



REPUBLIC OF KENYA

**MINISTRY OF LABOUR
AND SOCIAL PROTECTION**

STATE DEPARTMENT FOR SOCIAL
PROTECTION AND SENIOR CITIZEN AFFAIRS

DIRECTORATE OF CHILDREN SERVICES



CHILD PROTECTION IN EMERGENCIES

OPERATIONAL GUIDELINES FOR CHILD
PROTECTION PRACTITIONERS IN KENYA

2023



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ACRONYMS

CAC	Children Advisory Committees
ASAL	Arid and Semi-Arid Lands
CCC	Core Commitments for Children
CFS	Child-Friendly Spaces
CPiE	Child Protection in Emergencies
CPiE WG	Child Protection in Emergencies Working Group
CPRA	Child Protection Rapid Assessment
CPIMS	Child Protection Information Management System
CPMS	Child Protection Minimum Standards
CPWG	Child Protection Working Group
CSG	County Steering Group
CSO	Civil Society Organization
DCS	Directorate of Children’s Services
ERP	Emergency Response Preparedness
FEWSNET	Famine Early Warning Systems Network
IASC	Inter-Agency Steering Committee
INGO	International Non-Governmental Organization
KIRA	Kenya Inter-Agency Rapid Assessment
MHPSS	Mental Health and Psychosocial Support
MOE	Ministry of Education
MOH	Ministry of Health
M&E	Monitoring and evaluation
NDMA	National Drought Management Authority
NDOC	National Disaster Operation Centre
NGO	Non-Governmental Organization
PFA	Psychological First Aid
RIP	Risk-informed programming
SGBV	Sexual and Gender-Based Violence
ToR	Terms of Reference
TWG	Technical Working Group

DEFINITIONS

Abuse¹: A deliberate act with actual or potential negative effects on a child’s safety, well-being, dignity, and development. It is an act which takes place in the context of a relationship of responsibility, trust, or power.

Centrality of Protection: It means identifying children who are at risk of violence, abuse, exploitation, neglect, or at risk of resorting to negative coping mechanisms and all other risks that may harm their mental, psychosocial well-being, and safety.

Child: A person below the age of 18 years.

Child labour: Work carried out to the detriment and danger to a child’s physical, mental, spiritual, and moral development in violation of international laws and national legislations.

Child marriage: A marriage where one or both parties are under the age of 18 years.

Child neglect: The intentional or unintentional failure of a caregiver – individual, community, or institution (including the State) with clear responsibility by custom or law for the well-being of the child to care for the child’s physical or emotional needs.

Child Participation: The processes which allow children to be involved in decision-making in matters that affect their lives.

Child Protection: The prevention of and response to neglect, violence, abuse, and exploitation of children.²

Child Protection in Emergencies: The prevention of and response to violence, abuse, exploitation, and neglect of children affected by emergencies.

Child Safeguarding: The policies, procedures and practices which organizations have in place to ensure that their staff/representatives, programmes and operations do no harm to children and their communities

Child Safeguarding Code of Conduct: A clear and concise guide of what is and is not acceptable behaviour or practice when employed or engaged by an organization.

Early recovery: Initial steps taken in humanitarian intervention guided by development initiatives and principles (humanitarian/development nexus), which build on development opportunities to strengthen community resilience.

Emergency: Serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent external action.

Emergency Preparedness: Activities and measures taken prior to a crisis to ensure an effective response to the impact of hazards. This includes issuing timely and effective early warnings and the temporary evacuation of people and property from threatened locations.

1 The Alliance for Child Protection in Humanitarian Action, *Minimum Standards for Child Protection in Humanitarian Action*, 2019 Edition, 2019. <https://alliancecpa.org/en/cpms>.

2 Ibid.

Exploitation: When an individual in a position of power and/or trust takes or attempts to take advantage of a child for their own personal benefit, gratification, or profit. The personal benefit may take different forms: physical, sexual, financial, material, social, military, or political.³

Inclusion: A rights-based approach aiming to ensure all persons who may be at risk of being excluded have equal access to basic services and have a voice in the development and implementation of those services.

Integrated approaches: A process which allows two or more sectors to work together towards a shared goal/ outcome(s), based on capacities and joint needs identification and analysis, and, thus, promotes equal benefits or mutually beneficial processes and outcomes among all involved sectors.

Mental Health and Psychosocial Support (MHPSS): Any type of local or external support that aims to protect or promote psychosocial well-being and prevent or treat mental health conditions.

Non-discrimination: The principle states that unfair distinctions should not be made between children on any grounds, including age, sex, gender, race, colour, ethnicity, national or social origin, sexual orientation, language, civil documentation, religion, disability, health status, political or other opinion, or other status.

Orphan: A child who has lost one or both parents to death.

Safe spaces: These are secure environments identified during emergencies to promote the protection and psychosocial well-being of children and the community. These include child-friendly Spaces, women and girls safe spaces.

Separated children: Children that are not with or accompanied by both or either of the parents or primary caregiver, but not necessarily from known relatives

Sexual and Gender-Based Violence (SGBV): Any act that is perpetrated against a person's will that is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological or sexual in nature and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.

Stakeholder: A person, group or institution with interests in a project or programme.

Unaccompanied children: Children that are not with or accompanied by both or either of the parents or primary caregiver or known relative or a responsible adult.

Violence against children: All acts that involve intentional use of power or verbal or physical force, threatened or actual, against a child or against a group of children that either results in or has a high likelihood of resulting in actual or potential harm to the child's safety, well-being, dignity, and development.

Vulnerability: Refers to individual, family, community and societal characteristics that reduce children's ability to withstand adverse impact from violations of and threats to their rights.

Worst Forms of Child Labour: All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage, serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; Using, procuring, or offering a child for prostitution, the production of pornography, or for pornographic performance; Using, procuring, or offering a child for illicit activities – in particular, for the production and trafficking of drugs as defined in the relevant international treaties; and Work which, by its nature or because of the circumstances in which it is carried out, is likely to harm the health, safety, or morals of the child.

3 Minimum Standards for Child Protection in Humanitarian Action, 2019.

FOREWORD

The development of the Operational Guidelines for Child Protection in Emergencies (CPiE) is a big step towards the realization of the rights and protection of children in dire need of protection due to emergencies.

The Directorate of Children Services in the Ministry of Labour and Social Protection, undertook the initiative to develop the guidelines out of the lessons learned from past instances where children experienced harm in times of emergencies, for instance during the 2007/2008 post-election violence, the recurrent drought conditions and flooding.

The Guidelines provide a clear framework for child-centred emergency preparedness, response and recovery. They are intended for use by state and non-state actors directly involved in interventions, as well as other stakeholders whose work may contribute to the overall safety and well-being of children during emergencies.

The development of these Guidelines was achieved through concerted efforts led by my Ministry together with the Child Protection in Emergencies Working Group (CPiEWG) members. The Government appreciates the special role played by partners in addressing child protection concerns.

In recognition of the need to improve coordination and respond to the needs of children regularly affected by emergencies, the government in the year 2016 established the Strategic Intervention Department within the Directorate of Children's Services to, among other functions, coordinate CPiE activities. The Directorate over the years facilitated capacity building for stakeholders at national, county and community level on CPiE.

These trainings set the stage for the need to develop a sustainable approach to emergency preparedness and response; hence the decision to provide a structured guideline on CPiE in Kenya. As the Ministry in charge of children affairs, I commit to ensure that those entrusted with protection and safeguarding the rights and welfare of children do it to the best of their ability and capacity. The Ministry undertakes to work with all stakeholders to provide a watertight and fool proof system for ensuring children's well-being be secured before, during and in the aftermath of any form of emergency in Kenya.



FLORENCE BORE

**Cabinet Secretary,
Ministry of Labour and Social Protection**



PREFACE

Kenya is prone to different types of man-made and natural disasters. Threats that call for child-centred early preparedness and response include recurrent droughts, inter-community conflicts and displacements, disease outbreaks and floods, emergencies caused by fires and terror attacks among others. In most emergency response operations, ranging from assessments to coordination and service provision, the protection component (especially relating to children and women) is under-resourced and under-prioritized. This can be attributed to a number of factors, among them the misconception that protection during emergencies is not a life-saving intervention. In addition, lack of knowledge and understanding of the immediate and long-term impact humanitarian deprivation has on children's developmental, mental, emotional, physical and social safety and well-being.

To ensure that every at-risk child is protected from harm, family separation, displacement, and/or any other form of adverse effects from any form of emergency in the country, the Directorate of Children's Services has come up with the Operational Guidelines for CPiE. The guidelines aim to promote common understanding of the priority actions at preparedness, response and resilience stages of disaster risk management that provide safety to children and protect their overall well-being. The guidelines serve as the primary reference material for Children Officers, partners and other stakeholders at national, county and community levels.

As the primary duty bearer, the Government of Kenya, through DCS has the responsibility of protecting children at all times, and more so during emergencies. International, national, county and local actors work with the Government to make sure functional systems are in place to respond effectively to humanitarian needs in case of emergencies. This process entails preparedness, coordinated response during the emergency and post-emergency support, including recovery and resilience strengthening.

The Guidelines are categorized into three core components structured around the standard humanitarian planning cycle; that is Preparedness, Response, and Early Recovery/Resilience strengthening phases. In each of the sections, the Guidelines highlight the key actions that coordination teams are required to undertake. Some of the proposed actions are primary undertakings by the CPiE Working Group at national and county levels, while other activities entail linkages with other sectors.

The Guidelines call for engagement with the community, strong coordination mechanisms and mainstreaming of child protection in the regular programming of the different sectors. It is my belief, therefore, that the Guidelines will serve as a useful tool to all actors in Child Protection in Emergencies.



JOSEPH M. MOTARI, MBS

Principal Secretary

State Department for Social Protection

Ministry of Labour and Social Protection



ACKNOWLEDGEMENT

The operational guidelines for CPiE were developed through the concerted effort of a wide range of stakeholders. The process brought together knowledgeable and experienced personnel from Government Ministries, Departments and Agencies, NGOs and development partners in Child Protection in Emergencies (CPiE).

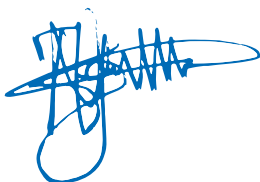
The Directorate of Children's Services is indebted to all members of the National Child Protection Working Group for generously sharing their knowledge and experience to enrich the document. Special thanks to UNICEF Kenya Country office and specifically to Bernard Kiura, Save the Children International, Plan International, Catholic Relief Services, SOS Children Villages and Terre des Hommes Netherlands who co-funded some of the review meetings convened to discuss the draft document.

