



REPUBLIC OF KENYA



Summary Findings & Response Plan

VIOLENCE

Against Children in Kenya

Findings from a 2010 National Survey





Summary Findings & Response Plan

VIOLENCE
Against Children in Kenya

Background

Violence against children has been identified as a critical inhibitor of growth, development and progress in Kenya, tolerated because of ingrained social norms and a lack of cultural awareness about the harm it can cause not only to public health but also to the moral fabric of a nation. Government is very aware of how damaging it can be and is moving deliberately towards the implementation of a Child Protection System that will not only respond to violence but also make strides towards preventing it.

Violence against children erodes the strong foundation that children need for leading healthy and productive lives. Studies universally show that exposure to violence during childhood can impact vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders, unwanted pregnancies and depression to cardiovascular disease and diabetes.

Violence against children has profound consequences not only for the individual and his or her family but the community and society at large. It raises questions about what is permissible and helps to inculcate beliefs that condone violence in a society while also leading to repeated cycles of violence targeting an individual. Re-victimization and reoccurrence of violence is also possible, and can turn abuse victims into perpetrators of abuse.

The threat and the acts of violence, especially sexual violence, present in the community may have an impact on everyone in the community, not just the victims.

The 2006 United Nation's Secretary General's Study of Violence against Children documented the full range and scale of this problem on a global level, explicitly demonstrating that violence against children is both a public health and human rights challenge. The 2010 Kenya survey represents a critical step towards addressing the problem of violence against children in Kenya by providing evidence on the magnitude, characteristics and context of the problem. The results of this survey will help the Government of Kenya to enhance its efforts to break the silence around violence against children and establish a stronger foundation for both prevention and response.

The need for comprehensive baseline data to serve as the foundation for future action drove the development of the 2010 Violence Against Children Survey: the first actualization of national level information about the prevalence of sexual, physical and emotional violence being committed against children in Kenya.

The VACS develops lifetime and current estimates about the nature and extent of sexual, physical and emotional violence against children in Kenya. Responses are derived from two age cohorts with gender parity: lifetime childhood exposure derived from respondents aged 18 to 24 years old whose answers were based on violent events that occurred before age 18; and current childhood exposure derived from respondents aged 13 to 17 years old whose answers were based on violent events that occurred within the 12 months prior to survey implementation.

It is the first true depiction of the magnitude of the scourge of violence against children in this country, founded on reliable, nationally representative data, and provides a way forward towards understanding the consequences of violence and how to mitigate them.

The report pays considerable attention to sexual violence, and the implications of sexual violence for a population striving to overcome a legacy of subjugation of women. It explores the links and overlaps between sexual, physical and emotional violence, and identifies some of the consequences that can include unwanted pregnancy, emotional ill-health and suicidal ideation, substance abuse and undiagnosed sexually transmitted infections including HIV. These challenges have repercussions not only for the individual victims of sexual violence but for public health on the whole.

The survey also offers a perspective on existing campaigns to promote awareness of sexually transmitted infections, including HIV/AIDS, and explores the relationship between exposure to sexual violence and HIV testing.

Most importantly, the survey seeks to provide insight into the ingrained cultural and social perceptions of violence, specifically in terms of attitudes towards domestic abuse. Without a determined effort by government and its partners to overcome these pervasive attitudes, which suggest that abuse of a wife by her husband remains acceptable, Kenya faces an uphill battle towards overcoming the problem and may doom yet another generation to the fear and humiliation provoked by all forms of violence against children.

Key Findings: Lifetime Childhood Exposure (18-24 year olds who experienced violent events before age 18)

Prevalence

Results of the study based on responses from males and females aged 18 to 24 indicate that lifetime exposure to childhood violence is exceedingly and unacceptably high in Kenya. Nearly one in three females and one in five males experience at least one episode of sexual violence before reaching age 18, an experience that can shape their futures in terms of their attitudes towards violence, their adoption of risky behaviors and their emotional health.

Figure 3.1.1: Sexual violence experienced prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)



Unwanted touching remains the most common form of sexual violence, followed by attempted sex, pressured sex and physically forced sex. Females in Kenya were over twice as likely to have experienced pressured or physically forced sex in their youth as their male counterparts.

The figures for physical violence were even more startling, with two in three females and three in four males suffering at least one episode of physical violence. This was defined as slapping, pushing, punching, kicking, whipping or being beaten with an object.

Emotional violence was also all-too common. One in four females and one in three males experienced childhood emotional violence, including humiliation or feeling unwanted by their families. This also extended to being threatened with abandonment.

Such violence rarely occurs in isolation. Most of the respondents who experienced sexual violence were also physically or emotionally abused; some were unfortunate enough to experience all three. Most worrying was that fewer than one in four females and one in five males was able to escape any violence at all, suggesting that violence is so ingrained and so pervasive in Kenyan culture that it does not discriminate by gender, socio-economic status or level of education.

Figure 3.2.1: Physical violence experienced prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)

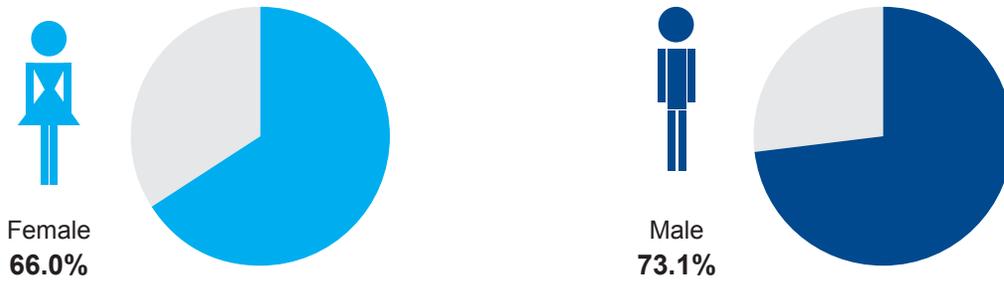


Figure 3.2.3: Physical violence experienced prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)



Figure 3.3.1: Emotional violence experienced prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)



