Kilifi County Child Protection System

Guidelines for Coordination of Actors and Actions

Guidelines for Coordination of Actors and Actions
Reporting, Referral and Case Information Management
for Response to Child Abuse in Kilifi County
Foreword

The Department of Children's Services, in collaboration with its child protection partners, has over the years developed guidelines for the protection of child rights and welfare in Kenya. The most recent guidelines to be developed by the DCS with its partners are Guidelines for the Alternative Family Care for Children in Kenya and the National Standards for Best Practice in Charitable Children Institutions.

In cognisance of the fact that child protection is a cross-cutting issue that require a multisectoral approach, and in realising that there have been gaps in the coordination of players in the sector, the DCS in Kilifi County, in collaboration with its partners, developed these guidelines to strengthen the coordination of stakeholders who offer various services to children in the County. The Guidelines aim at setting an agenda for a well coordinated child protection system in Kilifi County and to bring together both formal and informal actors to deliver quality and professional services to children.

It is the role of the DCS to provide leadership in the coordination to both state and non-state actors in the child protection sector so that each can be accountable of its actions towards responding to child protection issues. This will guarantee more sustainable actions and responses towards children and their families or guardians. These guidelines will enhance the capacity of actors to properly play their various roles as well as being accountable to each other.

A lot of effort and resources have gone into the development of this document. It is therefore hoped that the guidelines will assist service providers to improve service delivery to children in the County.

Signed

[Signature]

Maurice M. Tsuma, MA,BA(Hons)

County Director of Children's Services
Acknowledgment

As with any new endeavour, these guidelines have greatly benefited from consultation and interaction with numerous colleagues working in the field of child welfare and development. This document has been positively enhanced by the stimulation, recommendations and feedback received. We wish to extend thanks to the individuals and organizations that contributed in this way. The Guideline for Coordination of actions and actors document was a product of the experiences, practice and wisdom of various stakeholders in Kilifi County. We greatly acknowledge the representatives of various Government agencies, NGOs, CBOs, FBOs, teachers and parents who were part of the team that helped shape the guidelines. We acknowledge support from Leger Foundation (Canada), Suzanne Oliff and Monique Ollif, who were constantly available for consultation, financial and technical assistance. Special appreciation goes to the Children's Department which facilitated the development of these guidelines and arranged for a validation meeting in Kilifi.

The guidelines are premised on and draw precious technical input from the County Child protection Systems guidelines. Special thanks go to: Miss Rachel Muthoga (MTG) and Miss Alice Kinyua (Muzinyi Kwetu) who provided professional advise, County Director of Children Services Mr. Maurice Tsuma and Kesho Child Protection officer Miss Isabel Mwangi who authored, spear headed and closely supervised the process. Mrs Beatrice Ndungu deserves special mention for invaluable comments as do Mrs. Zainabu Salim, HSC. Last but not least I would like to thank the members of the Kilifi Gender Based Network for their technical inputs. Special appreciation to Dr. Kenneth Munge for fine tuning the document, Mrs. Mercy Chege (Childline Kenya), for the guidance and mentorship and Dr. Catherine Nokes (Kesho Organisation) for the guidance and mentorship accorded the authors.

Evans Odhiambo ED
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Abbreviations

AAC – Area Advisory Council
CBO – Community-Based Organisation
CCI – Charitable Children Institutions
CP – Child Protection
CSAC – Constituency Social Assistance Committee
CSO – Civil Society Organisation
CUC – Court Users Committee
DCS – Department of Children Services
EC – Emergency Contraceptive
FBO – Faith Based Organisation
GBV – Gender Based Violence
MOEST – Ministry of Education, Science and Technology
MOU – Memorandum of Understanding
NGO - Non Governmental Organisation
NCCS - National Council for Children's Services
OB - Occurrence Book
PEP- Post Exposure Prophylaxis
PRC – Post-Rape Care
SAC - Social Assistance Committee
UN – United Nations
VCO - Volunteer Children Officer
Definitions of Terms

**Child Abuse:** The harm experienced by children as a result of the action and inactions of the family or any other person with the responsibility to provide care and protection for a child.