Great appreciation goes to the Directorate of Children Services (DCS) team led by the Director Charles Ondogo, former Directors Noah Sanganyi and Jacinta Murgor. The Strategic Intervention Department led by Philip Nzenge and the entire staff including Philip Wapopa, Anne Thiongo, Hellen Mafumbo, Janet Mwema, Wenslaus Musindayi, Lenah Sitati, Charles Waitherero and Peter Mwangi.

The Directorate of Children's Services and the stakeholders involved in preparing the guidelines referred to existing documents on Child Protection in Emergencies and consulted with stakeholders in the field at various levels. Several workshops were convened at the County and National level to seek the views of Children Officers and NGO partners. DCS wishes to acknowledge the authors of the referenced resources where appropriate citation may be inadvertently missed out.

Our deepest gratitude goes to the children of Kenya, who inspired and encouraged the working team to finalize these guidelines.

I urge CPiE actors to popularize the guidelines by adopting them in their humanitarian work, collaboration, and coordination with other sectors. This will promote the inclusion of children in the country's humanitarian response agenda.



SHEM NYAKUTU

Secretary Children's Services


Directorate of Children's Services



INTRODUCTION

An emergency is a situation where there is serious disruption of the day-to-day functioning of a community, often exceeding its capacity to cope. Kenya experiences different types of hazards that are either man-made or natural. They include:

(a) Natural hazards

- i. Drought:** 23 out of the 47 Counties are classified as either arid (9 counties) or semi-arid (14 counties) and are prone to recurrent drought episodes that, due to climate change, have been increasing in frequency and intensity in the recent past. The increased frequency has severely undermined communities' capacity to regenerate livelihoods and recover, resulting in increased vulnerability. The cumulative effect of successive droughts is that parents and caregivers are increasingly unable to meet children's basic needs, resulting in a pile up of push factors that propel consequential events including school dropout, FGM and child marriage, family separation due to migration, and drought related health challenges among others, all of which expose children to emergencies. Additionally, competition for scarce resources often leads to inter-communal conflict that most affects children and women. The child's protective fabric at the family and community level is therefore adversely affected by emergencies.
- 
- ii. Floods:** Floods, like other extreme climatic events, have become common and recurrent. Both drought and flash floods are associated with climate change and they tend to follow successive pattern in Arid and Semi-Arid Lands (ASALs). These events disrupt livelihood activities
 - iii. Disease outbreak:** The COVID-19 pandemic is the most recent example of a health pandemic. Communities are also vulnerable to public health disease outbreaks like cholera and chikungunya.

(b) Man-made hazards

Man-made hazards are humanitarian crises caused through acts of omission or commission by individuals. Some of them include:

- i. Terrorism
- ii. Human–wildlife conflict
- iii. Inter-communal violence/banditry
- iv. Politically instigated violence
- v. Fire outbreaks

Effects of emergencies on children

1. Death
2. Physical injuries
3. Sexual and gender-based violence
4. Poor mental health
5. Children forced into armed conflicts and armed groups
6. Child labour
7. Missing, unaccompanied and separated children
8. Child marriage
9. Orphan hood
10. Child trafficking
11. Displacement
12. Emotional and psychological distress.
13. Diseases/poor health and malnutrition

Child Protection in Emergencies (CPiE) is about making all efforts to prevent, protect and respond to abuse, neglect, exploitation and violence against children before, during, and in the aftermath of an emergency. Noting that emergencies often result in the disruption of family and community fabric that is core to the protection, safety and well-being of children, natural and man-made hazards affect communities' livelihoods, result in the loss of lives and property and increase the suffering of children, women and families. This is especially true of the most vulnerable ones, whose capacities to withstand destabilizing shocks will already have been weakened by long-standing vulnerability conditions such as poverty, marginalization and the lack of, or inadequate access to essential services, internal and external displacements etc

Emergencies amplify pre-existing social and economic problems faced by children (for example; children in child-headed households, orphans, disease burdened, while new ones are triggered such as family separation, trafficking, school drop-out, child labour, displacement, child marriage, among others, affecting the child protection safety nets at individual, household and community level. If immediate action is not taken to protect children, families and communities from the negative effects of the emergency, it may result in children adopting negative coping mechanisms and suffering harm such as inability to continue with learning, child marriage and child labour, among others. In emergency situations, it is crucial for actors to respond in a way that guarantees affected children, families and communities their right to safety, dignity and well-being. This is best achieved when there is a structured

approach to ensure that no child is left behind.

The operational guidelines provide a framework for coordination with national and county-level humanitarian systems and structures as well as collaboration with stakeholders in other sectors. The guidelines are a resource that can easily be referenced in ensuring the inclusion of children in humanitarian actions.

Overall Objective of the Guidelines

To promote a sustainable and coordinated approach to child protection in emergencies

Specific objectives

1. To provide a step-by-step guide for child-centred humanitarian actions before, during and after an emergency
2. To provide contextualized tools for use by CPiE actors
3. To enhance coordination in the child protection in emergencies sector.

Scope of the Child Protection in Emergencies Guidelines

The guidelines provide for:

- Preparedness
- Response Interventions
- Resilience Strengthening
- Rapid Assessment
- In-Depth Assessment
- Coordination
- Monitoring and Evaluation

Child Protection in Emergencies Operational Guidelines' users

The CPiE Guidelines are meant for child protection actors as well as stakeholders in other sectors whose mandate affects or influences children in emergency situations.

Justification

The guidelines are the first domesticated reference material on CPiE. They are informed by field-level experience and resource materials developed by different agencies and international community, contextualized to the humanitarian operational architecture in Kenya. Prior to their development, no specific guidance was in place for child-centred humanitarian preparedness and response. Overall, humanitarian interventions by different stakeholders were not effectively coordinated, resulting in resource duplication in some areas at the expense of children in other areas.

The design, planning and implementation of humanitarian interventions was not harmonized, while child protection needs were often generalized, leaving out the salient protection risks experienced by children affected by emergencies. For instance, water trucking during droughts contributes to access to safe water for domestic use as well as minimizing the time and distance communities cover to access it. However, water trucking does not automatically cushion children from exploitation and abuse. Therefore, in addition to water trucking, there is a need to ensure that identification, assessment of at-risk children and child protection case management systems are functional.

These operational guidelines were also developed to enhance sustainability and promote prevention as opposed to ad hoc reaction to Child protection issues during emergencies.

The COVID-19 pandemic, its immediate and long-term effects on children's mental health, psychosocial well-being and the prioritization of children protection needs in health crisis response demonstrated the need for strong CPiE coordination and advocacy.

Data is core to successful emergency preparedness and response. However, the CPiE sector in Kenya did not have standard tools for data collection. Different organizations have relied on agency-specific tools, making evidence-based planning and information-sharing difficult. Standard Child Protection Rapid Assessment (CPRA) and in-depth assessment tools are included in the Guidelines. Standardization of data collection tools will contribute to better coordination, information-sharing, joint planning and response.

Finally, the compilation of the operational guidelines was necessitated because child protection during emergencies was not prioritized and mainstreamed. Children, though among the vulnerable group, have special age, - gender and diversity specific needs. Therefore, placing them in a single category of vulnerable persons often masks the risks they face by virtue of their age, dependence on adult caregivers and community/societal protection systems that are likely to be weakened by the emergency.

These guidelines therefore, are instrumental in fostering effective, relevant and well-coordinated child protection in emergency preparedness and response interventions that will achieve significant and measurable impact. They are simple, user-friendly reference materials that will contribute to the mainstreaming of child protection in other sectors and in all stages of emergency interventions.



GUIDING PRINCIPLES FOR CHILD PROTECTION IN EMERGENCIES

There are ten principles that guide actors and service provision for children in emergencies. The principles are globally accepted and adopted to give guidance to all actors working with and for children in emergencies.



Principle 1: Survival and development

All humanitarian actors should apply stimulations and nurturing relationships in all aspects of child development. They must consider the effects of both the emergency and the response on the fulfilment of children's right to life (physical, psychological, emotional, social and spiritual development).

Principle 2: Non-discrimination and inclusion

It is a universal requirement that children rights must be respected by all states and ensure that all children within their territory can realise their rights without discrimination. This includes prohibiting all forms of discrimination in the enjoyment of rights and equal opportunities as provided for in the United Convention on the rights of the child. This includes respect for the inherent dignity, diversity and acceptance of all children. Children shall not be discriminated against based on gender, sexual orientation, age, disabilities, nationality, immigration status or any other reason.

Principle 3: Children's participation

Humanitarian workers must provide children with the time and space to meaningfully participate in all decisions that affect them, including during emergency preparedness and response. Participation nurtures hope, which enables children to think about the possibility of positive change. Humanitarian actors should always support and facilitate developmentally appropriate participation by sharing decision-making power with children and being sensitive to how children's participation may change roles and/or the balance of power in a family or community.

Children can work for positive change by engaging in decision-making processes according to their evolving abilities and independence.

Principles 4: The best interests of the child

Children have the right to have their best interests assessed and taken into account as a primary consideration in all actions or decisions that concern them, both in the public and private spheres. The term 'best interests of the child' broadly describes the well-being of a child. The well-being of a child is determined by a variety of individual circumstances (such as their gender, age, level of maturity and experiences) and other factors (such as the presence or absence of parents, quality of the relationships between the child and family/caregiver, and other risks or capacities). The best interest principle guides the design, implementation, monitoring and adjustment of all humanitarian programmes and interventions, which need to be routinely re-assessed.

There are three aspects to the best interest principle.

- I. **A child's basic right:** children have a right to have their best interests assessed and taken as a primary consideration;
- II. **Legal principle:** if a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interests should be considered
- III. **A rule of procedure:** whenever a decision will affect a child, a group of children or children in general, the decision-making process must evaluate the possible impact of the decision on the child (ren) concerned and show that the right of children to have their best interests assessed is taken as a primary consideration.

Principle 5: Do no harm

Enhance children's safety, dignity and rights and avoid exposing them to further harm. Effective humanitarian action requires an understanding of child protection risks in any context through ongoing, participatory risk analysis, monitoring and reporting systems. When planning interventions, the location, timing, transport, sanitary arrangements must all be contextually appropriate to ensure accessibility and inclusiveness

Principle 6: Ensure children's access to impartial assistance

Humanitarian actors should get rid of any barriers from accessing assistance and take steps to ensure that assistance is provided in proportion to need and without discrimination. They should uphold

humanitarian principles and relevant laws to challenge any actions that deliberately deprive children and their families of their basic needs.