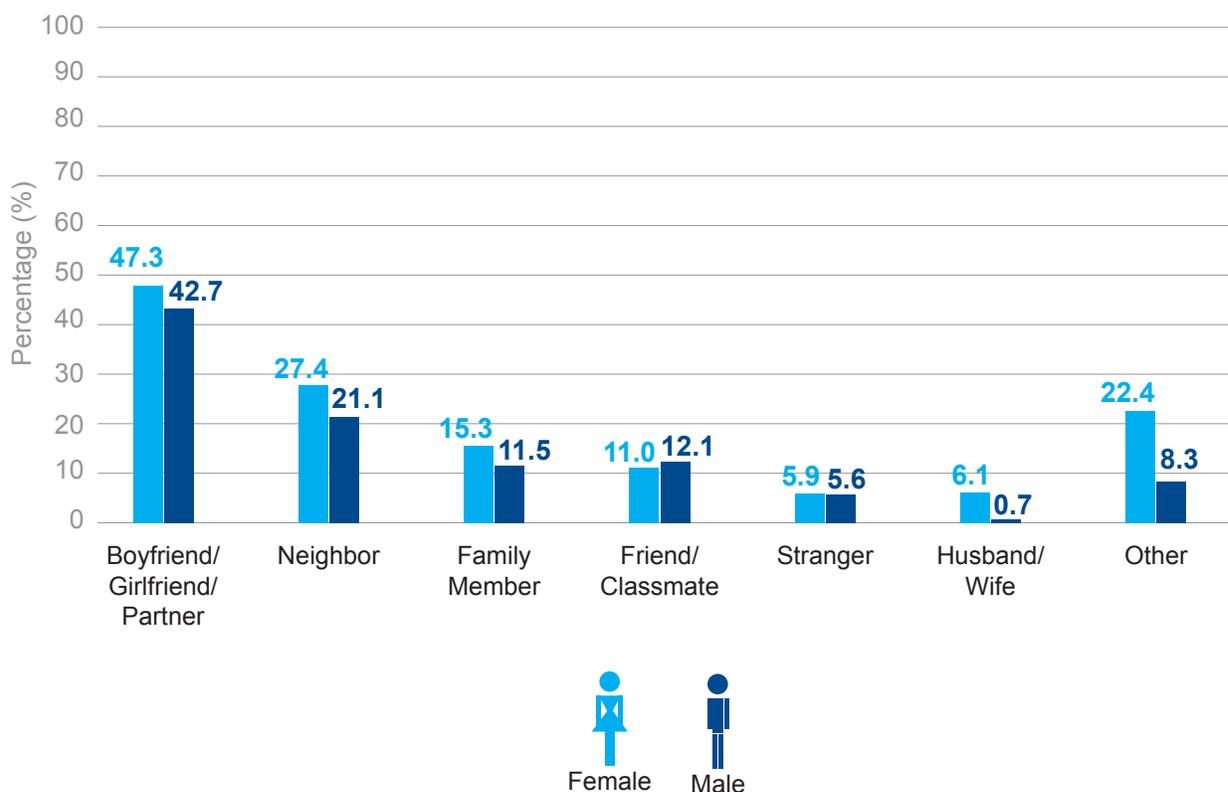
Perpetrators

Perpetrators of violence against children in Kenya are not strangers: most often, they are the people closest to the children, figures of authority or of trust. Ironically, those who would commit violence against children are the ones to whom children would normally turn when something bad happens. Most sexual violence was committed by the boyfriends, girlfriends or romantic partners of the victims; other culprits were neighbors or family members. For one in three children, their abusers were at least ten years older than they were.

Teachers were the most likely public authority figure to commit physical violence against children, which suggests an immediate need for reform of school policy carried out at the local and national level. Police were also accused in one in 12 incidents of physical violence by a public authority figure against males under age 18.

Humiliation or other emotional violence occurred most often at the hands of a neighbor, a teacher or a parent. These instances of emotional abuse can have long-standing consequences for emotional well-being and cloud relationships for children that will endure throughout their adult lives.

Figure 5.1.1: Reported perpetrators of first sexual violence incident prior to age 18 - as reported by 13-17 year olds (Kenya VACS, 2010)*

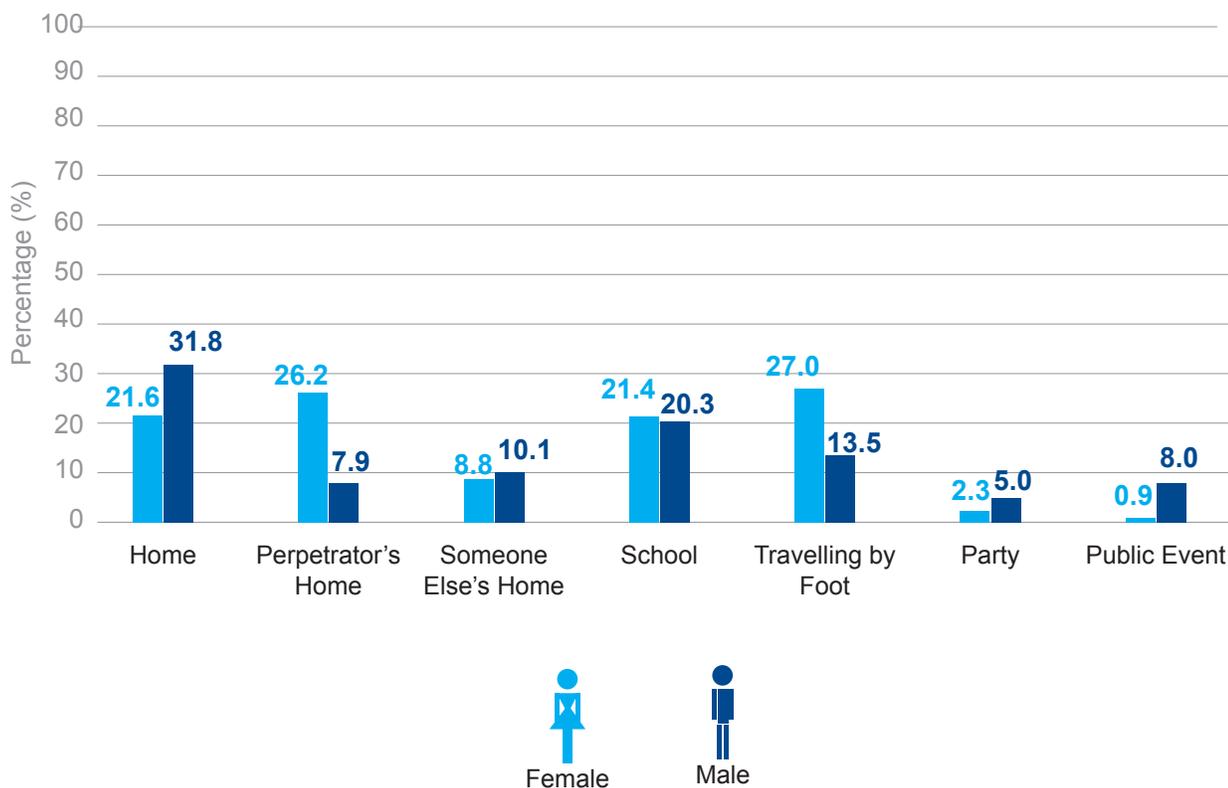


*Other category includes herdsmen, church members, shopkeepers, customers, employees, and persons living in the community.
 # Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident.

Context

Rather than home being a sanctuary, it was most often the location for abuse. Sexual violence against both females and males occurred most often at home: either their own or the home of their abuser. Sexual violence was most common in the afternoon or evening, for both males and females.

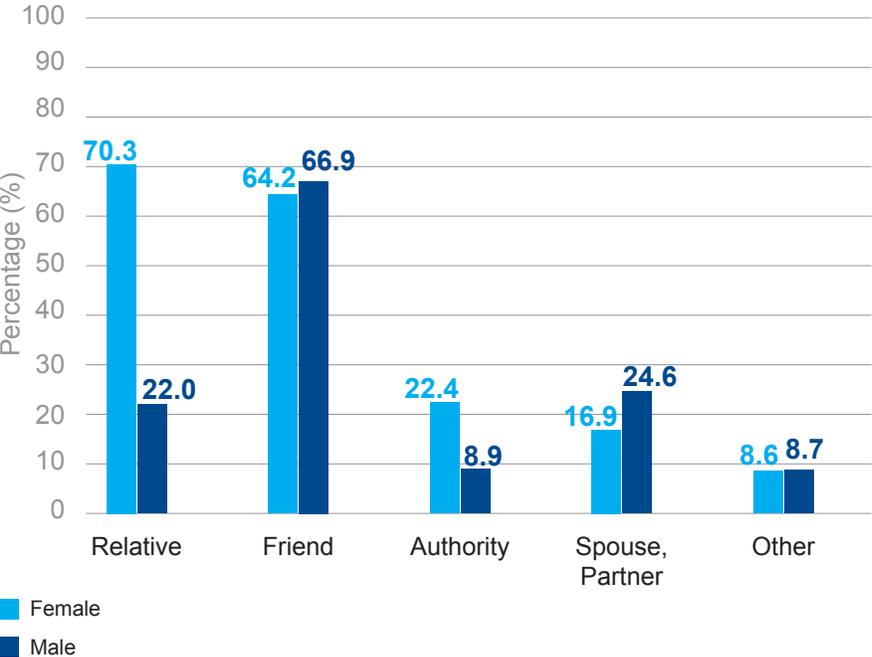
Figure 6.1.1: Location of first sexual violence incident prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)



Disclosure

Despite the stigma and consequences that may be associated with being a victim of violence, approximately one-half of females and one-third of males age 18 to 24 told someone about their sexual abuse, most often a relative or a friend. The survey did not ask about the time frame in which those conversations took place, which could mean that in the immediate aftermath, many victims kept silent and that it was only with time and distance that they felt capable of discussing their abuse. This speaks to the import of services that are confidential and widely available for young people to access after abuse.

