



SUMMARY OF THE NATIONAL CARE REFORM STRATEGY FOR CHILDREN IN KENYA

**NATIONAL COUNCIL FOR CHILDREN'S SERVICES
OCTOBER 2022**

Overview of Care Reform

Introduction

The National Care Reform Strategy for Children in Kenya comes as response to;

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



Overview of Care Reform



Rationale

- There is overwhelming evidence that children under institutional care suffer severe and sometimes irreparable developmental setbacks as opposed to their counterparts in family and community-based care.
- The studies show that at-least eight (8) out of ten (10) of these children have biological and extended families and with appropriate support, their families could look after them.
- On this basis, the Government has taken deliberate steps to transform childcare system in the Country.
- Government continues to support family strengthening initiatives such as cash transfers and other prevention and response programmes to ensure that children are not unnecessarily separated from their families.

Overview of Care Reform



To fully align with globally accepted standards of care, the Government in collaboration with other like-minded players in the children's sector adopted a unified and holistic approach towards reforming childcare system by developing the National Care Reform Strategy for Children in Kenya.

Overview of Care Reform

The strategy, developed with support of UNICEF and a multisectoral care reform core team under the leadership of the National Council for Children's Services (NCCS)

Care reform strategy seeks to guide national steps towards:

- Prevention and Family Strengthening
- Robust alternative family care, and Tracing, reintegration and transitioning from institutional care to Family and Community Based Care for all children in need of care and protection.
- The reform strategy sets out areas of focus for various agencies in the sector for the next ten (10) years and calls for collaborative effort and active coordination to achieve collective impact approach.



Internationally, regionally, and nationally



The global movement to end child institutionalisation and promote family and community-based care is informed by eighty years of research which demonstrates the harm of institutional care.

The research shows that meeting children's sanitary and nutritional needs in an institutional setting is not enough.



What is wrong with Institutions

Harms of Institutionalization



Institutionalization harms the physical, psychological and cognitive development of children, increases the risks of them developing attachment problems, and limits their long-term life chances.

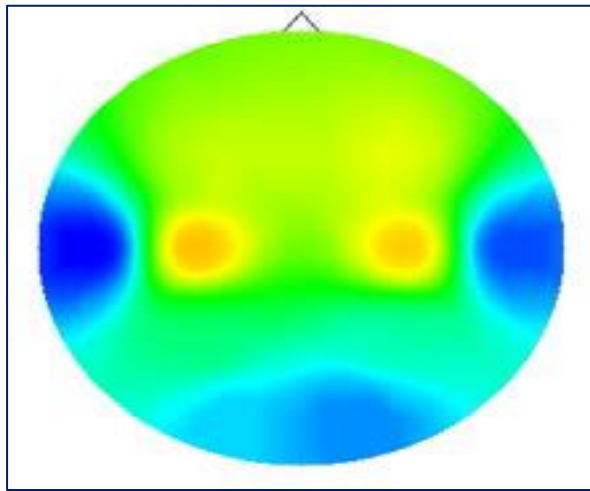
Impact on health and development

- Impaired early brain development
- Delayed cognitive and physical development
- Attachment disorders
- Poor cognitive processing
- Non-organic failure to thrive

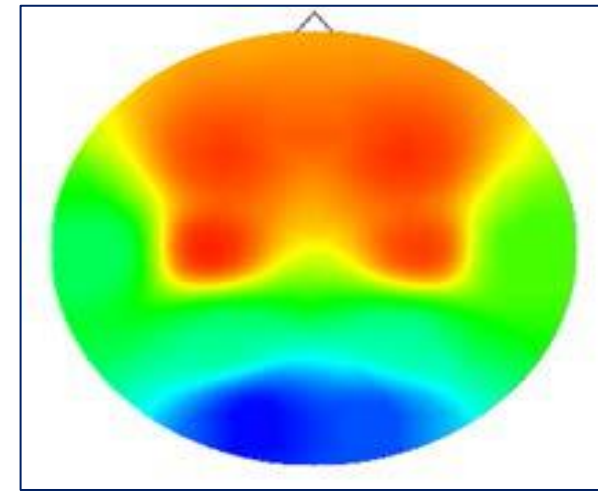


The Harm of Institutionalization

80 years of research shows that orphanages severely harm children. These images from the Bucharest Early Intervention Project (BEIP) show the decreased electrical activity in an institutionalized child's brain.



EEG level: An institutionalized child



EEG level: A never-institutionalized child

**The color orange indicates high activity*

Long-term outcomes of institutionalization

A 2001 study in of formerly institutionalised children in Russia found:

- **1 in 5** became involved in criminal activity
- **1 in 7** entered prostitution
- **1 in 10** committed suicide

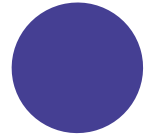


Harms of Institutionalization

- High turnovers of institutional staff limit effective relationship building and create insufficient time to provide a basic standard of care.
- Children in institutions are also at risk of maltreatment by staff or peers, and are denied access to kinship networks which have a major role to play in many societies.