Principle 7: Assist children to recover from physical and psychological effects

This principle includes measures put in place to protect the affected population to avoid further violence, coercion or deprivation and strengthening children's resilience to recover their safety, dignity and rights within their communities. All response activities should enhance children's wellbeing and help the community to take charge of their safety and reduce children's exposure to risks.

Principle 8: Help children to claim their rights

Affected communities require support to claim their rights through information and documentation. All efforts should be channelled towards strengthening children's access to their rights. Actions that support children to assert their rights and to access remedies from government need to be enforced. Some of the actions include; providing children with relevant information, assisting with documentation such as birth registration, building their resilience to be able to identify solutions to their problems and support efforts to strengthen respect for rights. Sphere Handbook (2018).

Principle 9: Strengthen child protection systems

Children get exposed to many risks during emergencies. Vulnerability to one risk can make a child more vulnerable to others. Child protection systems become inactive or weakened during emergencies but can be built and strengthened at all levels during response phase. This requires a systemic approach to mitigating risks and responding to urgent needs. Child protection systems can be strengthened through identifying the root causes, contextualising responses, strengthening local ownership, multi-sectoral approach and implementing both prevention and response measures.

Principle 10: Strengthen children's resilience

Children succeed in addressing and coping with their situation depending on the patterns of risk and protective factors in their social environments and own strengths and abilities. Few protective factors increase vulnerabilities to a child facing multiple risks. Humanitarian actors have a responsibility to build children's own strengths by eliminating or reducing risk factors and by strengthening the protective factors that support and encourage resilience strengthening. Resilience arises when a child has enough protective factors, both individual and environmental, to overcome the distress caused by the risk factors. Child participation is key in building resilience.

PHASE 1: Child Protection in Emergencies – Preparedness Phase

Introduction

Emergency preparedness is the first phase of emergency response. Preparedness actions are crucial in ensuring timely response should an emergency occur. Preparedness actions are divided into two categories, Minimum Preparedness Actions (MPA) and Advanced Preparedness Actions (APA). Plans and actions under the MPA are not tied to an emergency and will mainly be implemented as part of other child protection activities. APA are a scale-up of MPA when the risk of an emergency occurring is determined to be high.



Humanitarian Programme Wheel/Cycle

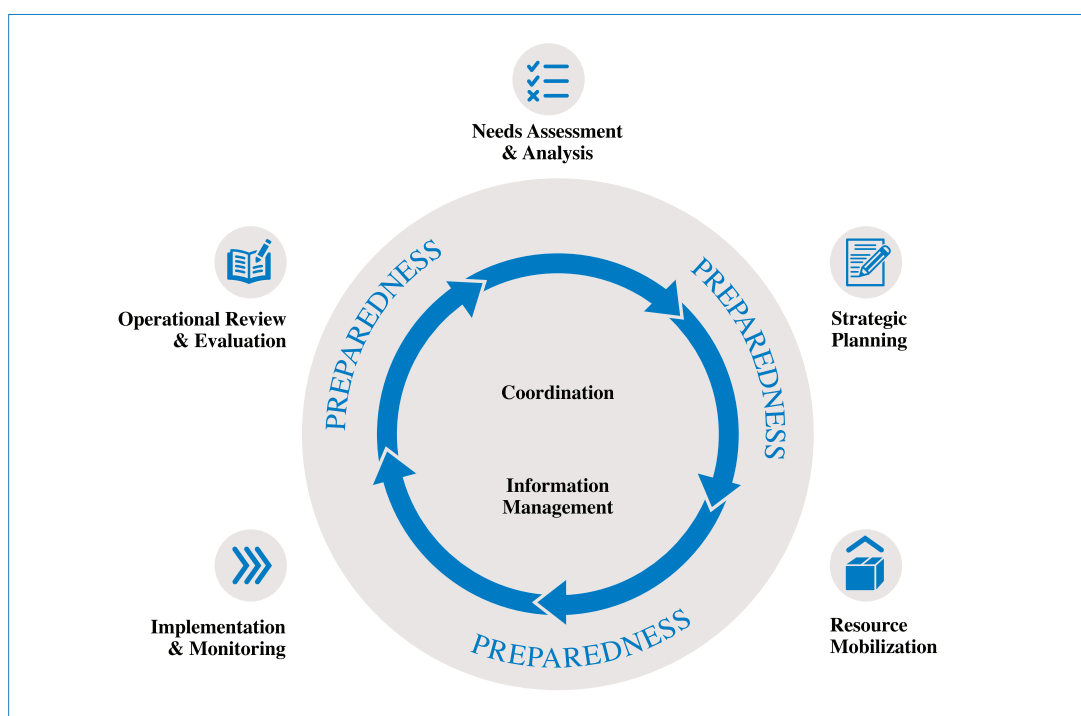


Diagram 1: Humanitarian Programme Wheel/Cycle. (Source: IASC, 2016)

What is CPiE preparedness?

Emergency preparedness is a combination of systems, processes and activities, which are put in place and implemented before a crisis occurs. Effectiveness and efficiency of an emergency response is significantly boosted through well planned and executed preparedness actions. Preparedness enables child protection actors to analyse the situation, think of the required resources and facilities and take steps to have them available before the emergency occurs. This way, the capacity to prevent adverse effects of the emergency on children and their families is maximized.

Emergency preparedness is based on the analysis of the risks and capacities in a particular area/context to prepare for all emergencies (both slow and sudden onset) requiring a coordinated response.⁴ The information acquired for emergency preparedness should be used to plan early interventions geared towards securing the safety and well-being of children. It is therefore essential to ensure a child-centred analysis of the risks and capacities.

Emergency preparedness activities and processes are informed by the analysis of risks or threats that children are likely to face should an emergency occur. According to the Inter-Agency Steering Committee guidelines, emergency preparedness entails:⁵

1. Understanding the risks and establishing a system to monitor them
2. Establishing a minimum level of preparedness; and
3. Taking additional action, including developing contingency plans, to ensure readiness to respond to the identified risks

Preparedness also entails Risk-Informed Programming (RIP). This refers to “*anticipating the best BUT preparing for the worst*”. RIP helps to perfect preparedness actions because planning is based on an in-depth analysis and understanding of the potential risks, and how they can best be prevented and responded to, as shown in Diagram 2.

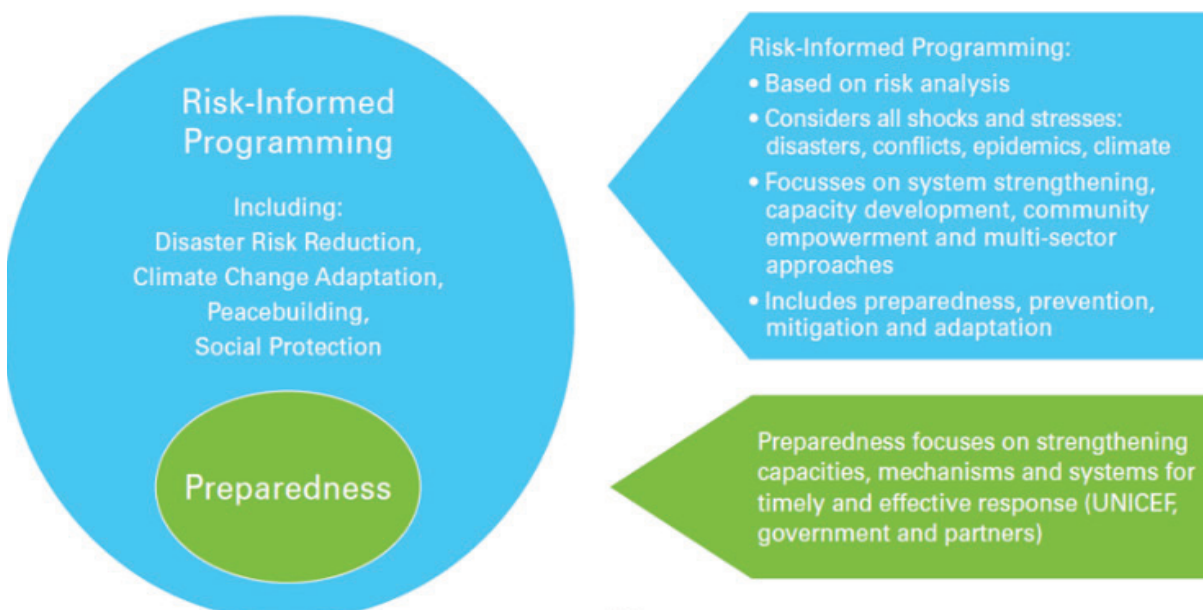


Diagram 2: Risk Informed Programming (Source: UNICEF CCC)

4 Inter-Agency Standing Committee (IASC) (2015) Emergency Response Preparedness (ERP), Risk Analysis and Monitoring Minimum Preparedness Advanced Preparedness and Contingency Planning, Draft for Field Testing.

5 The IASC Emergency Response Preparedness Approach – At a Glance July 2016

Why is Child Protection in Emergencies preparedness important?

Preparedness processes and activities are necessary because:

1. They ensure that the capacity to implement an effective, life-saving response during emergencies is in place.
2. They facilitate swifter, more effective response to humanitarian crisis.
3. They provide room for enhancing coordination with other sectors.
4. Engaging community members and children during emergencies empowers them in decision making on CP issues

RESEARCH HAS SHOWN THAT

\$1 spent on preparing is worth more than \$2 in the event of an emergency.

Preparedness saves responders more than one week of operational time on average.

Therefore, investing time, resources and materials in preparedness actions reduces the cost, and improves efficiency and overall impact of an emergency response.

Preparedness actions/activities

There are two main preparedness actions or activities namely:

1. Minimum Preparedness Actions (MPAs)
2. Advanced Preparedness Actions (APAs)

Minimum Preparedness Actions

Minimum preparedness actions are activities that child protection actors should plan and implement to establish a minimum level of emergency preparedness. MPAs are not necessarily risk- or scenario-specific (there need not be a crisis happening or likely to happen for MPAs to be planned and implemented). MPAs are about undertaking regular tasks with an emergency lens; for instance, recognizing that an emergency could occur even in an area where such occurrences are unusual and ensuring that people know what to do. Usually, MPAs do not require significant additional resources to be accomplished. However, in areas prone to emergencies, CPiE teams must make deliberate efforts to regularize minimum preparedness actions.

Key minimum preparedness actions include:

- Risk mapping and monitoring
- Establishing coordination mechanisms or strengthening those already in place (County Children Advisory Committees and the relevant Sub-Committees, Child Protection Working Groups, Child Protection Networks, and others)
- Planning and undertaking joint needs assessments
- Joint emergency response simulation exercises
- Information management, including desk reviews

Stakeholders and service mapping using 5Ws (Who, what, where, when and whom), the child protection in emergencies working group (CPiE WG) will identify lead agencies and focal points on CPRA.