Figure 7.1.2: Respondents who told about any incident of sexual violence experienced prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)



Total sum may be greater than 100% because respondents could have reported telling more than one person; total sum may be less than 100% because not all respondents may have reported telling anyone.

Services

Many of those who were abused had no one else to turn to, or were unaware of the fact that there were options for support. Knowledge of the existence of services is poor, and usage of those services is even worse. Only one in four females and one in eight males knew that there were places to go and people who would listen confidentially to them after they were victims of sexual abuse; the numbers were even worse for those victims of physical violence. Furthermore, even if they knew about the existence of those services, they rarely used them, for fear of embarrassment, further consequences or trouble or shame. Yet the need for services was repeatedly evoked by the survey's respondents, suggesting the crucial need for new innovations by service providers to make their services more available and more accessible.

Figure 7.2.1: Service-seeking behavior among females who experience sexual violence prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)

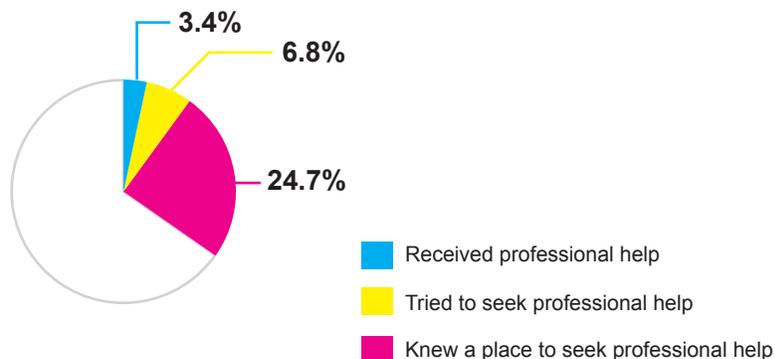
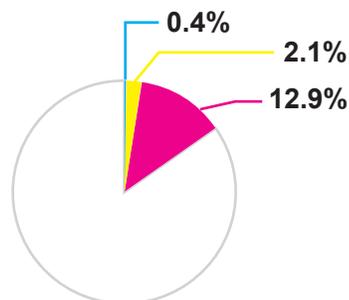


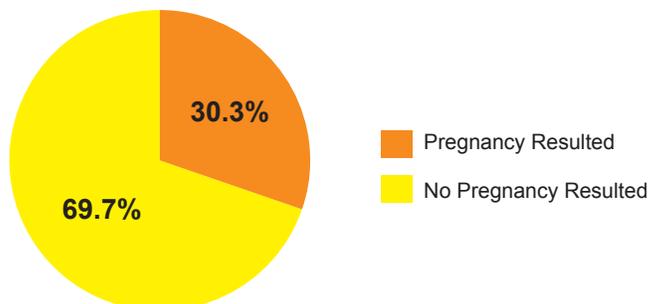
Figure 7.2.2: Service-seeking behavior among males who experience any sexual violence prior to age 18 - as reported by 18-24 year olds (Kenya VACS, 2010)



Health Consequences

Exposure to sexual violence in Kenya was associated with a range of health consequences, especially for females. Victims of sexual violence are more likely to feel anxious or depressed, or to have thoughts of suicide. Those young women are also more likely to suffer an unwanted pregnancy. One in three females who was raped before age 18 fell pregnant. This has enormous public health implications, and long-term repercussions for society as well as for the individual.

Figure 10.1.1: Percentage of females aged 18 to 24 who reported getting pregnant as a result of unwanted completed sex (Kenya VACS, 2010)



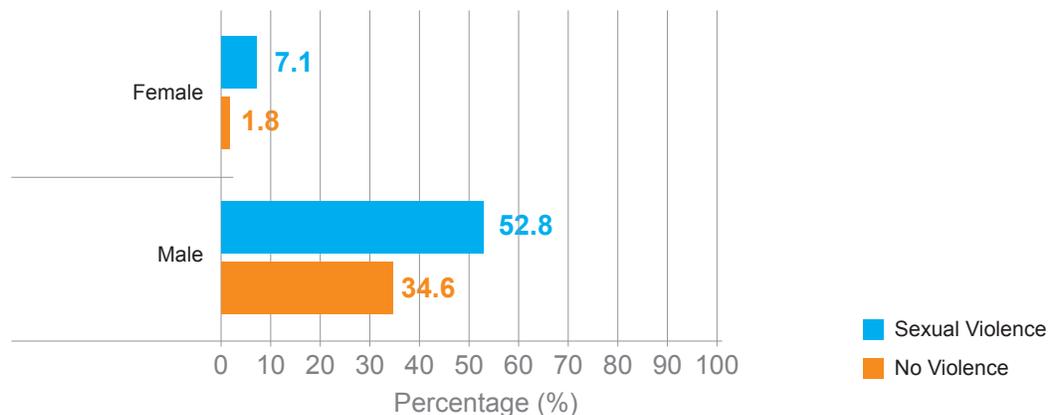
HIV/AIDS

While most of the victims of childhood sexual violence knew of a place to go for an HIV test, few actually took the initiative to test. Why there is a disconnect between knowledge and action in this arena is worth further investigation and presents another opportunity for public health policy reform.

Sexual Risk Taking

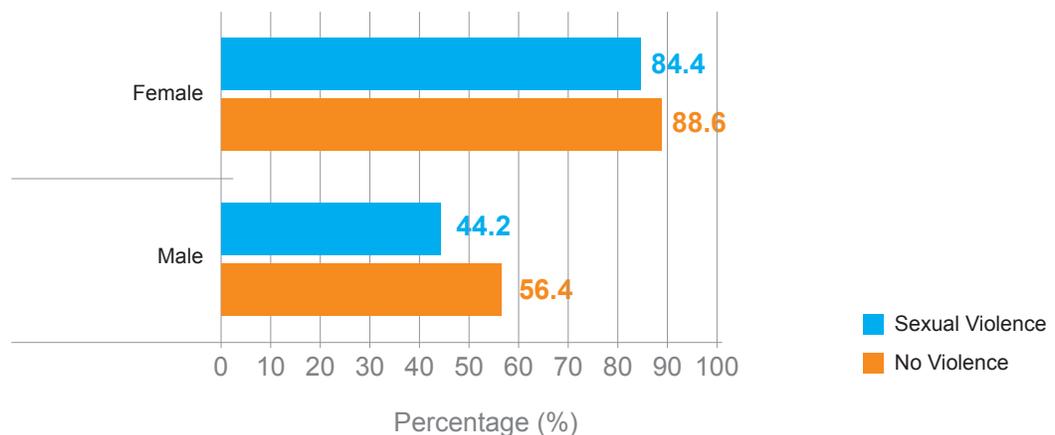
Because of the likely consequences for emotional well-being and self-esteem, those who experienced sexual violence as children were more disposed towards risky sexual behaviors. Both males and females were more likely to have multiple sexual partners and less likely to use protection including condoms during sexual intercourse. The use of alcohol or drugs before sexual activity was comparable among both victims of sexual abuse and those who were spared childhood sexual abuse, highlighting yet another critical area for improvement in public health awareness.

Figure 13.1.1: Respondents who reported multiple sex partners in the previous 12 months by experiences of sexual violence prior to age 18 - as reported by 19-24 year olds*



*Among those respondents who have had sexual intercourse in the past 12 months.

Figure 13.1.2: Respondents who reported none or infrequent condom use in the previous 12 months by experiences of sexual violence prior to age 18 - as reported by 19-24 year olds*



*Among those respondents who had sexual intercourse in the previous 12 months.

Spousal Abuse

Changing behavior patterns can only follow a change in attitudes or perceptions about those behaviors, and based on the VAC survey, the enormity of this task is clear. More than half of the survey's respondents condoned spousal abuse for a variety of scenarios, cementing the beating of a wife by her husband into the Kenyan consciousness. These attitudes must change in order to help mitigate the occurrence of domestic violence, both against women and against children. This remains the single greatest area for policy reform at the national level, and must be done with the cultivation of support from leaders from all public spheres including the religious and civic arena.