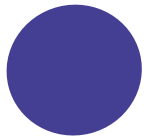
CONSEQUENCES AND EFFECTS INSTITUTIONALIZATION



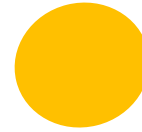
Children deprived of loving parental care can suffer lifelong physical and psychological harm.



Babies in particular fail to develop as they should without one-to-one parental interaction.



Children who remain in institutions after the age of six months often face severe developmental delays.



The detrimental impact of institutionalisation on the development and well-being of children heavily influences their future life chances and capacity to contribute to society.

MYTHS & MISCONCEPTIONS OF INSTITUTIONS



- Institutions are a social good, or at least necessary
- Children in orphanages and living on the streets are orphans
- These children come from “bad families” who do not want their children



- Family and community-based services are more expensive than institutional care
- Changing the system is too difficult or complex

Care Reform Context

Children constitute nearly half the population of Kenya. There are high levels of vulnerability amongst children:

- 3.6 million are classified as OVC
- 9.5 million are deprived of three or more basic rights
- 15,752 street connected children
- 266,524 are refugee and asylum seeking children
- Potentially, up to 15% have a disability

- Over **47,000 children were living in institutional care**, in over **854 residential institutions**, registered and unregistered prior to the Covid-19 pandemic.
- This number may be high considering the gaps around data management.

Drivers of institutionalisation include:

- Orphanhood
- Poverty
- Neglect and abandonment
- Violence and abuse, including harmful cultural practices
- Lack of access to basic services
- Disability
- Being in conflict with the law

Care Reform Vision & Goal



Vision

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

Goal

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

Care reform Objectives

Kenya National Care Reform Strategy for Children

1. To increase high-quality and accessible services to strengthen families and prevent them from separating so that the best interests of children and young people are met.

2. To increase high-quality and **accessible family and community-based alternative care services** which provide for the best interests of children and young people without parental care.

3. To increase high-quality and accessible tracing, reintegration, case management, leaving care and aftercare services to support the transition of children and young people in institutional care and unaccompanied and separated children into family and community-based care.

4. **To redirect financial resources and redeploy personnel from institutional care** to family and community-based care through effective and safe mechanisms and support.