Below is a sample matrix that the CPiE WG coordinator, or the assisting focal point, can use to periodically track MPAs and share updates with the members.

Example: Risk monitoring matrix – Nguvu County					
Minimum Preparedness Actions	Due date/ Timeframe	Lead person/agency	Status (done, deadline set, to be initiated, stalled)	Action taken	Other comments
Nguvu County and Sub-County CPiE WG established/strengthened	1 st Quarter [July-September]	DCS /CPiE co-chair	Ongoing	Identification of partners	Orientation workshop planned for quarter one
Risk monitoring lead persons/agency identified	1 st Quarter [July-September]	DCS/CPiE co-chair	Done	Trained/orientation on	Subsequent meeting to be held
Risk monitoring tool developed and validated	2 nd Quarter	DCS	Pending	Planning meetings ongoing	Planned for end of Nov. 2022
Stakeholder mapping (5W) finalized	2 nd Quarter	DCS	Ongoing	Mapping at the County already done	To be reviewed bi-annually
Early warning monitoring and analysis of data	1 st Quarter	DCS/CPiE WG	Ongoing	Consultative meetings held	Shared with partners to initiate planning
Convening of coordination meetings at county and sub-county level	Quarterly	DCS	Ongoing	Meeting dates diarized	1 st quarter meeting held
Carry out emergency response simulation	Bi-annual	DCS	Not initiated	Resource mobilization in progress	To be done in 3 rd quarter

Assessment of risk prevention and mitigation capacity

Assessment of risk prevention and mitigation capacity is part of the minimum preparedness actions (MPA). The CPiE WG at all levels should focus on communities' capacities to withstand potential risks by assessing existing resources (personnel, financial, material and technical). They also should assess the structures at all levels (National coordination mechanism, *Nyumba Kumi*/village elders, child protection volunteers, social welfare investment groups, among others) and by collecting related information such as contacts of child protection volunteers and *Nyumba Kumi* representatives. This enables the CPiE WG/ County Children Advisory Committees (CCAC) to assess the community's prevention and mitigation capacity and to identify locally available resources and structures that support the delivery of services. The information could help prepare children and community members for an emergency. The CPiE WG/ CAC and other actors could also use this information to target families for essential services.

Early warning monitoring and dissemination of the findings

Early warning information is regularly collected and collated by different government and non-governmental agencies, for instance the National Disaster Operation Centre (NDOC), the Meteorological Directorate, the National Drought Management Authority (NDMA), the Famine Early Warning Systems Network (FEWSNET) and the Kenya Red Cross, among others. The media as well as local communities can also be a vital source of early warning information. For instance, the NDMA has community-based monitors who periodically provide information on climate-related observations from their localities. There are various community-based early warning systems such as the pastoralist and farming communities, which are a good source of early warning information.

The Child Protection Information Management System (CPIMS) is another source of information on children's data which can inform MPAs. For instance, an increase in the number of children engaging in child labour could be an indicator that some children are not in school or are combining schooling and work. This may also be an indication of families not being able to meet the basic needs of children.

The CPiE WG at national, county and local levels should gather early warning information from different sources, analyse the information considering issues that may affect children and use it to plan and implement preparedness actions such as resource mapping, resource mobilization, linkages with other sectors and strengthening coordination. The information should be used to update relevant stakeholders and bring to their attention the likelihood of an emergency occurring. Early warning messages and needs assessment information should be packaged in a user-friendly manner and disseminated to the communities through channels accessible to the target audience, like the local radio stations, Chiefs' barazas, religious institutions, children's assembly meetings, CP referral pathways.

Advanced Preparedness Actions (APAs)

If the findings of the risk assessment and the early warning monitoring establish that an emergency is either likely or highly likely to occur, then the CPiE WG members will shift from MPAs to Advanced Preparedness Actions (APAs). APAs also go hand in hand with contingency planning⁶ and involve planning for a specific risk. APAs and contingency plans build on the MPA's activities and processes.

APA strengthens the CPiE WG readiness to respond to risks resulting from emergencies. The contingency plan outlines the response strategies and the activities to be implemented in the first 3 to 6 months into an emergency. The contingency plan specifies the risks that could arise, what is required and the gaps that must be addressed (for example funding, pre-positioning of food and non-food items (NFI), personnel, appropriate safe spaces and many more).

WHY A CONTINGENCY PLAN?

1. All CPiE partners reflect on the scope of emergency, humanitarian needs, and scale of the response. Every year, CPHA partners should convene to review risks and prioritize interventions
2. All partners contribute to defining sector response strategies, activities, and budget
3. There is general understanding of the gaps in planned response and how to address them
4. Contingency plan is the main plan for a coordinated response.

⁶ Inter-Agency Steering Committee Emergency Response Preparedness (ERP)

Advanced preparedness actions include:

- Ensure there is a functional inter-agency CPiE WG. The CPiE WG in Kenya is chaired by a government official (Children’s Officer). The group’s mandate is guided by the CPiE WG Terms of Reference (ToR).
- Ensure the Minimum Preparedness Actions have been achieved (if this is not the case, there will be a gap in the APA).
- Have an updated contingency plan.
- Alignment of the child protection humanitarian response plan with the national preparedness and response plans and the County preparedness and response plans. At the County level, this will entail alignment with the County emergency preparedness and response plan. It is also important to ensure linkages with regional plans, e.g., the cluster/ Hub⁷ preparedness and response plans.
- Coordinate and collaborate with the target communities, ensuring they are meaningfully involved in all preparedness activities. The involvement of children is also core to successful emergency preparedness actions. *Please refer to the national child participation guidelines.*
- Develop funding concept notes and proposals. Organize briefings with potential donors, including private sector partners.
- Ensure that the Child Protection Rapid Assessments (CPRA) tool and the Child Protection Information Management System (CPIMS) tools are in place. Identify lead points [issues] on CPRA and carry out sensitization. Established CPIMS reporting process will be followed.
- Finalize and disseminate information on the 5Ws (**Who** is doing **What**, **Where When** and **to /for whom**).
- Identify and address CPiE training needs.
- Based on the risk assessment and monitoring, determine the supplies that are required in the event an emergency occurs and develop a pre-positioning plan. Pre-positioning supplies can be at the DCS or partner stores/warehouse or other safe and secured facilities within the community. At the same time, the distribution plan should be prepared as this also determines the most appropriate sites to pre-position the supply items. Linking pre-positioning and distribution plan results in savings and logistical convenience.

Child Protection in Emergencies Preparedness Actions – Implementation Checklist

The checklist aims to enable the CPiE WG to self-evaluate the level of preparedness and help the team’s planning process. Please use the checklist to identify areas where preparedness tasks have not been completed to update your action plans.




























⁷ Kenya is clustered into 8 regional emergency hubs. The Hubs are coordination from the following areas: Eldoret, Garissa, Isiolo, Kisumu, Mombasa, Nairobi, Kapenguria and Nakuru.

The checklist uses the traffic lights logic:

- Green implies the activity has been fully implemented to the level required for the preparedness phase.
- Yellow boxes should be marked if the activity is still ongoing, with a high likelihood of completing implementation/preparedness action well before the emergency occurs
- Red light refers to activities that have not started or are lagging behind and require fast tracking.

NB: CPiE WG teams can adjust the checklist depending on the reality in their area of operation. There may be activities that are not covered but are relevant to the operation and vice versa. In short, the checklist is meant to be a practical tool to aid the working groups in effective emergency preparedness and response.

 Done  Ongoing/on track  Delayed/not started

	Action points	Status			Comments
Minimum Preparedness Actions					
1	CPiE risk monitoring is in place and activated, including desk review/analysis of secondary data				
2	CPiE Working groups (CPiE WG) are established at national and county level				
3	CPiE WG Terms of Reference are finalized/endorsed by members				
4	CPiE WG capacity assessment and capacity strengthening are done				
5	CPiE WG holds regular coordination meetings				
6	CPRA tools are finalized and endorsed by CPiE WG members				
7	Joint emergency response simulation exercises are successfully carried out				
8	5W stakeholders' mapping done (WHO is doing WHAT , WHERE , WHEN and to WHOM)				
Advanced Preparedness Actions					
1	CPiE WG meetings are regularly held, with a higher frequency compared to MPA period				

	Action points	Status	Comments
2	Information on risk monitoring, including desk review, is updated	Done	
3	Review of MPA implementation progress is undertaken	Done	
4	5W mapping is updated	Done	
5	Risk-informed Contingency Plan is developed/updated	Done	
6	Coordination with other sectors is taking place, interventions are monitored and CPiE mainstreamed	Done	
7	Meaningful engagement and the participation of children is ongoing	Done	
8	Community engagement is ongoing	Done	
9	Children are sensitized and engaged in preparedness actions	Done	
10	Supplies and pre-positioning plan are implemented	Done	
11	CPiE training needs are identified and addressed	Done	
12	CPiE budgetary needs are identified	Done	
13	Proposals and funding concept notes are developed	Done	
14	Engagement with donors and private sector is ongoing	Done	
15	Background checks and ethics training are conducted for all prospective CPiE response personnel	Done	

Done
 Ongoing/on track
 Delayed/not started

PHASE 2: Child Protection in Emergencies – Response

In Kenya, children constitute more than half of the population. They are at risk of being the most affected, but also bear the brunt of the consequences at times of crisis. Humanitarian crises disrupt children’s living conditions and the protective fabric of society and may result in the following:

- Physical, economic, sexual, emotional and psychological violence and abuse
- Neglect as the caregivers’ capacity to take care of their children is weakened and/or eroded
- Injuries especially during conflict in the community, political riots, unrest or other calamities
- Harmful practices like child marriage, female genital mutilation
- Mental health and psychosocial distress
- Child labour and other exploitative practices
- Child trafficking
- Children association with armed forces and groups
- Family separation
- Justice for children may be elusive

“Humanitarian crises often have long-lasting, devastating effects on children’s lives. Child protection actors implement interventions that prevent and respond to all forms of abuse, neglect, exploitation, and violence. Effective child protection builds on existing capacities. Timely interventions support the physical and emotional health, dignity, and well-being of children, families, and communities. Child Protection in Emergencies includes specific activities conducted by local, national, and international child protection actors. It also includes efforts of non-child protection actors who seek to prevent and address abuse, neglect, exploitation, and violence against children in humanitarian settings, whether through mainstreamed or integrated programming. Child Protection in Emergencies promotes the well-being and healthy development of children and saves lives”.