Figure 14.1.1: Female Acceptance of Spousal Abuse in One or More Situations among Those Who Did and Did Not Experience Childhood Violence - As Reported by 18-24 Year Olds (Kenya VACS, 2010)

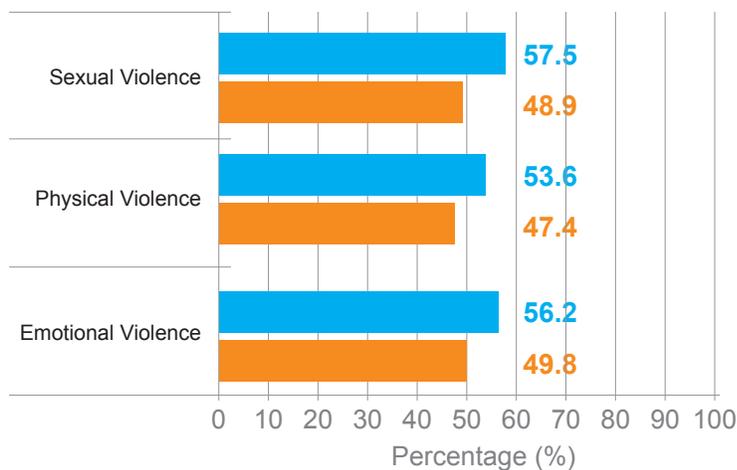
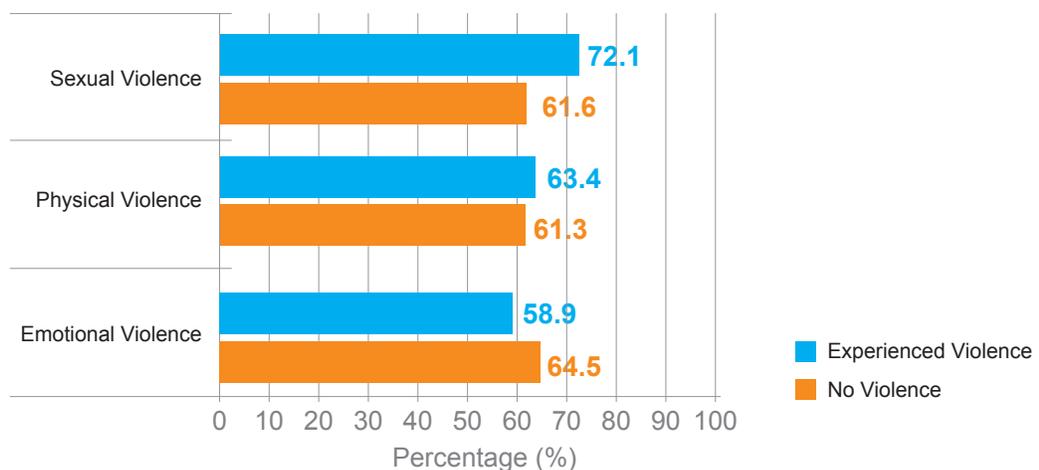


Figure 14.1.2: Male acceptance of spousal abuse in one or more situations among those who did and did not experience childhood violence - as reported by 18-24 year olds (Kenya VACS, 2010)



Key Findings: Current Childhood Exposure (13 to 17 year olds who experienced violent events in the 12 months prior to the survey)

Prevalence

Results given by respondents aged 13 to 17 about experiences within the 12 months prior to the survey's implementation indicate that violence remains a pervasive threat to children in Kenya, and is exceedingly and unacceptably high. One in ten girls and one in 20 boys experienced at least one episode of sexual violence in the 12 months previous, an experience that will surely have an influence on their sexual behaviors as adults and their attitudes towards their future spouses and their own children. Unwanted touching remains the most common form of sexual violence, followed by attempted sex, pressured sex and physically forced sex.

Authority figures and figures of trust including teachers, parents and relatives or intimate partners are the most common perpetrators of physical violence. Before consigning another generation of Kenyan children to violence at the hands of their trusted and loved ones, there must be a candid assessment of public policies with respect to violence and their impact on families.

Violence against children does not occur in isolation, and it was not uncommon for victims of sexual abuse in the previous 12 months to also suffer physical or emotional abuse. This highlights the overwhelming vulnerability of children in Kenya, irrespective of their economic, educational or social backgrounds. No one group in this multi-denominational nation is spared of the scourge.

Figure 3.1.5: Sexual violence experienced in the previous 12 months as reported by 13-17 year olds (Kenya VACS, 2010)

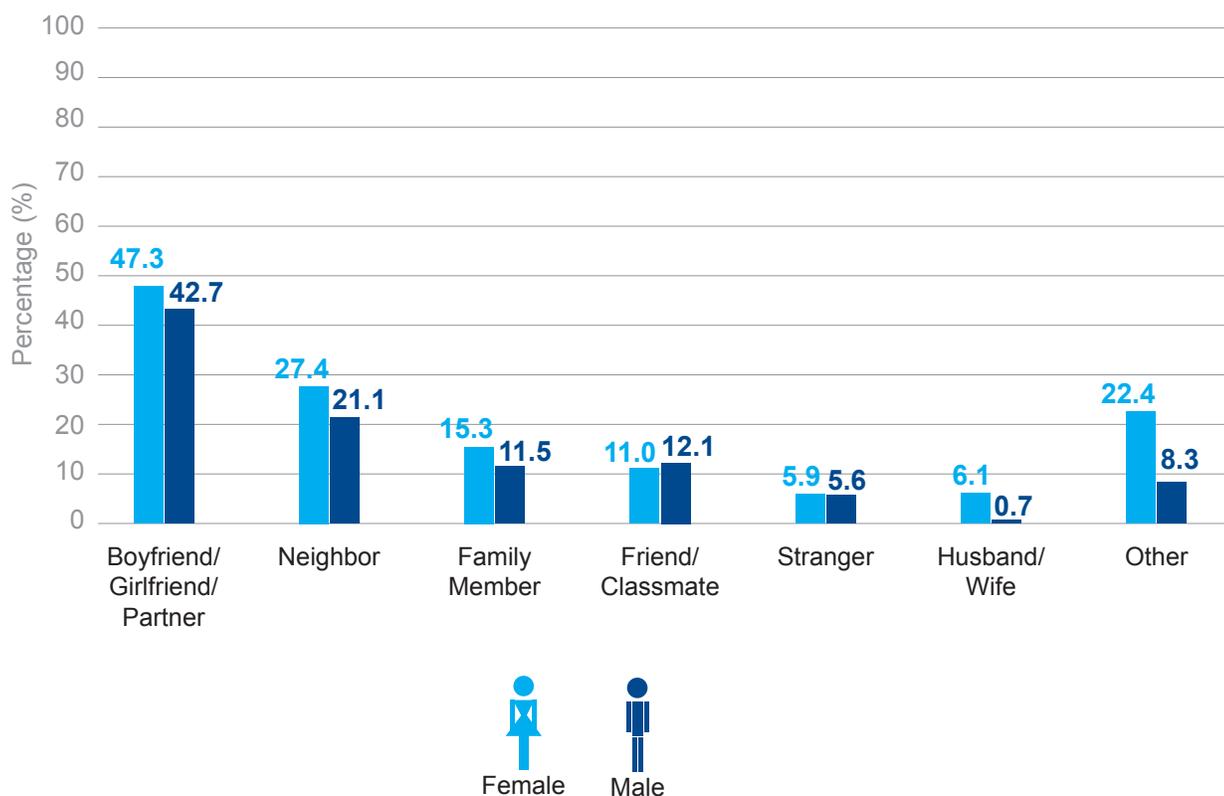


Perpetrator

As was the case for lifetime childhood exposure, the perpetrators of violence during the past year were most often known to the children. Sexual violence against girls was most commonly committed by their romantic partners, neighbors or friends. Strangers accounted for one in five instances of sexual violence against girls aged 13 to 17. Abusers were also often significantly older than their victims.

Mothers and fathers were the primary perpetrators of physical violence against 13 to 17 year olds, while teachers were the most common figures to abuse their authority and physically degrade their students.

