists, media personnel and practitioners on violence against children reporting

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
6.2.1 An accreditation system for non-state actors working in child protection has been developed	Existence of a functional accreditation system for non-state actors working in child protection	No	Yes	DCS	AFGMB, DSP, Judiciary, MOE, MOH, NCCS, NGEC, NPS, SDGA, DP, CSOs	Accredited system in place	DCS Reports (Annual), Minutes, Kenya Accreditation Service (KENAS)
6.2.2 Update online National Directory for Children's Service Providers in the field of child protection developed	Existence of an upgraded and revised online National Directory for Children's Service Providers	No	Yes	DCS	AFGMB, DSP, Judiciary, MOE, MOH, NCCS, NGEC, NPS, SDGA, DP, CSOs	Online National Directory for Children's Service Providers	NCCS and DCS
6.2.3 A central online multi-sectoral data base on children's services that includes VAC services across state and non-state actors has been developed	Existence of central online multi-sectoral data base on children's services that includes VAC services across state and non-state actors developed	No	Yes	NCCS	AFGMB, DCS, DSP, Judiciary, MOE, MOH, NGEC, NPS, SDGA, DP, CSOs	Children's services database including CPIMS	DCS

Activities

- Develop and maintain a functional accreditation system for the regulation of child protection non-state actors.
- Upgrade and revise the National Directory for Children's Service Providers in the field of child protection to an online platform.
- Establish mechanisms that link children voices in various platforms to the Executive and Legislative decision making levels at the National and County Levels
- Develop a multi-agency integrated database that captures children's services on prevention and response to child protection issues including violence against children.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
6.3.1 Implementation of National Prevention and Response Plan has been monitored annually	Annual report of the implementation of the NPRP compiled based on monitoring findings and quantitative/ qualitative data	0	5	NCCS	AFGMB, Central Planning and Project Monitoring Unit, DCS, DSP, Judiciary, MOE MOH, NGEC NPS, SDG, DP CSOs	Annual reports	DCS reports

Activities

- Develop data collection tools for monitoring and reporting of VAC and build consensus on their utilization and frequency of reporting.
- Conduct biannual meetings on violence against children with multi-sectoral stakeholders to discuss the trends and emerging issues.
- Hold annual review meetings of the Inter-Ministerial Steering Committee on violence against children.

OUTPUTS	INDICATORS	BASELINE	TARGET	LEAD ACTORS	SUPPORTING ACTORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
6.3.2 The resources necessary to implement and coordinate the National Prevention and Response Plan have been allocated based on the costing plan	Number of advocacy meetings held with stakeholders based on costing of the NPRP on VAC (disaggregated by the type of stakeholders – National Treasury, development partners, donors)	0	TBD	DCS	AFGMB, DSP Judiciary, MOE MOH, NGEC NPS, SDGA DP, CSOs	Advocacy meeting reports	DCS reports
	Budget allocation for implementation and coordination of activities for prevention and response to violence against children	KSH 26.5 million budgeted in FY 2019/20	KSH 30.7 million	DCS	DSP, MOE, MOH, NCCS SDG, Treasury DP, CSOs	Budget reports	DCS National Treasury

Activities

- Advocate for budget allocation using the costed plan to the National Treasury
- Leverage available resources for effective implementation of the plan by identifying and mobilizing the resources



NATIONAL PREVENTION AND RESPONSE PLAN ON VIOLENCE AGAINST CHILDREN IN KENYA 2019 – 2023

REPUBLIC OF KENYA