Extract from the CPMS, (2019 edition)



An effective response to the protection risks children face during a humanitarian crisis is dependent on the Minimum and Advanced Preparedness Actions that are planned and implemented long before a crisis occurs, as explained in the previous section. This is especially significant for Kenya where, in most instances, the crisis faced are climate related (recurrent droughts, flash floods) and man-made (inter-communal violence, post-election violence, political instability, insecurity).

In the event that the humanitarian situation has deteriorated to the extent of putting the lives, rights and well-being of children, their families and communities at risk, then CPiE stakeholders are required to activate the emergency response plan put in place during the preparedness phase. Humanitarian response to emergency distressed children and their families, focuses on the provision of life-saving support. This is especially important because the factors causing the emergency will have affected the community to the extent that the capacity to prevent negative effects is weakened and/or lacking. The required response activities are therefore activated in a coordinated manner.

Experience has shown that the risks of violence against children during and after humanitarian crises increase. For instance, following the closure of schools due to the COVID-19 pandemic there was an increase in incidences of violence against children, child marriage, sexual and gender-based violence (SGBV), child pregnancy and other forms of abuse and exploitation.

Prioritization of the response actions should be informed by the needs and risks assessment.

During a child protection response to severe drought in 2017, CP stakeholders in one of the affected counties identified a 15-year-old boy with disability in the streets of the county capital. Upon assessment, it was established that the disability was because of an accident that occurred during the 2007/2008 post-election violence.

Specific actions during an emergency response

Key steps to undertake during emergency response:

1. Multi-Rapid Assessment (within 72 hours – KIRA)

This is an inter-agency rapid assessment mechanism established by the government and stakeholders in Kenya. Kenya Inter-Agency Rapid Assessment (KIRA) activation is often planned and implemented in counties affected by an emergency crisis. CPiE members must therefore be proactive and engage in KIRA activation discussions to include child protection concerns. KIRA does not go into detailed information about the emergency but provides a snapshot of the situation (for instance how people have been affected, where they are and their immediate response needs).

2. Child Protection Rapid Assessment (CPRA)

The operational Guidelines include a CPRA tool, which is recommended for use by CPiE actors at the national and county levels. Use of a common tool is encouraged as it contributes to enhancing coordination, information-sharing and effective response. CPiE, following the 5W mapping, will identify lead agencies and focal points on CPRA. The identified focal persons are familiarized, including being taken through refresher sessions on CPRA. The CPRA can be contextualized to a particular locality – for instance, questions which do not apply to the reality of the response operation area can be omitted. The rapid assessment process aims at finding out the following:

- a. Scale of the emergency (How many children/families are affected? Where? How have they been affected?)

- b. Vulnerabilities and risks (What type of danger/risks do children face; for example: physical injuries, sexual abuse, abduction, child labour, family separation, among others. Which vulnerable groups might be exposed to further suffering? For instance, children with disabilities, unaccompanied and/or separated children, LGBTIQ+ children.)
- c. Priority needs/need-based assistance (Identify priorities and establish an informed response)
- d. Strategy development: (How will the CPiE sector carry out these activities to address the identified needs, vulnerabilities, risks, among others.)

JOINT NEEDS ASSESSMENT

In Kenya, the State and humanitarian stakeholders have a nationally agreed multisectoral assessment tool, namely the Kenyan Inter-Agency Rapid Assessment (KIRA). KIRA is the agreed framework for carrying out joint needs assessments at the very onset of a crisis impacting different sectors (health, WASH, education, nutrition, livestock). CPiE WG members should collaboratively use KIRA and participate in undertaking KIRA to ensure the protection needs of children are met. KIRA is a multisectoral assessment. It helps in generating a first-hand snapshot of the humanitarian needs within the first hours/days of a humanitarian crisis or emergency. It is not comprehensive and can only provide an overview of the situation. After KIRA, and based on the need, sectors will undertake assessments using sector-specific tools. For the Child Protection Sector, this is the Child Protection Rapid Assessment (CPRA) tool. CPiE WG members will establish assessment teams with clear Terms

of Reference (ToRs). Joint assessments mean that different partners/agencies under a common coordination forum use commonly agreed tools and assessment methodology to carry out assessments. These guidelines include a Child Protection Rapid Assessment tool. The tool is for use by the Child Protection Working Groups at national and county levels. CPiE WG members at the national and county level are required to coordinate with other sectors in carrying out assessments. Every sector's mandate touches on children's safety and well-being. For example, the WASH sector contributes to good hygiene and hence prevents waterborne diseases and enhances the children's right of survival. It also minimizes the distance covered by families to obtain water and enhances their safety on the way to and from water points. In education, the advantages of children remaining in school or in some form of learning activities during emergencies outweigh the disadvantages associated with children being out of school.

Step-by-Step activation of the CPiE Response Phase

Step 1: DCS at national or county level depending on the response activates communication with the CPiE members and community-based CPiE focal persons. At the same time, coordination meetings, site visits, and other necessary response actions commence.

At the national level, the CPiE coordinator (DCS) ensures that the Child Protection (CP) sector is represented in other national coordination forums such as Kenya Food Security Steering Group coordination meetings, Kenya Humanitarian Partnership Group and child protection concerns are integrated in national and county-level response plans and budgets.

At the county level, the CPiE coordinator/lead ensures that the CP sector is represented in the County Steering Group (CSG) meetings and that child protection concerns are integrated in the county response plans and budgets.

- Step 2:** The CP sector coordinator/lead activates the CPRA process and contingency plan implementation by convening a CPiE meeting within 24 hours following the occurrence of an emergency and/or risk monitoring information indicating continued deterioration of the situation that poses a risk to children’s safety and well-being. The CPiE activates information-gathering teams and reaches out to key informants who work directly with children, for example Children Officers, Child Protection Volunteers, teachers, religious community, and Civil Society Organization (CSO) /NGO staff, among others. Emergency response should be ongoing as the CPRA process goes on.
- Step 3:** Analysis, reporting and dissemination of CPRA findings, which can be further enriched with information generated through desk review, for instance information on child protection risk monitoring. This information will be used to update the response interventions, including updating of the response plan, response budget, pre-positioning, distribution plans, 5W mapping, undertake resource mobilization, engagement and coordination with other sectors. Child protection emergency messaging will include CPRA generated information as a means of sharing feedback to affected children and their families.
- Step 4:** CPiE coordinator and members coordinate and support full-scale CPiE response interventions, continuous review, monitoring, data collection and reporting.

***NB 1:** Where it is not possible to carry out comprehensive CPRA, the CPiE members may opt to collect basic information that will inform appropriate response activities. Ensure the hard-to-reach children and other disadvantaged groups (children with disabilities, child-headed households, etc.) are reached. Areas to collect information on shall be as per the standard CPRA tool attached as annex 1.*

***NB 2:** Although rapid assessment is designed primarily to determine the immediate needs in an emergency, it shall also capture information that could be used in the long-term recovery. CPiE members are also strongly encouraged to plan for and carry out a post-response assessment, ideally 3 months after interventions and as communities return to normalcy.*

***NB 3:** Children and community involvement, including in gathering the information, understanding the identified needs, and implementing appropriate interventions, is key to ensuring the information collected is used for the intended purpose. Please refer to the section on cross-cutting issues, where children participation is further analysed.*

***NB 4:** CPiE Members convene rapid briefing/refreshers session on the CPRA tools, ensuring information-gathering teams master the requisite interviewing techniques. Questions need to be asked in an easy way, shall be sensitive to the culture of the community and respect the “do no harm” principle. Ensure child safeguarding by promoting confidentiality to sensitive information. Obtain consent/assent when collecting information from children. Where consent/assent is not possible to get, resort to other acceptable means of ensuring confidentiality and ethical conduct such as secure verbal consent and assent.*

***NB5: Data protection:** Children’s information shall be handled with a high level of confidentiality. Consent/assent must always be sought before any information about a child is collected, with clear explanation in a language the child and/or the caregiver (provider of information on behalf of the child) understands. The child and caregiver must also be informed on how the child’s information is to be used and who would be involved. A child’s data shall only be shared on a “need to know” basis. All data management systems shall comply with national and international standards on protection of personal data, which is part of child safeguarding.*

3. Integrated Approach: Collaboration with other sectors

Emergencies bring about multiple risks to children and their families. The needs of children during humanitarian crises are linked to the roles and mandates of other sectors. A stand-alone intervention is inadequate. Adopting a multi-hazard and multi-sectoral approach in CPiE is the most effective strategy.

In all forms of emergencies, protection takes centre stage; protection is the purpose and intended outcome of humanitarian action and must be at the centre of all preparedness and response actions.⁸

Multi-sectoral programming includes and addresses child protection considerations and contributes to the protection of children during and after a crisis. It is a win-win strategy, which improves the outcomes of other sectors, promotes positive outcomes for children and safeguards their well-being. The CPiE at the national and county levels shall therefore embrace integrated approaches to the protection of children in emergencies. This will include joint planning, information-sharing, joint needs identification and analysis. An integrated approach to CPiE involves deliberately designing and implementing programmes with child protection and one or more other sectors to:

1. Prevent and respond to abuse, neglect, exploitation and violence
2. Ensure quality child protection services
3. Promote children's development, rights and well-being
4. Build on cooperation, outcomes and impacts of other sectors

4. Distribution of relief items

Emergencies refer to unexpected events that result in major physical loss or damage, social and/or economic disruption, and human suffering. The notion of emergency entails the occurrence or imminence of conditions of socio-economic hardship of severe intensity affecting large sections of a country's population or area. Emergencies involve disruption of normal livelihood and economic activity, destruction of property, housing and public services; breakdown of industrial, commercial and communications infrastructure; human displacement and loss of life.

Emergency relief is the provision of essential needs to individuals, families and communities in the immediate aftermath of an emergency. Emergency relief includes:

1. Immediate provision of emergency relief at the site of the emergency.
2. Provision of relief services elsewhere, including:
 - a. Emergency relief centres
 - b. Places of gathering (such as community centres, parks, schools and shopping centres).
 - c. Airports, ports, train/bus stations and other transit sites.
 - d. To those remaining in homes, workplaces and schools or other areas rather than evacuating or relocating.

The provision of life support and essential needs to people affected by an emergency is the first stage of emergency recovery. In this respect, emergency relief functions are well integrated within early recovery activities.

⁸ CPMS 2019, and the IASC 2013 Statement on the Centrality of Protection in Humanitarian Action.