Figure 5.1.1: Reported perpetrators of first sexual violence incident prior to age 18 - as reported by 13-17 year olds (Kenya VACS, 2010)*

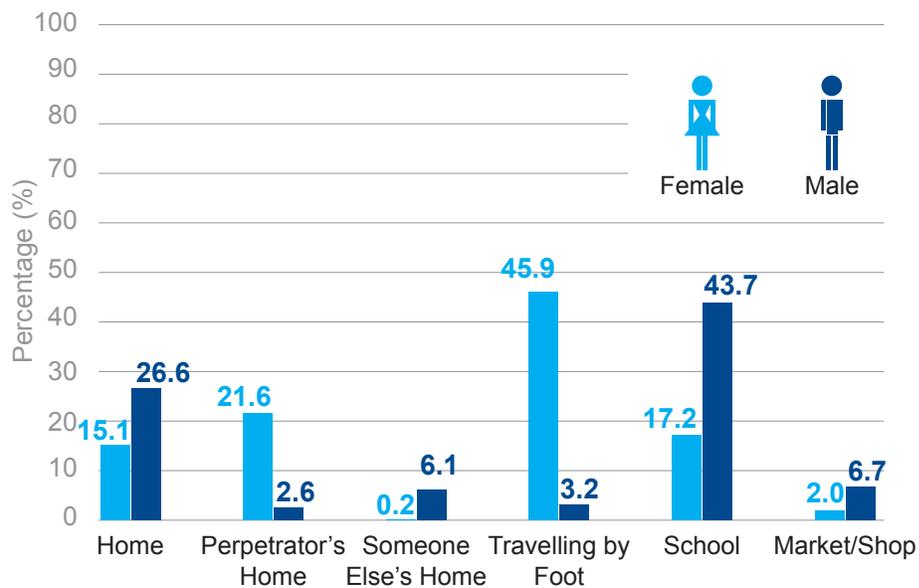


*Other category includes herdsmen, church members, shopkeepers, customers, employees, and persons living in the community.
 # Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident.

Context

For those girls who suffered sexual abuse in the 12 months prior to survey implementation, sexual violence most often occurred while traveling by foot (45.9%). This seems counter-intuitive based on the identification of perpetrators as known persons, and is worthy of further investigation. The data are also in contrast to the reported figures of lifetime data, which suggest that sexual violence is most often committed at home. For males, sexual violence most often took place at school (43.7%) suggesting the need for a candid and comprehensive look at the school environment in Kenya. If parents cannot be assured that their children are safe at school, they may choose to restrict their children's access to education, which will only hurt them in the future. For both females and males, sexual violence was most likely to have occurred either in the afternoon or evening.

Figure 6.1.6: Respondents who reported at least one incident of sexual violence in the previous 12 months by location - as reported by 13-17 year olds (Kenya VACS, 2010)

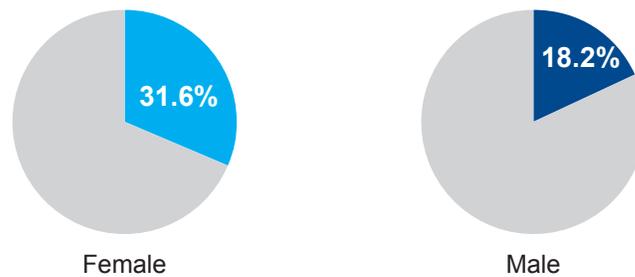


Total sum may be greater than 100% because respondents could have identified more than one location; total sum may be less than 100% because not all respondents may have identified a location and the only most predominant locations are displayed.

Disclosure

The figures about disclosure of current childhood violence reflect the need expressed within the lifetime data about the need for confidential and accessible services immediately available following incidents of violence. Only one in three females and one in five males felt comfortable sharing their experience with someone, and that was often a friend – not necessarily someone who would be able to take action or provide support beyond comforting.

Figure 7.1.3: Respondents who told about any incident of sexual violence experienced in the previous 12 months - as reported by 13-17 year olds (Kenya VACS, 2010)



Services

The need for services and awareness of existing mechanisms for support remains pronounced. Less than one in three 13 to 17 year olds is aware of what support services are available to assist with sexual, physical or emotional violence, and an even smaller proportion is able to access the limited services that are available. Fear of consequences remains the main deterrent for access, which highlights the need for credibly confidential support provided by trained professionals in a safe and secure space. Providing such safe spaces and publicizing their availability must be a fundamental component of any policy response.

Figure 7.2.3: Service-Seeking behavior among females who experience any sexual violence in the past 12 months - as reported by 13-17 year olds (Kenya VACS, 2010)

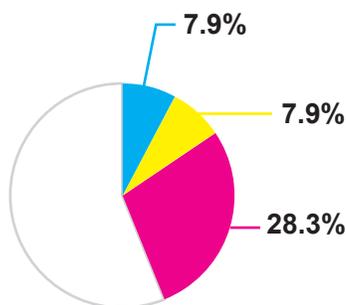
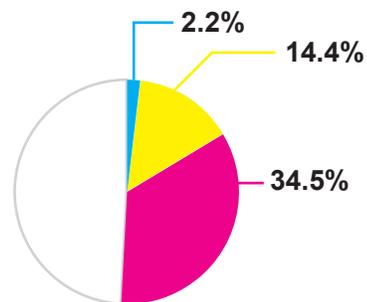


Figure 7.2.4: Service-seeking behavior among males who experienced sexual violence in the previous 12 months - as reported by 13-17 year olds (Kenya VACS, 2010)

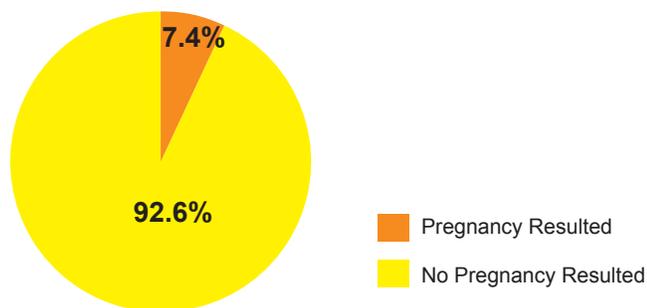


- Received professional help
- Tried to seek professional help
- Knew a place to seek professional help

Health Consequences

In contrast to the lifetime childhood exposure experiences, exposure to sexual violence during the previous year among 13 to 17 year olds was associated with a limited range of immediate health consequences. As the events reported among 13 to 17 year olds occurred within a limited time frame, there has been little time for emotional processing, which could evoke further health consequences in the future. This shows that health consequences of violence can occur immediately after the incident as well as endure over time, which again highlights the acute need for services. Still, those health consequences were serious, and could have lasting repercussions for the populations affected. Females were more likely to experience suicidal thoughts and suicidal ideation if they had been sexually abused. Males who reported experiencing sexual violence were more likely to report feelings of depression and to have ever had a STI diagnosis than those males who had not experienced sexual violence. Unwanted pregnancy was also a symptom of sexual abuse; one in 12 girls who had been raped in the previous 12 months became pregnant.

Figure 10.2.1: Percentage of females aged 13 to 17 who reported getting pregnant as a result of unwanted completed sex (kenya vacs, 2010)



HIV/AIDS

Self-reported patterns of opting-in to HIV testing among victims of sexual violence indicated knowledge of the need for tests but little follow-up action occurred. In the 12 months prior to survey implementation, only half of the respondents who indicated they knew where to be tested for HIV actually went and had the test. This reluctance to take action could have lasting implications for individual health as well as contribute to a public health crisis. Further research into why respondents opted against taking HIV tests after suffering sexual violence would be useful in order to provide better services and support to this population.

Spousal Abuse

Attitudes towards spousal abuse were overwhelmingly and disturbingly supportive of the use of violence by males against females. At least 60% of the survey respondents aged 13 to 17, irrespective of their own experiences with violence, condoned physical abuse by men against their wives. Unpacking the justification for this in order to encourage changes in attitudes and behaviors will be critical to ensuring the adoption and use of services to protect children against violence.