**Child protection:** Is the process of protecting individual children identified as either suffering, or likely to suffer significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect.

**Child Protection System:** Coordinated series of functions and actions undertaken by a range of duty bearers at all levels- family, provincial, community, national and international that combine to prevent, respond to and mitigate, the multiple child protection risks children face.

**Civil Society Organisation:** Groups and organisations that occupy a position at the juncture of the household and state and the private sector. They include non-profit organisations, community based organisations, faith-based organisations, unions and community groups.

**Coordination:** Action performed in order to bring different elements (activities, organizations) into a harmonious or efficient relationship.

**Informal system:** Refers to initiative undertaken by families and communities in decision making that are premised on customary/tribal structures, religious institutions, and local government administration. Also known as the traditional justice system.

**Formal system:** Refers to components of the child protection system recognized, endorsed by and subject to supervision and regulation by the government and includes government departments, local and international non-governmental organizations, community-based organizations and faith-based organizations.

**Parent/Guardian:** Mother or father of a child or any person who is by law liable to maintain a child or is entitled to his custody.

**P3 form:** A legal document which is produced in court as evidence in cases that involve bodily harm (e.g. rape or assault). It is obtained from a police station and completed by a registered government doctor or clinical officer.

**Post Rape Care:** Is a medical form filled when attending to the survivor. The form allows for history taking, documentation and examination.

**Systems:** A group of independent elements that are designed to offer support and services as one entity towards a common goal.

**Vulnerable adults:** Young adults between the age of 18-25 who are still under the care and protection of their parents and are at risk.
Background

Kilifi County is located along the Kenyan coast. According to the Kenya Poverty Index produced by the Commission for Revenue Allocation, a constitutional body that divides revenue between national and devolved levels of government in Kenya, the County is ranked 46 out of 47 counties indicating that it is very poor. Kilifi also experiences low literacy levels, estimated at 56% having completed primary level, 17% completed secondary and 2% has gone to the university and employment opportunities are limited.

Violence against the child is most common at home and school. The vulnerability to the different forms of abuse differs with age: those less than 5 years old suffer abandonment, while those aged 6 to 12 years and aged 7 to 15 years are more vulnerable to child neglect and sexual abuse respectively. The risk of child abuse does not differ between boys and girls.

The County's Children's Department reports that the six most common types of reported child abuse were child negligence, access and custody, child labour, physical abuse, sexual abuse, child pregnancies and child prostitution.

There are features unique to child abuse in Kilifi. First, a specific cultural practice to Kilifi is that of siniriche it increases the vulnerability of children to abuse. The ceremony called siniriche in the local Giriama language; loosely translated as “Don't leave us” the night ceremony is arranged by bereaved families for grieving purposes. Traditionally this ceremony was exclusive to adults and would play bereavement music. Over time the ceremonies have morphed into a preying ground for abuse.

Second is the use of traditional systems to resolve incidences of child abuse. The use of the Informal Legal System means that child abuse does not follow the proper Formal Legal referral mechanisms that are necessary if cases are to proceed to court. The physical inaccessibility of the police and the judiciary as well as the length of time it takes to resolve matters through the Kenyan judicial system have maintained this practice. Misperceptions created by the release of perpetrators on bond increase the likelihood that traditional systems are seen as fairer to victims of abuse through the speedy imposition of easy to understand penalties (usually monetary).

The third, children themselves may be perpetrators of child abuse. The reasons for this are complex. The wide within-class age differences observed in primary schools in Kilifi may put children at risk. It is common, for example, for a standard three class to be shared between a nine-year-old child (the average age at which a child should be in standard three in the Kenyan education system) and a fifteen year-old child.
Introduction

Child abuse is a national phenomenon in Kenya that causes short and or long term developmental, mental and health issues. Nationally, an estimated eight million children, 40% of Kenya's total child population, require special care and protection.