Relief distribution: Emergency relief means providing immediate assistance to the victims of conflicts or disaster situations. After an emergency, people are affected differently and that is what informs the relief items to be distributed. Emergency relief is classified into two categories namely food and non-food items.

CPiE members shall work with the distribution staff to ensure the distribution process is sensitive to the needs of children considering age, living status (orphans, child-headed households, unaccompanied and/or separated children), types of materials being distributed, child labour (as children may be used as porters), time and place of distribution among others.

The CPiE members should liaise with the distribution team in ensuring distribution personnel are sensitized on child rights and the prevention of sexual exploitation and abuse, sexual and gender-based violence and other worst forms of abuse and exploitation. Past instances have shown that children and communities in humanitarian distress are most vulnerable to multiple forms of exploitation when it comes to distribution of relief items.

The CPiE WG shall champion the accountability to beneficiaries through transparent distribution of relief items. Children shall have access to information on time of distribution, sites and items to be distributed which they are entitled to. Camp manager shall accompany children in child-headed households, orphans, unaccompanied and separated children, to the distribution sites, or items to be distributed shall be delivered to their homes as they may face challenges moving the items from distribution centres to their homes.

5. Child-Friendly Activities

Child-Friendly Activities (CFA) are safe and secure child-centred interventions bringing children together to promote their mental health and psychosocial well-being. They will include play activities that contribute to restoring a sense of normalcy and protect them against the adverse effects of the disaster/emergency. The purpose of child-friendly activities is to bring together integrated services for children affected by emergencies by providing psychosocial support, building resilience, and ensuring the well-being of children through structured activities.

The setting up of child-friendly spaces will focus more on activities that are geared towards achieving the restorative objectives rather than the physical facility.

Where such facilities are lacking, child-friendly activities can be convened in other community-owned facilities, (open fields or under a tree), as long as the space is safe for children (mobile/ “pop-up” CFSs). The activities are to be facilitated and supported to achieve set objectives. All actors shall adhere to the existing Standard Operating Procedures (SOP) for setting up child-friendly spaces.

6. Justice for children

Emergencies create special circumstances which bring children into contact and/or conflict with the law in many ways; (as witnesses, victims or offenders). At the same time, judicial services may be interrupted by emergencies, for instance; insecurity may prevent children officers and other court officials from accessing children in need of services. The CPiEWG has the responsibility of ensuring the child justice system addresses the needs of affected children. Child Protection (CP) actors shall advocate for the prevention of harm to children, for instance prevention of exploitation and abuse, as well as justice to survivors of such violence. Equally, CP stakeholders will coordinate with other actors to ensure that children in contact with the law are humanely treated in accordance with the legal provisions. These include:

- Right to be treated with dignity and compassion during court proceedings
- Right to be protected from discrimination in all court proceedings
- Right to access relevant information
- Right to express their views and concerns in a language they understand
- Right to be heard expeditiously
- Right to legal aid
- Right to privacy and Safety

7. Working with other sectors

Partnerships build bridges between partners in the emergency sector which is important in strengthening the initiatives. True partnerships are based on mutual respect, where both parties communicate, flexible, provide mutual, and measurable results. These qualities are crucial in optimizing your partnership agreements. In an emergency, partners should consider which areas of work in child protection are priorities in the situation, and ensure that the applicable standards are met or on track to being met by all the partners. Humanitarian partners should work together and analyse the situation at hand and work together to realize the intended objective.

Adapted from the CPMS (2019 edition) pages 226-227:

WASH: Wash programmes consider age, gender, disability status of children when:

- (a) Designing water and sanitation facilities in schools and
- (b) Promoting menstrual health training modules that include child protection considerations.

Shelter: Have Child protection staff work with shelter and settlement staff to:

- (a) Identify households and individuals who are at risk
- (b) Address the situations of children in different living situations, and
- (c) Conduct response monitoring activities'

Health and Nutrition: Child protection, health and nutrition sectors plan and implement joint missions with:

- (a) Standard operating procedures for identification and referral of children at risk.
- (b) Planned responses to such referrals, including family tracing and reunification services or parenting programmes.

Mental Health: Mental health and child protection personnel work together to create an SOP to include a child protection social worker or counsellor in health centres to:

- (a) Streamline multi-sectoral linkages for more predictable and timely case coordination and referrals.
- (b) Promote improved child-centred care (such as training on communicating with children).
- (c) Provide individualized, specialized care to address psychosocial distress among children accessing health services

MHPSS: Programmes use case management, health and MHPSS interventions and livelihood opportunities to respond holistically to child survivors of SGBV or children formerly involved in armed conflict and groups.

Education: Child protection and education actors jointly establish a safe space and deliver mental health and psychosocial support, case management and education interventions in a coordinated programme.































Food Security: Programme brings together food security, child protection and sexual and gender-based violence to reduce harmful coping mechanisms such as child marriage or family separation.

Social Protection: These are programmes, policies and action including legislative measures which seek to enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their livelihood and welfare; for instance, cash transfer programmes.

Child Protection in Emergencies Response Actions – Implementation Checklist

This section follows the same format outlined in the preparedness phase. The aim of the checklist under the response actions phase is for CPiE WG to self-assess on level of readiness to implement emergency response actions. Teams are free to adjust the checklist to reflect the reality in their areas of operation.

 Done  Ongoing/on track  Delayed/not started

	Action point	Status	Comments
Coordination			
1	A CPiE WG is in place and functional	  	
2	Contingency plan is finalized	  	
3	Upon determination of a humanitarian crisis, CPiE coordinator/lead agency convenes meeting within the first 24 hours	  	
4	5W mapping is updated, roles and responsibilities are mapped out	  	
5	System for equitable allocation of resources is put in place	  	
6	Terms of Reference are put in place	  	
7	Response Plan is updated/put in place	  	
8	Coordination with other sectors is ongoing	  	
Rapid Assessment – KIRA			
1	CP sector is involved in KIRA	  	
2	CP issues are included in KIRA tool	  	

	Action point	Status	Comments
3	CP stakeholders participate in KIRA exercise	■ ■ ■	
Joint Child Protection Rapid Assessment – CPRA			
1	CPRA tool is in place	■ ■ ■	
2	CPRA focal person are identified	■ ■ ■	
3	CPRA focal person participate in refresher sessions on CPRA	■ ■ ■	
4	CPRA is initiated within 72 hours into the crisis	■ ■ ■	
5	Community outreach is taking place	■ ■ ■	
6	Participation of children in CPRA is taking place	■ ■ ■	
7	CPRA information is complemented with information on ongoing situation monitoring	■ ■ ■	
CPiE Response Actions			
1	CPiE stakeholders are on the ground preventing and responding to risks children are facing due to the crisis	■ ■ ■	
2	Children and community members are involved in the response	■ ■ ■	
3	Safeguarding measures are enforced for each operating agency / stakeholder	■ ■ ■	
4	Response monitoring and learning is happening	■ ■ ■	
5	Information management is monitored, including information-sharing on a need-to-know basis by relevant stakeholders	■ ■ ■	
Integrated Approach: Collaboration with other Sectors			
1	Joint intersectoral planning and implementation is ongoing	■ ■ ■	
2	CPiE is mainstreamed in other sectors (Education, WASH, Health, Nutrition, Agriculture, Livestock, Protection, Food Security & Livelihoods etc.)	■ ■ ■	
3	Information-sharing with other sectors is regularly done	■ ■ ■	
Distribution of Relief Items			
1	Distribution plan is developed and endorsed by the CPiE WG members	■ ■ ■	
2	Beneficiary identification criteria is in place	■ ■ ■	

	Action point	Status	Comments
3	Distribution plan is costed (transport, warehousing, etc.)		
4	Beneficiaries are sensitized on distribution points, distribution items, etc.		
5	A plan is in place to ensure children with specific needs are included in the distribution plan		
Child-Friendly Activities			
1	Structured child-friendly activities are ongoing		
2	Consideration of girls' and boys' needs in facilitating child-friendly activities		
3	Barriers to the participation of children are addressed		
4	Children and the community are involved in child-friendly activities, including planning and implementation		
5	Training for facilitators of child friendly activities		
6	Ensure child-friendly activities are building on existing structures and capacity within the community		
7	Child-friendly activities are inclusive and non-discriminatory (e.g., activities are appropriate for children with disabilities, children of minorities participate in activities, social, cultural and religious considerations are addressed)		
8	Activities are children-driven, not adult-driven		
9	Where facilities are available, they are safe for use by children		
Access to Justice			
1	Access to justice for children during emergencies is enhanced		
2	Justice is provided in child-friendly environment, e.g., children court		
3	Law enforcement stakeholders are sensitized on child rights; be they survivors or perpetrators		
4	CPiE WG members are represented in the Court users' committees		
5	Law enforcement officers, e.g., the police, are included in the CPiE WG		

PHASE 3: Child Protection in Emergencies – Recovery and Resilience Strengthening

1. Early Recovery and Resilience Strengthening

Early recovery: Recovery entails supporting crisis-affected populations to start getting ‘back on their feet’, such as return to their regular social and economic activities in their homes or places of settlement, where returning to the same community and environment is not possible. Recovery starts at the same time as the emergency response, through planned humanitarian development nexus.



Resilience strengthening: This is empowering of individuals, households and communities to withstand, adapt, and quickly recover from stresses and shocks, both from natural and man-made disasters. It simply means being able to withstand hardship during an emergency and bouncing back to normalcy. Resilience strengthening may involve supporting food and nutrition, security, protecting vulnerable livelihoods and promoting social protection schemes for the most vulnerable such as internally displaced persons (IDPs), refugees and their host communities. It also calls for comprehensive approach programmes to enable communities to benefit from greater access to basic services in line with national and local development strategies and plans.

Resilience strengthening for children is ensuring their progressive return to normal life, such as uninterrupted education or learning, being with family and friends, psychosocial and mental well-being, and family reunification. Resilience strengthening for children also includes strengthening the capacity of their parents and caregivers to meet their basic needs. Recovery involves ensuring children, their families and communities strengthen coping mechanisms to better mitigate future crisis.

Effective early recovery and resilience strengthening interventions in child protection, are those that blend with emergency contingency planning. They are informed by early warning information, risk assessments and adapted to address community and environmental realities of the area. For instance, water dams in ASAL areas, pre-arranged alternative care arrangements for children whose families migrate in search of pasture, food storage, support of the market systems, irrigation schemes and other food security measures.

Early recovery is divided into two sets of activities, which include:

Short-term activities: These activities restore vital life-saving support for children to minimum operating standards. They include access to basic services such as food, temporary schooling structures, family tracing and reunification, continued psychosocial support, return to regular social economic activities in families and communities affected by the emergency.