Figure 14.1.3: Female acceptance of spousal abuse in one or more situations among those who did and did not experience violence in the previous 12 months - as reported by 13-17 year olds (Kenya VACS, 2010)

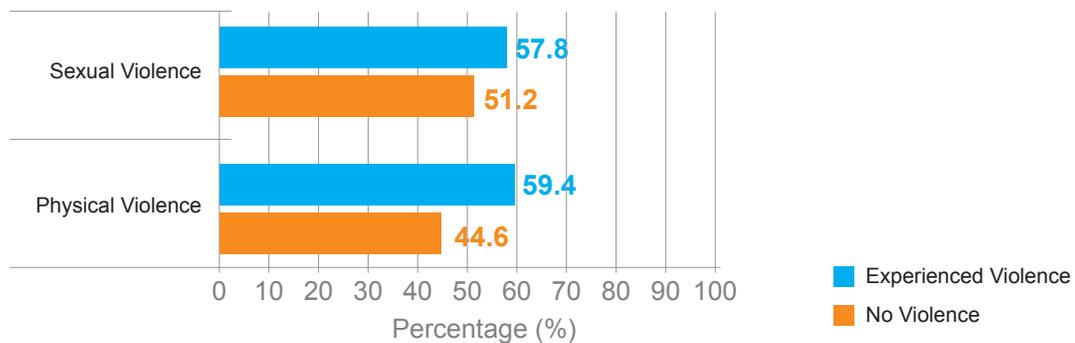
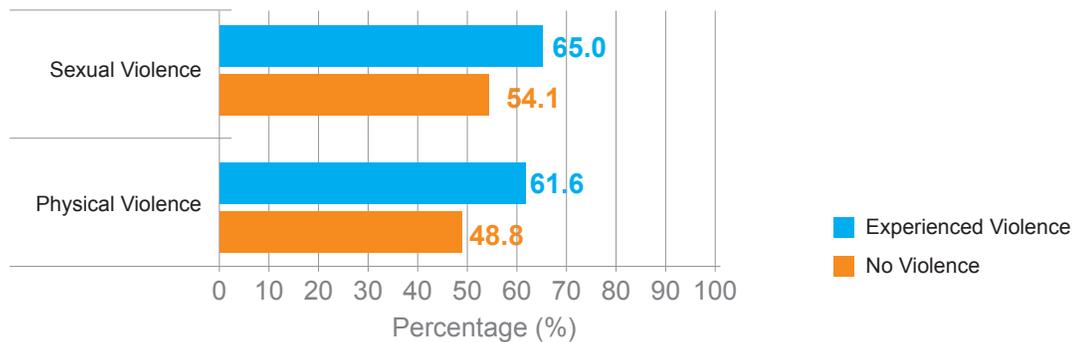


Figure 14.1.4: Male acceptance of spousal abuse in one or more situations among those who did and did not experience violence in the previous 12 months - as reported by 13-17 year olds (Kenya VACS, 2010)



The need for a response: Violence Against Children Response Plan

The Kenya VACS illustrates the urgency of addressing violence against children in Kenya. These results also provide clear direction for the development and implementation of programs, policies and services that can ultimately reduce the heavy burden on health and social development that violence against children places on Kenyan children, families, and society as a whole.

In recognition of the need to respond to issues relating to violence against children, the Permanent Secretary of the Ministry of Gender, Children and Social Development appointed a technical working group (TWG) comprised of senior technical officers representing line ministries across government to develop both a response plan and clearly outlined roles and responsibilities for each of the ministries and associated stakeholders.

The ensuing response plan should serve as a guide for the implementation of a systems-based approach to services at both the community and national level.

It will also provide direction to agencies searching for tools to help promote behavior change among law enforcement, health and education officials, local administrators as well as among communities themselves. The goal is to understand how violence happens and to provide tools to the adult population to stop violent behavior before it starts.

The response plan also seeks to guide prioritization by government agencies in support of targeted as well as national-level prevention and protection efforts, and should impel action to improve and expand the network of services already available.

Recognizing that there will be a change in government following March 2013 elections, there is a possibility that the names of the various line ministries will change. This, however, should not change the roles and responsibilities of the primary stakeholders in child protection. Throughout this document, the Ministry of Gender, Children and Social Development is referenced; this should be understood as the future ministry responsible for children's issues.

The results compiled in the survey are a rich foundation for action and service provision, to and delve deeper into the intersecting contexts in which multiple forms of violence occur. A better understanding of the conditions under which violence can occur can only help in developing and implementing mechanisms and safeguards to better protect children and mitigate violent acts against them.

Better understanding of how the different types of violence may overlap can help service providers provide holistic and comprehensive care for children affected by violence. A greater appreciation of these factors can increase the utility of the findings from the VACS to guide the development of prevention and response strategies.

Identifying national estimates of violence is an essential first step towards preventing violence in communities and making accountable the institutions that should provide protection and services to children. The obligation for all States to work toward the elimination of violence against children is recognized by the Convention on the Rights of the Child, ratified by Kenya in 1990. Efforts to prevent violence, therefore, form part of the government's national commitment to uphold the right of each child to his or her human dignity and physical integrity.

The survey and its results highlight a tremendous opportunity for the Government of Kenya in its response to violence against children. It is critical that international partners and donors recognize that direct support to government structures (ministries, district level governments and community structures that form part of these reporting structures) is needed to ensure not only that children are protected but that these efforts are sustained. Such collaboration will require an understanding of children's vulnerability as it is represented in the study findings, with specific measures to prevent and respond to violence against children and protect children most at risk.

As understandings of violence emerge from this study, then definitions of vulnerability will likely need to be reviewed and reassessed in order to fully capture and protect Kenya's weakest and most fragile populations.

Contained in this report are action points that are foreseen for the short term: those that will be the foundation of future activities and policies contained with the wider Child Protection System foreseen under the new constitution. This response plan, driven by the findings contained in the VACS, is the first step in mapping out critical issues that Kenya needs to address urgently to lay the foundation of future action.

The Way Forward

Kenya has since 2009 begun the diligent application of systems thinking to the implementation of its new policies of Child Protection, ensuring that children and youth are able to access their rights as citizens and strive to achieve their goals.

These policies are considered critical to inhibiting the exploitation and victimization of children around the country that the 2010 Violence Against Children Survey revealed. A fully realized Child Protection System will coordinate efforts at the local, county and national levels to mitigate the risk of violence as well as provide the most comprehensive support system possible to ensure that no child falls through the cracks and that every child can access support services they need. This coordinated strategy recognizes the costed gaps derived from the mapping and assessment of 2009, and incorporates a social welfare workforce analysis as well as the framework developed by the National Council for Children's Services and a judicial response to perpetrators of violence.

The need for a comprehensive system also reflects the importance of clarity on roles and responsibilities of all the various actors in child protection. The lack of this clarity was identified by survey respondents through their lack of understanding or awareness about the kind and extent of services and referrals available to them in case of an experience of violence. Future responses must close the gaps in available services and clearly outline responsibilities for individual line ministries as well as stakeholders in the child protection sector.

Formal and informal mechanisms in place will be streamlined into a systems approach, ensuring that collaboration between state and non-state actors will contribute to the seamless protection of children from violence. No child will fall through the cracks or seek to pursue support and be thwarted in his or her pursuit.

This will include the scaling-up of the existing network of Child Protection Centers (CPCs) as the foundation of a referral system, the absence of which has undermined the coordinated response to childhood violence. These CPCs will be staffed with adequately trained social welfare officers, who will be responsible for the coordination of the national response in line with the National Standards from the Department of Children Services.

The Response Plan to Violence Against Children requires the analysis of these four areas:

1. legislative and policy issues
2. quality and availability of services
3. coordination of child protection sector
4. circumstances in which violence occurs

The Technical Working Group representing the range of line ministries that are collaborating in the development of a comprehensive and national response to the protection of children will be at the heart of the development of Kenya's future Child Protection System. Stakeholders from across government and non-government organizations, representing the grassroots as well as the county and national levels of authority, will work together to integrate child protection into the daily activities and services provided to all Kenyans.