Overall expected result

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



Kenya National Care Reform Strategy for Children

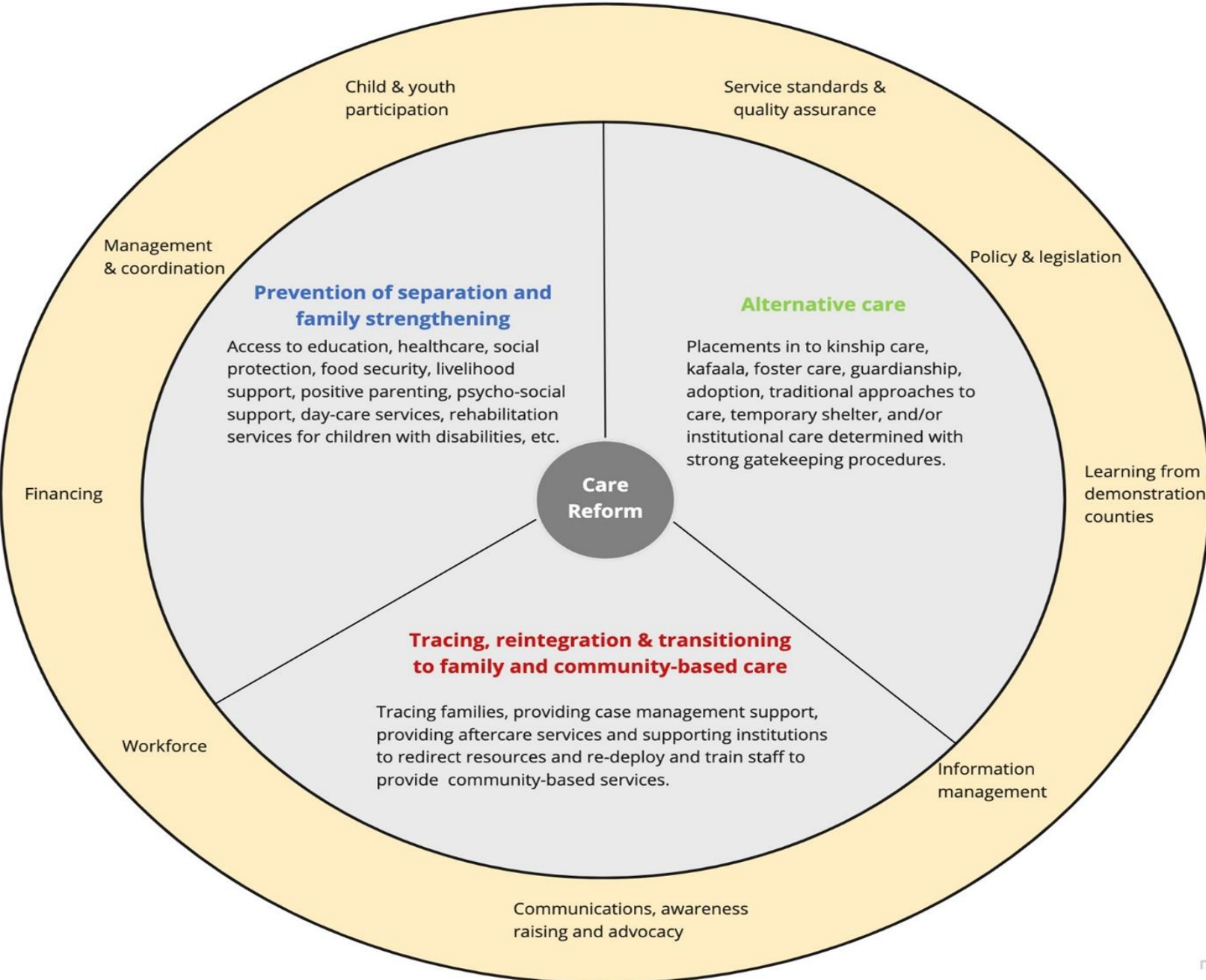


Strategic Approach to Care Reform & Pillars

Care reform is a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation.

It consists of three pillars, all of which need to function and fulfil their purpose for care reform to be holistic and sustainable.

Strategic approach to care reform



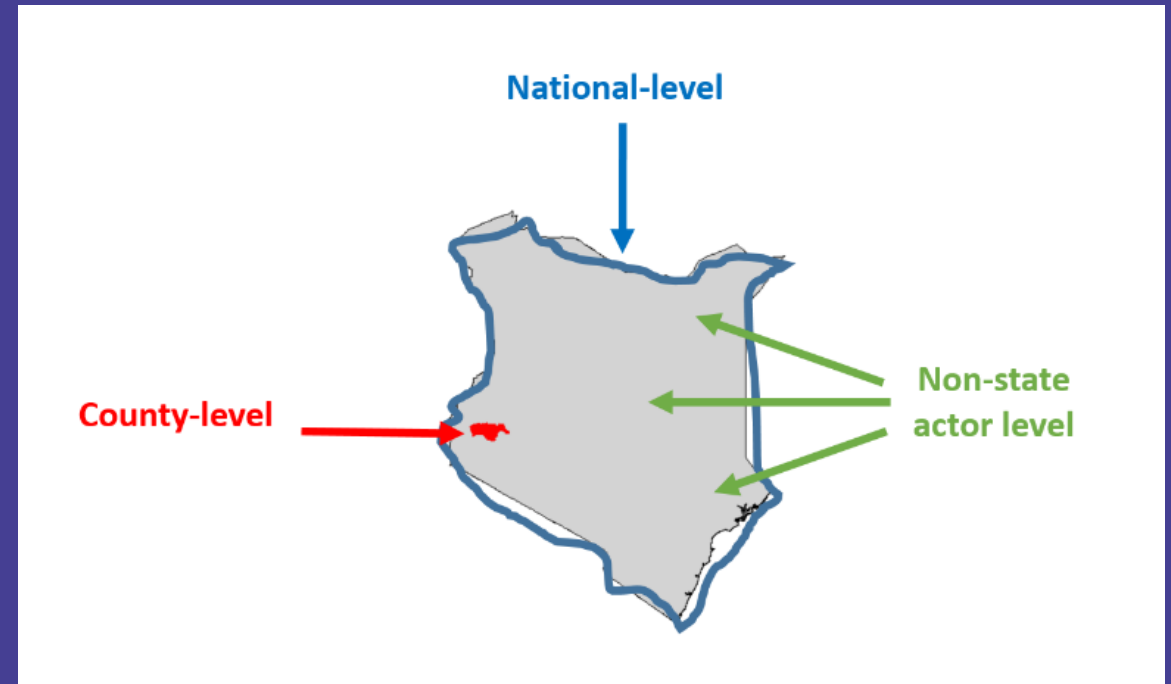
Kenya National Care Reform Strategy for Children



Care Reform Implementation Levels

The National Care Reform Strategy will be implemented at three levels and in three phases over 10 years:

- **National**
- **County**
- **Non-State actors** (Institutions, donors funders, family-based care programmes implementers, etc)



Care Reform Implementation Levels



National-level of Government

Creating an enabling environment for children to live safely and sustainably in family and community-based care.