Long-term activities: These activities require more time and financial resources to implement. It is the backbone of recovery. Such activities may include reconstruction of the destroyed infrastructure such as homes, schools, health facilities, roads, bridges, buildings and social amenities as it might take a long time to bring life back to normalcy. The child protection sector and other actors should adopt a multi-sectoral approach to optimize recovery.

2. Economic Recovery

Economic recovery programmes should have strategies that factor in holistic aspects of human life including social, political, economic, and environmental restoration. Economic recovery actions may include cash transfer activities, income-generating activities, vocational skills training, job opportunities (manual, as opposed to use of machinery, reconstruction of roads, food for assets) which increases availability of jobs and income opportunities for parents and caregivers. Other interventions that promote economic recovery include enterprise development, cooperatives and microfinance initiatives.

CPiE Working Group Early Recovery Implementation Checklist

	Action point	Status			Comments
1	CPiE stakeholders build partnerships and invest in recovery actions				
2	CPiE WG working with education sector in ensuring school-going children continue learning at the earliest opportune time possible				
3	CPiE WG coordinates with Social Protection in facilitating cash-based interventions				
4	Child Protection Stakeholders ensure children and families participate in planning and implementing recovery actions				

 Done
  Ongoing/on track
  Delayed/not started

Cross-cutting issues

These are essential components in emergencies that affect most or all aspects of humanitarian activities. They should therefore be integrated and mainstreamed throughout all stages of humanitarian actions. Some of these components include:

1. COORDINATION

Emergency coordination management includes the strategies and actions to plan, prepare, mitigate, manage and recover from major emergencies.

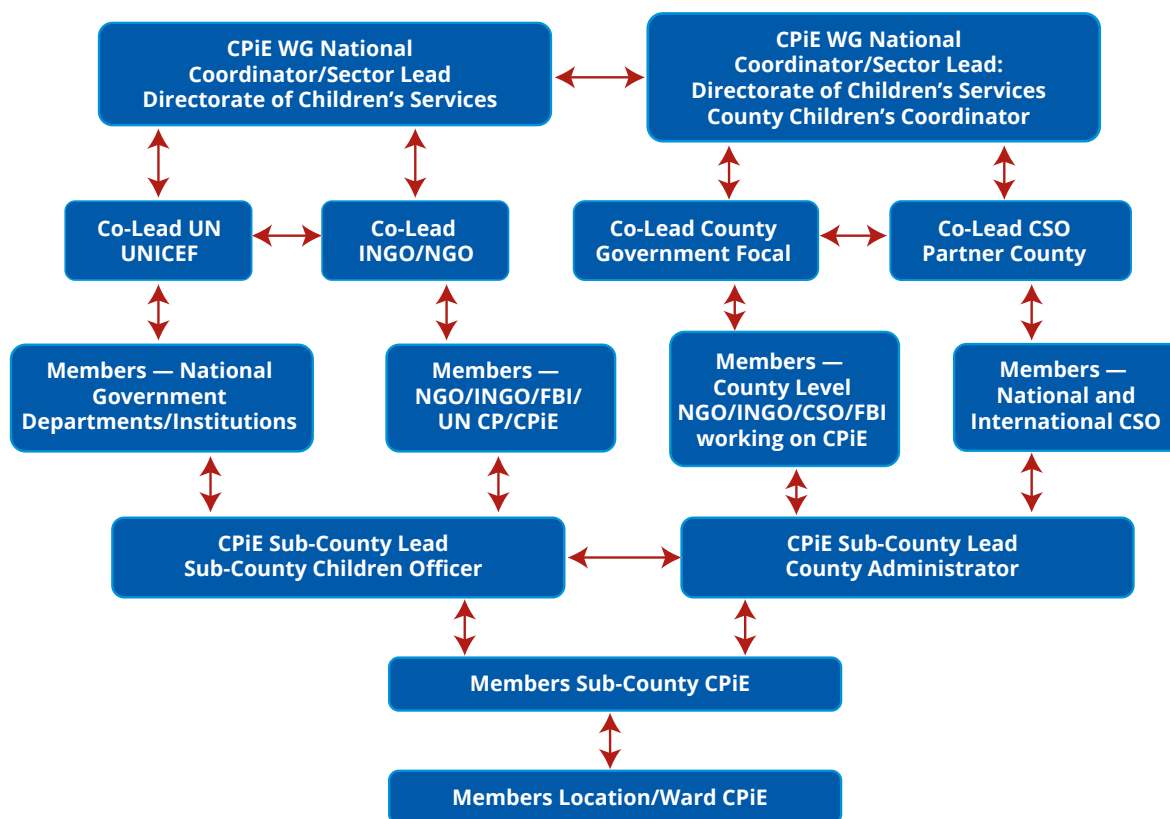
Key coordination roles in CPiE

(Minimum Standards for Child Protection in Emergencies 2019 Edition p. 53)

- Put in place predictable leadership and decision-making structure
- Establish shared objectives
- Agree upon roles and responsibilities
- Identify and address child protection concerns
- Build on existing child protection systems
- Deliver comprehensive and timely response
- Strengthen resilience of children, families, and communities

Note: Avoid duplication

CPiE WG Coordination Framework



2. Non-discrimination and Inclusion

The National CPiE WG establishes structures within the formal child protection system as stipulated in the Children Act 2022⁹

Girls and boys have needs that are often different because of their sex. However, due to societal beliefs and practices, children, just like adults are also classified by their socially ascribed roles. Societal gender norms influence girls and boys in different ways. It is the responsibility of the CPiE WG to champion the rights of all children, irrespective of their sex, religion, race, ethnicity, disability, social status, political affiliation, nationality among others and socially ascribed gender norms, throughout the emergency cycle (preparedness, response and recovery).

Children with disabilities are likely to remain unseen because some families hide them, even in a non-emergency context. This could be as a result of fear of stigmatization, or inability to manage the care and attention such children require. CPiE stakeholders have a duty to engage with children, families and communities in reaching children with disabilities, and providing services that address their specific needs. There is need to coordinate with government representatives and other agencies that are specialized in working with children with disabilities. Other aspects of discrimination or exclusion such as race, economic status, religion, tribe and clan among others must be carefully addressed when they occur.

3. CHILD PARTICIPATION

These are the processes which allow children to be involved in decision-making in matters that affect their lives. Examples of activities children can engage in during an emergency include:

- a) Making toys for younger children
- b) Organizing entertainment
- c) Peer counselling and awareness-raising
- d) Helping in family tracing
- e) Basic first aid
- f) Identifying and setting up places of safety
- g) Policy and advocacy initiatives
- h) Reporting incidences and any form of abuse and violations

4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

CPMS Standard 10 on MHPSS states: “*Children and their caregivers experience improved mental health and psychosocial well-being.*” CPiE stakeholders will ensure that all children, caregivers and community members, including those with mental health conditions, [where possible] should be actively involved in the design, implementation and evaluation of mental health and psychosocial support programmes to ensure accountability and strengthen their psychological well-being.

5. CHILD SAFEGUARDING

(Reference is made to the Child Safeguarding Code of Conduct, Annex 3)

CPiE stakeholders have the responsibility to take lead and ensure their staff and other service providers do no harm to children and beneficiaries. Child safeguarding includes policy, procedures and practices to prevent children from harm perpetrated by humanitarian workers, including steps taken to promote reporting, and to respond, and investigate, when harm occurs. This therefore requires that children, parents, caregivers and community members are aware of the child safeguarding mandate the service providers have signed up to, and are provided with the means to report cases, for example through the available complaint mechanisms.

6. CONFIDENTIALITY

Confidentiality is paramount in child-related information and must be handled with extreme caution and awareness of its sensitivity. It is recommended to share child protection sensitive information on a need-to-know basis only for involved stakeholders and authorized persons.

7. INFORMATION MANAGEMENT

Child protection information management is essential during emergencies. The care with which we gather, share and analyse information determines the safety of a child.

Principles/Ethical considerations for People Working in Emergencies/Protection:

- a. People working in emergencies comprise of both State and non-State workers.
- b. The CPiE WG should map and develop a database of personnel knowledgeable in CPiE.
- c. CPiE WG members should work with personnel knowledgeable in child protection as well as humanitarian issues.
- d. All workers involved in response should receive basic training induction on safeguarding and other essential code of conduct, protection principles prior to being deployed.
- e. All workers responding to an emergency should sign a commitment to do no harm to children and their communities when responding to emergencies.
- f. Equip workers with coping mechanisms during emergencies by facilitating debriefing sessions and timely psychological support as part of their mental health support, to address burnout and trauma.

8. MONITORING AND EVALUATION

Monitoring and evaluation (M&E) are essential exercises to determine whether CPiE programmes are leading towards the desired outcome of protecting children before, during and after an emergency. It is a process through which CPiE programmes and interventions are examined and assessed on their relevance, efficiency and effectiveness. It is part of quality assurance and helps to improve services and strengthen the desired impact on children's rights and welfare in emergencies. It involves classifying programme activities by gathering and analysing data in a way that recognizes achievements, as well as identifying gaps in CPiE programming and considering how to address them. The information generated through M&E is essential for decision-making, reporting and providing forecasts for future funding. The concerns or issues to be monitored vary greatly according to context.

ANNEXES

ANNEX I: CHILD PROTECTION IN EMERGENCIES – RAPID ASSESSMENT TOOL (CPRA)

The rapid assessment tool is a child protection assessment tool to be administered after 24 hours up to one week after the onset of an emergency. The tool aims to assess the child-specific risks and needs. The findings inform the response strategies. The key informants in the rapid assessment will include the area chief, camp manager and *nyumba kumi* chairperson.

General information

Date of the assessment: _____

Type of emergency: _____

County: _____ Sub-County: _____ Location: _____

Village: _____ Landmark: _____

Name of the respondent: _____

Gender (F /M /other _____)

Role in the community _____

1. Approximately how many people have been affected by the emergency? _____

2. Out of the affected population, how many are children? _____

Children	Boys	Girls	Intersex children	Children with Disability	Total
0–5 years					
6–9 years					
10–14 years					
15–18 years					

3. What are the major child protection concerns in this village/community/camp?

- Child Labour
- Children associated with armed groups
- Child sexual abuse and/or exploitation
- Child trafficking
- Child marriage
- Child neglect
- Female genital mutilation
- Physical abuse
- Emotional abuse
- Child abandonment
- Separation from family
- Unaccompanied children
- Missing children
- Others (please specify) _____

What is the community's main source of information?

How do the community members channel their views/concerns among themselves and to the authorities?