Legislative and policy issues

There is a broad and comprehensive legal and policy framework in Kenya that should provide a judicial mechanism for the response to and prevention of violence against children. This includes reference to the prevention of violence against children in the newly promulgated constitution and a series of long-standing cross-sectoral laws and edicts.

Additionally, there are a number of pending bills that, if signed into law, would considerably strengthen the legal mechanism protecting children and providing recourse for prosecution of their offenders.

This seemingly comprehensive legal policy framework is, however, compromised by a series of gaps and challenges, including persistent delays in voting on legislation and turning pending bills into laws due to competing political agendas. There has also been a failure to prioritize children's issues by the Constitution Implementing Committee. Additionally, out of 66 statutes that address children's issues, just three of them have been harmonized under the current Children Act.

Furthermore, even if there are laws on the books dictating the presumptive government response to violence against children there is a severe lack of capacity to implement the laws and a shortage of resources available to law enforcement and other agencies to monitor and oversee their implementation.

ACTION

- Sensitization of legislature on importance of moving pending legislation into law
- Sensitization of Constitutional Implementation Committee on the importance of prioritizing child protection
- Development of harmonization strategy that will ensure that every time a bill is introduced that child protection components are included
- Review of penalty structure for perpetrators of violence against children to examine imposing harsher penalties
- Development of capacity building tools at the national level that can be adaptable across the sectors of law enforcement and at various levels (regional, district, local)
- Development of Monitoring and Evaluation tool for child protection laws and policies
- Development of fund-raising strategy to promote inclusion of child protection in security sector reform efforts by partners as well as by government

LEGISLATIVE AND POLICY ISSUES

GAP IDENTIFIED	ACTION POINT	ACTOR	TIMEFRAME
Too many pending bills	<ul style="list-style-type: none"> Sensitization of legislature on importance of moving pending legislation into law 	Attorney General, National Assembly, MGCSO, relevant ministries and development partners	By July 2013: all pending bills relevant to child protection should be scheduled for discussion by legislators
Lack of prioritization of children's issues by the Constitution Implementing Committee	<ul style="list-style-type: none"> Sensitization of the committee on the importance of prioritizing child protection 	MGCSO, MOJCA, Attorney General, judiciary, NGOs and development partners	By July 2013: meeting convened with stakeholders and committee to discuss way forward
Child Protection statutes scattered among various pieces of legislation	<ul style="list-style-type: none"> Development of harmonization strategy that will ensure that every time a bill is introduced, that child protection components are included Review of penalty structure for perpetrators of violence against children 	MGCSO, MOJCA, Attorney General, judiciary, relevant ministries, NGOs and development partners	<p>By December 2013: Harmonization strategy in place</p> <p>By September 2013: Report on discussions with AG, MOJCA, judiciary, prisons and probation about review of penalty structure for perpetrators of violence against children</p>
Inadequate capacity within law enforcement and judiciary on child protection	<ul style="list-style-type: none"> Development of capacity building tools at the national level that can be adaptable across the sectors of law enforcement and at various levels (regional, district, local) 	MGCSO, MOJCA, Attorney General, judiciary, relevant ministries, NGOs and development partners	By December 2013: Capacity-building tools created
Shortage of resources to implement and monitor laws and policies	<ul style="list-style-type: none"> Development of Monitoring and Evaluation tool for child protection laws and policies Development of resource mobilization strategy to promote inclusion of child protection in law reform agenda by partners as well as by government 	Relevant ministries, Ministry of Finance, MOJCA, AG, judiciary, MGCSO and development partners	<p>By December 2013: Harmonize existing child protection information systems as basis for draft M+E tool</p> <p>By September 2013: Development of draft resource mobilization strategy</p>

Quality and Availability of Services

Child protective services in Kenya are currently preventative or responsive. Preventative services include awareness campaigns, while responsive services can include interventions by authorities following a violent incident.

At the community level, volunteer children's officers are available to provide counsel and support to victims of violence or to mitigate the stresses that could turn difficult situations into violent ones. Though they have received only basic formal training, these officers are the front line in child protection at the grassroots level. Community officers report to the county-level children's officers and are considered an integral link between the community and the existing network of child protection services.

Those services that are available exist in an ad hoc and non-systematic manner; even within a county there can be wide discrepancies as to which agencies have trained professionals available to respond to particular needs. Budgetary and societal constraints have thus far prevented the implementation of a system-wide mechanism for reporting or counseling.

ACTION

There are considerable opportunities to fill the gaps and address the weaknesses in the services available to both victims and potential victims of violence as well as the perpetrators. This will require the following:

- Scale-up establishment of Child Protection Centers as a One-Stop Shop at the community level for rescue of children in need of care and protection
- The evolution of the GOK's community strategy for engaging the health sector in the protection, promotion, prevention, early identification of and referral to services for children who experience violence.
- Mainstream child protection within the devolved county-level government to respond to the priorities and policies established in the GOK's community strategy
- The strengthening of NCCS /AAC to enhance coordination of services at all levels (local, regional, national)
- Mainstreaming child protection across the relevant line ministries: MGCSO, Education, Health, Labor, Immigration, Justice and Constitutional affairs, Youth and Sports -- to prioritize budgetary allocations for prevention and response services

QUALITY AND AVAILABILITY OF SERVICES

GAP IDENTIFIED	ACTION POINT	ACTOR	TIMEFRAME
Services exist in an ad hoc and non-systematic manner	<ul style="list-style-type: none"> • Evolve the GOK's community strategy for engaging the health sector in the protection, promotion, prevention, early identification of and referral to services for children who experience violence. • Mainstream child protection within the devolved county-level government to respond to children's issues • Strengthen NCCS /AAC to enhance coordination of services at all levels (local, regional, national) 	Ministry of Health, MGCSO, relevant line ministries, development partners, NGOs, NCCS	<p>By September 2013: Draft Ministry of Health community strategy validated with clear action points on child protection</p> <p>By December 2013: Hold meetings with county-level governments to discuss mainstreaming of child protection</p> <p>By September 2013: Finalize coordination mechanisms for NCCS/AAC to enhance coordination of services</p>
Budgetary constraints	<ul style="list-style-type: none"> • Mainstreaming child protection across the relevant line ministries to prioritize budgetary allocations for prevention and response services 	MGCSO, relevant line ministries, development partners, NGOs, NCCS	By July 2013: Develop advocacy strategy to encourage mainstreaming of child protection at ministry levels to sensitize policy makers to prioritize child protection in budget provisions
Social norms and lack of awareness prevent delivery of services and awareness about existence of services	National awareness campaign about service provision and service use for childhood emotional, physical and sexual violence	MGCSO, relevant line ministries, development partners, NGOs, NCCS	<p>By July 2013: Finalize communication strategy to promote awareness of national services</p> <p>By September 2013: Develop advocacy strategy to promote awareness of national services</p>
Shortage of one-stop shops (Child Protection Centers) to provide VAC services	<ul style="list-style-type: none"> • Scale-up establishment of Child Protection Centers as a One-Stop Shop at county and sub-county levels for rescue of children in need of care and protection 	MGCSO, relevant line ministries, development partners, NGOs, NCCS	<p>By December 2012: Mechanisms in place at county level to operationalize CPC concept. Strategy should include resource mobilization component</p> <p>By December 2013: Modalities in place to establish at least four new CPCs</p>

Coordination of Child Protection Sector

The network of child protective services in Kenya is currently challenged by a series of gaps and weaknesses due primarily to the absence or weakness of a coordination mechanism. Currently there are no clearly defined structures for reporting child violence at the community level, school, and other settings where violence occurs, or for referring victims of violence to the appropriate service provider.

Kenya also lacks a harmonized monitoring and evaluation framework to track uptake of services and identify areas requiring greater investment in resources or training and has an inadequate framework for policy and operational guidelines on service provision for child survivors.

The existing local administrative hierarchy of chiefs, assistant chiefs and elders is another conduit for reporting of violent episodes in a community but there is no formalized structure or framework to guide or assist these authorities to provide support.