County-level of Government

Gathering county-level data to inform county-specific action plans, M&E plans and budgets, coordination at the county level with support from the National Care Reform Coordination and Oversight Division.



Non-state actor level:

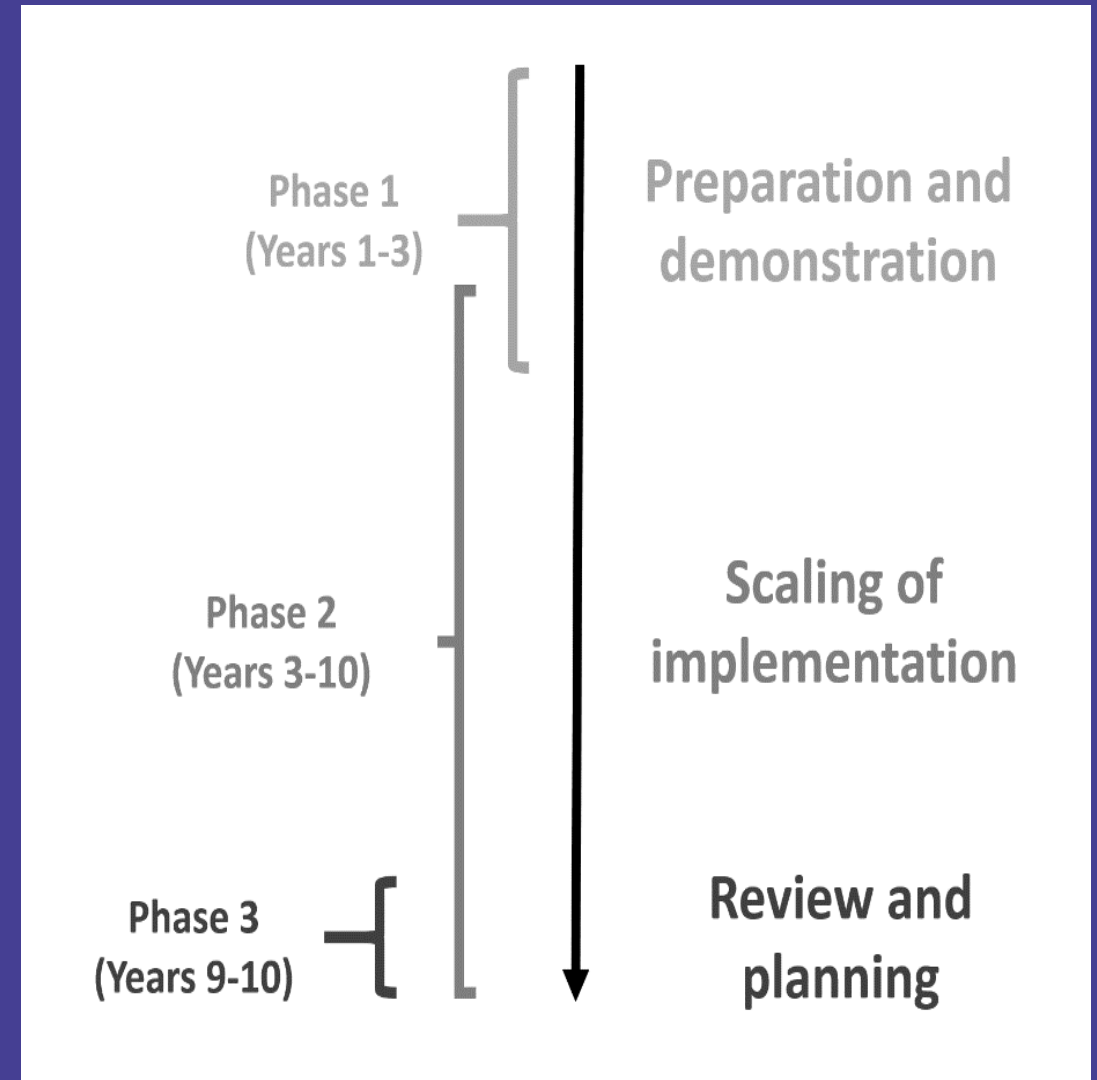
Ensures non-state actors from across Kenya engage and coordinate with the Government of Kenya and align their work with the National Care Reform Strategy.

Care Reform Implementation Phases

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

Each phase will be accompanied by a detailed work plan (or work plans) and set out SMART actions to be completed during each phase, including timeframes, responsible stakeholders, monitoring indicators and budget.

Kenya National Care Reform Strategy for Children





ROLES IN THE IMPLEMENTATION OF CARE REFORM STRATEGY IN KENYA



Transforming the Care System in Kenya is doable!

Let's not defer children's hope!