Who is/are involved in supporting children who need support to remain safe?

Name of enumerator: _____

Signature: _____ Date of data collection: _____

ANNEX II: CHILD PROTECTION IN EMERGENCIES – IN-DEPTH ASSESSMENT TOOL

The in-depth assessment tool is a child protection tool administered from the second week to six months after an emergency has occurred. The timeframe varies depending on the magnitude of the emergency. The purpose of the in-depth assessment is to track progress of the affected children and their families, and to inform the development of programmes leading towards recovery and resilience strengthening. The tool also assists in understanding child protection needs and risks during the response and recovery phase.

Date of the assessment: _____

Date the emergency began: _____ Type of emergency: _____

County: _____ Sub- County: _____ Location: _____

Village: _____ Landmark: _____

Name of Respondent: _____

1.0 Demography

1.1 What is the estimated population in this area/village/camp?

Male _____ Female _____ Intersex _____ Total population _____

1.2 Are there displaced families in this community? Yes No

If yes, how many? _____

1.3 Of these, how many are children?

Children	Boys	Girls	Intersex children	Total
0–5 years				
6–9 years				
10–14 years				
15–18 years				

1.4 How many households are there in this area/location? _____

Among these households how many are:

Category 1:	Child (<18) headed household
Category 2:	Older person (>60) headed household
Category 3:	Single-parent headed household Male Female

1.5 How many children with disabilities are living in the above-mentioned household(s) 1.4? []

Children	Category 1	Category 2	Category 3	Total
0–5 years				
6–9 years				
10–14 years				
15–18 years				

1.6 Are there special groups of children that require special care/support in this camp/village/community? Yes No

If yes, list the groups:

1.7 What are the support services required by the special groups? _____

1.8 What are the existing support services? _____

1.9 How many children are staying in foster families?

Boys _____ Girls _____ Intersex children _____

1.10 What were the reasons for placement?

- i. Orphanhood
- ii. Parents have travelled in search of pasture
- iii. Missing parents
- iv. Missing family

1.11. What religion is practiced in this community area/camp?

Christian Muslim Hinduism Other(s) _____

2.0 Child Protection Concerns

2.1 What are the child protection issues affecting children in this camp/community/village?

2.2 Are there security/safety concerns/threats to children? Yes No

If yes, provide details _____

2.3 What strategies are you or your community using to address the safety/security concerns?

2.4 How do children/adolescents spend their time during the day?

2.5 Are there safe spaces for children in this camp/village/community? Yes No

If yes, list them _____

2.6 Are children/adolescents in this camp/village/community exposed to any of the following high-risk behaviour? If yes, how many cases have been reported

S/N	Risk behaviour	No of Children		Services Offered
		Boys	Girls	
	Drug & Substance Abuse			
	Prostitution/pornography			
	Criminal offences			
	Joined children gangs & extremist groups			

2.7 What services are available for adults, children and adolescents (both boys & girls) involved in high-risk behaviour?

2.8 In your view, what support is missing in assisting the above groups?

3.0 Education

3.1 Are boys and girls in this camp/community or village attending school? Yes No

If not, what is/are the main reason(s)? _____

3.2 Are there any boys and girls with special needs not attending school?

E.g., disability, autistic, albinism Yes No

If yes, what is/are the reason(s)? _____

4.0 Community structures

4.1 Are there any existing child protection committees/groups in this camp/village/
community? Yes No

4.2 Do they address children's issues? Yes No

If yes, what are the issues addressed? _____

4.3 How do they handle child protection issues? _____

5.0 State and Non-state agencies

5.1 Are there any functioning government services/departments, offices in this area? Yes No

If yes, what services do they offer? _____

5.2 Are there any non-state agencies that work with children in this area? Yes No

If yes, name them _____

5.3. What services do they offer? _____

6. Health

6.1 Are there functional health facilities in this area? Yes No

If not, why? _____

6.2 Who runs the current health facilities (agency, government, and charitable organizations, private?)

Agency	No. of health facilities	Category/level
Government		
Charitable		
Private		

6.3 Are the health facilities accessible? Yes No

If not, give the reasons: _____

7.0 Safety and Security

7.1 Are there cases of missing children since the emergency occurred? Yes No

If yes, provide details in the table below:

Children	Boys	Disability	Girls	Disability	Intersex children	Total
0–5 years						
6–9 years						
10–14 years						
15 < 18 years						

7.2 If yes for 7.1, are there any interventions put in place? Yes No

If yes, give details: _____

7.3 Are there any reported cases of death among children? Yes No

If yes, provide details in the table below:

Children	Boys	Disability	Girls	Disability	Intersex children	Total
0–5 years						
6–9 years						
10–14 years						
15 < 18 years						

7.4 Are there reported cases of violence against children in this community/camp?

Yes No

If yes, mention the type of violence _____

Violence against children

S/N	Type of violence	No of Children		Category of Perpetrators	Available support services
		Boys	Girls		
	Sexual abuse				
	Physical abuse				

8.0 Child Labour

8.1 Are there children in this community who are involved in child labour?

Yes No

8.2 If yes for 8.1, what forms of child labour are these children involved in?

9.0 Children associated with armed forces and armed groups

9.1 a) Are there children involved in armed groups in this community? Yes No

If yes, what form of armed groups are they involved in? _____

b) Where are such cases reported? _____

9.2 What categories of children have been affected by sexual abuse?

Categories	Male	Female	Intersex children	Total
Living with Disability(ies)				
Child Headed				
Orphaned				
Others: Specify				

10. Water

10.1 What are the main sources of water in this community? _____

10.2 Approximately how far (in distance) is the water point from the community settlement?

10.3 Approximately how long does it take to and from the water point including actually fetching water?

10.4 Are there child protection risks on the way to and from the water points? Yes No

If yes, what measures have been put in place to curb the risks?

11. Food Distribution

11.1 Has there been any food distribution in this community since the onset of the emergency?

Yes No If yes, provide details in the table below

No	Agency in charge	Type of Food	Distribution Frequency

11.2 Do all the eligible children receive food? Yes No

If not, why _____

12. Psychosocial Support

12.1 Are there any unusual behaviours identified in children as a result of the emergency?

Yes No

If yes, what are some of the behaviour changes experienced by these children?

12.2 Are there any support services for children identified above? Yes No

If yes, who and where is the service offered? _____

13. Refugee and Asylum Seekers

13.1 Are there refugees in this community /camp/village? Yes No

13.2 Are they living within the community or on their own? _____

13.3 Are there child-headed refugee families in this community / village / camp? Yes No

If yes, what help do they receive? _____

13.4 Are they represented in the existing committees? Yes No

14. Communication Mechanisms

14.1 What are the most trusted sources of information? _____

14.2 What are the existing channels of communication? _____

ANNEX III – SAFEGUARDING CODE OF CONDUCT

This Safeguarding Code of Conduct has been developed as an annex to the Child Protection in Emergencies Operational Guidelines for Child Protection Practitioners in Kenya. The intent of this Code of Conduct is to ensure that all practitioners operating with and referring to these guidelines understand the critical mandate of upholding the principle of ‘Do No Harm’ and commit to ensuring that all children they interact with are protected from any form of abuse.

The Code of Conduct will complement existing policies and procedures that individual institutions have on child safeguarding, and therefore procedures on reporting and responding to incidences and/or safeguarding breaches that emerge should be followed as per the respective institutional structures.

The sections below outline principles that practitioners should adhere to in using these guidelines:

All practitioners should:

- Treat all children and young people with respect and equity
- Provide a welcoming, inclusive and safe environment for all children, young people, parents, staff and volunteers
- Respect cultural differences
- Encourage open communication between all children, young people, parents, staff and volunteers and have children and young people participate in the decisions that affect them
- Report any concerns of child abuse
- Exercise due care in all matters related to their function and not divulge any confidential information about a child
- Take responsibility for ensuring they are accountable and do not place themselves in any positions where there is a risk of allegations being made
- Self-assess their behaviours, actions, language and relationships with children
- Speak up when they observe behaviours of colleagues that cause concern

No practitioners should:

- Engage in behaviour that is intended to shame, humiliate, belittle or degrade children
- Use inappropriate, offensive or discriminatory language when speaking with a child or about a child
- Request any service or favour from a child in return for protection or assistance
- Do things of a personal nature that a child can do for him/herself, such as assistance with toileting or changing clothes
- Smack, hit or physically assault children
- Develop sexual relationships with children or relationships with children that may be deemed exploitative or abusive
- Behave provocatively or inappropriately with a child

- Condone or participate in, behaviour of children that is illegal, unsafe or abusive
- Act in a way that shows unfair and differential treatment of children
- Photograph or video a child without the consent of the child and his/her parents or guardians

Acknowledgement by Practitioner

I _____ (NAME)
acknowledge that I have read and understand the above Code of Conduct and shall comply with all its provisions.

Signed: _____ Date: _____

ANNEX IV: PERSONS AND ORGANIZATIONS WHO PARTICIPATED IN THE DEVELOPMENT OF THE GUIDELINES

1. Shem Nyakutu
2. Noah Sanganyi
3. Jacinta Murgor
4. Charles Ondogo
5. Judy Ndungu
6. Marygorret Mogaka
7. Philip Nzenge
8. Philip Wapopa
9. Anne Thiongo
10. Peter Ogindo
11. Wenslaus Musindayi
12. Lenah Sitati
13. Hellen Mafumbo
14. Janet Mwema
15. Vivianne Mangoli
16. Lilian Barasa
17. Derrek Chebureti
18. Peter Mwangi
19. Hellen Avvisa
20. Amos Nyakeyo
21. George Wanyonyi
22. Sarah Leley
23. Bernard Kiura
24. Faith Manyala
25. Eugenia Orialo
26. Florence Njambi
27. Iren Wali
28. Pauline Kedogo
29. Eunice Kilundo
30. Magdalene Muoki
31. Jacinta Muruanjama
32. Sarah Tum
33. Alex Macharia
34. Moses Wangunyu
35. Gabriel Mureithi
36. Beatrice Owino
37. Martha Sunda
38. Margaret Ngotho
39. Sarah Halima

LIST OF ORGANIZATIONS

1. UNICEF
2. Ministry of Education
3. ChildFund Kenya
4. Church World Service
5. Terre des Hommes Netherlands
6. Terre des Hommes Foundation
7. Kenya Red Cross
8. National Gender & Equality Commission
9. World Vision
10. Childline Kenya
11. SOS Children's Villages Kenya
12. Save the Children
13. Lifeskills promoters
14. National Drought Management Authority (NDMA)
15. National Disaster Operational Centre (NDOC)
16. Plan International