Religious and educational institutions, equally, provide some support but could also be incorporated into the formalized structure to direct their reporting or provision of support services. Furthermore, victims of violence could fear repercussions both for themselves or their aggressor if they used these informal networks.

As revealed by the social welfare workforce analysis, there are also critical gaps in the training and certification of social workers, educators, health professionals and law enforcement in child protection. Future action to protect children depends on the deployment of a well-trained, compassionate cadre of professionals who are able to adhere to rigorous and well-established guidelines that have at their core the protection of children and the promotion of their well-being.

ACTION

- Establish a child protection management information system that allows for monitoring and evaluation and overall tracking of how cases of violence against children are processed and resolved
- Develop records and data framework that can be routinely and easily updated to provide at-a-glance snapshot of existing and available services, government and non-government stakeholders and community support
- Establish coordination mechanism that provides guidance to non-government actors about proper reporting procedures and monitoring techniques
- Systemize response mechanism to coordinate and align children's activities into county government plans and programs
- Develop strategic and transparent partnerships and networks to support children's programs, and link with existing programming in HIV/AIDS and other health issues
- Develop framework for community and county level referral networks to increase access to essential services for children and for households; use that framework to establish standard and effective complaints, reporting and coordinating mechanisms and procedures to address and act on child protection issues
- Support intensive human resource and capacity development among law enforcement, health care and education professionals to improve the quality of referral, monitoring and protection services throughout the Republic of Kenya
- Ensure key interventions that support the development of child protection handbooks or other printed reference materials to guide engagement with children

COORDINATION OF CHILD PROTECTION SECTOR

GAP	ACTION POINT	ACTOR	TIMEFRAME
No structured reporting mechanism for reporting violence	<ul style="list-style-type: none"> Establish coordination mechanism that provides guidance to non-government actors about proper reporting procedures Systemize response mechanism to coordinate and align children's activities into county government plans and programs 	MGCSO, relevant line ministries, development partners, NGOs, NCCS	<p>By July 2013: establish coordination and response mechanisms for approval by government</p> <p>By September 2013: validate mechanisms for adoption</p>
Haphazard referral mechanism across service providers to respond to violence or assist victims of violence	<ul style="list-style-type: none"> Develop strategic and transparent partnerships and networks to support children's programs, and link with existing programming in HIV/AIDS and other health issues Develop framework for community and county level referral networks to increase access to essential services for children and for households 	MGCSO, relevant line ministries, development partners, NGOs, NCCS	<p>By July 2013: develop draft framework for referral networks</p> <p>By August 2013: identify existing child protection programs and develop partnership network to promote the inclusion of child protection component in all children's programming</p>
No monitoring and evaluation framework to track service provision and use	<ul style="list-style-type: none"> Establish a child protection management information system that allows for monitoring and evaluation and overall tracking of how cases of violence against children are processed and resolved Develop records and data framework that can be routinely and easily updated to provide at-a-glance snapshot of existing and available services, government and non-government stakeholders and community support 	MGCSO, relevant line ministries, development partners, NGOs, NCCS	<p>By December 2013: review and harmonize existing information management systems and databases operated by government</p> <p>By December 2013: convene first joint Annual Review of critical stakeholders' engagement in child protection</p>
No comprehensive training and certification in child protection	<ul style="list-style-type: none"> Support intensive human resource and capacity development among social workers, law enforcement, health care and education professionals to improve the quality of case management, referrals, monitoring and protection services Ensure key interventions that support the development of child protection handbooks that include regulations and standards 	MGCSO, relevant line ministries, development partners, NGOs, NCCS	<p>By July 2013: Identify relevant stakeholders who have capacity to develop training tools and printed materials for the various child protection professionals</p> <p>By September 2013: analyze recommendations by the social welfare workforce report and assess their application to the child protection sector</p> <p>By December 2013: begin development of training tools</p>

Circumstances Under Which Violence Occurs

Economic and social pressures have created an environment in Kenya that can push people to the brink and manifest itself in social ills including physical, sexual and domestic abuse. Too often, the targets are the country's children.

Some of these circumstances include: poverty and the difficulty of daily life due to work, lack of work, availability of resources; religious and ethnic differences that can flare into conflict; greater availability of drugs and alcohol; and stresses due to health, personal tragedy or past experience with abuse.

Societal norms and practices used to justify violence against children:

- Discipline vs. punishment and the value of discipline, resulting in a physically violent response such as striking with an object, hitting, kicking or other physical abuse
- Exploitation of children in the informal workforce; use of child labor
- Normalization of Female Genital Mutilation, and the secret practice of FGM despite existing laws banning it
- Attitudes towards physical, mental or emotional disabilities
- Exploitation of children through forced marriage/indentured servitude
- Bullying, including harassment, insults and name-calling
- Rising trend of incomplete families either through death, divorce and remarriage
- Historical suspicion of multiple births that leads to abandonment and stigmatization
- The widespread availability of pornography
- The lack of a comprehensive judicial response to child prostitution
- Societal mythology related to the treatment or cure of HIV/AIDS
- Intolerance of homosexuality

Providing households with the tools and support needed to address these legitimate and historic concerns will go a long way towards normalizing the necessary behavior change that will help instill a culture of protection of children in Kenya.

ACTION

- Expand the national Child Helpline for safe and actionable responses to the threats of, or actual, emotional, physical or sexual violence against children as well as providing counseling and support to possible perpetrators of violence against children
- Expand parenting education and involve children in the design of positive, non-violent relationship materials
- Encourage the development of parent support groups at the community level with engagement from religious and community leaders who have been trained in facilitating such groups
- Address the barriers and stigma that prevent children from seeking care/help while also addressing the barriers and stigma that have been conduits for violence against children
- Create community early warning systems to protect children in all areas of their lives while also creating community systems to support parents as they cope with the challenges of daily live

- Reduce societal acceptance of violence through behavioral change communication and work closely with all stakeholders to develop a minimum package of complementary interventions to use in community-based programming to prevent and respond to violence against children
- Expand and promote public awareness campaigns to end violence against children while also promoting public awareness of behavior change to inhibit violent behavior

CIRCUMSTANCES UNDER WHICH VIOLENCE OCCURS

GAP	ACTION POINT	ACTOR	TIMEFRAME
Socio-economic concerns and pressures	<ul style="list-style-type: none"> • Encourage the development of parent support groups at the community level with engagement from religious and community leaders 	MGCSO, relevant line ministries, development partners, NGOs, NCCS, religious and community leaders	By December 2013: Develop national tool for use by community and religious leaders to facilitate the convening of support groups
Traditional and religious values allow the use of violence as discipline	<ul style="list-style-type: none"> • Develop a minimum package of complementary interventions to use in community-based programming 	MGCSO, relevant line ministries, development partners, NGOs, NCCS, religious and community leaders	By August 2013: Convene stakeholders for discussions on development of a package of complementary interventions for community-based programming
Inadequate public education on child protection and the consequences for violence against children	<ul style="list-style-type: none"> • Involve children in the design of positive, non-violent relationship materials • Expand the national Child Helpline 	MGCSO, relevant line ministries, development partners, NGOs, NCCS, religious and community leaders	By July 2013: Begin consultations on development of national strategy to promote awareness of consequences and repercussions of violence
Breakdown in the moral/social fabric of society	<ul style="list-style-type: none"> • Address the barriers and stigma that prevent children from seeking care/help while also addressing the barriers and stigma that have been conduits for violence against children • Create community early warning systems to protect children in all areas of their lives while also creating community systems to support parents as they cope with the challenges of daily live • Promote awareness of consequences of violence 	MGCSO, relevant line ministries, development partners, NGOs, NCCS, religious and community leaders	<p>By July 2013: Initiate discussions at various levels to discuss violence against children in communities</p> <p>By September 2013: Use these community conversations to provide recommendations for the development of a strategy for community early-warning systems</p> <p>By December 2013: Kick-off campaign about review of penalties and consequences for perpetrators of violence against children</p>