This has short and long term developmental, mental and health impact on children, families and communities, and denies the child an opportunity to enjoy their childhood. Protection of children is possible, but doing so requires a deliberate coordinated effort on the part of all actors.

How this protection should be and is provided is far from universal as strategies are influenced by region, availability of services, culture, religion, wealth, knowledge and social structure. Coordination provides a platform for actors to identify and respond to key national, county and grassroots issues, subsequently providing an opportunity for linking, information sharing and learning within and among actors.

These guidelines have been adapted from the County Child Protection System and agreed upon with an aim to facilitate coordinated action by all actors in Kilifi County to strengthen and respond to child protection matters. Specifically, these guidelines aim to:

1. Establish and/ or maintain effective linkages between child protection actors at all levels and sectors.
2. Promote a well-coordinated monitoring, evaluation and reporting system that promotes accountability and quality standards in child protection.
4. Create a unified approach when handling child related matters including the use of consistent and accurate communication strategies.
5. Help in building capacities (knowledge and skills) of duty bearers.
6. Link formal and informal duty bearers.
7. Fill information gaps through research and assessing progress the County is making towards prevention and response to child abuse.
8. Establish a platform through which to engage the Kilifi County Government on advocacy and financial commitment to promote and fulfil the rights of children in Kilifi.

The potential benefits of coordination are:
- Enhanced response to child protection matters.
- Maximises on synergy and reduces competition amongst actors with the same objective.
- Sustainability of projects.
- Enhanced accountability for stakeholders.
- Improved efficiency in service provision and delivery.
- Avoids wastage through duplication of activities.

A successful coordination plan consists of the following elements:
- Developed and implemented in the best interests of the child.
This Guidelines document, developed by representatives of the organizations listed on the cover, provide a reference for the minimum standards by establishing clear procedures, roles and responsibilities for each actor involved in the prevention and response to child abuse and the development and maintenance of adequate child protection strategies.

**Target group:** Children and Vulnerable adults

**Scope:** Kilifi County

**Setting:** Urban, Peri-Urban and Rural

### Guiding principles for organizations

1. Collaboration based on agreed upon goals and measurable outcomes.
2. Partnership characterized by mutual respect, accountability, trust and commitment.
3. Build upon identified strengths and capabilities.
4. Information gathering and sharing.
5. Accessible to all actors and stakeholders.

### Guiding principles for individuals

1. Ensure the safety of the child at all times.
2. Respect the confidentiality of the child at all times.
3. Respect the wishes, rights, and dignity of the child when making any decision on the most appropriate course of action to prevent or respond to a child abuse incident, while also bearing in mind their duty under the law and the safety of the wider community as well as the individual concerned.
4. Ensure non-discrimination in the provision of services.

Child Protection

Child Protection is the process of safeguarding individual children identified as either suffering, or likely to suffer harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect.

Child Protection is premised on the following goals:

- Children are safe where they live, learn and play.
- Children are involved in participation and capacity building.
- Children have access to child friendly procedures.
- Children with specific needs receive targeted support.
- Children achieve durable solutions in their best interests.

Child abuse on the other hand encompasses, but is not limited to:

- Physical, sexual and psychological abuse occurring to the child, including battering, sexual exploitation, sexual abuse, dowry-related violence, child labour, female genital mutilation and other traditional practices harmful to children, and violence related to exploitation.
- Physical, sexual and psychological abuse occurring within the general community, including sexual abuse, sexual harassment, child labour, intimidation in education institutions, trafficking and harmful traditional practises.

Four core categories of child abuse are identifiable. A common understanding of what each entails should allow for the systematic management of each of the types.

1. **Sexual Abuse**: Is the act of intentionally and unlawfully engaging a child in sexual activity including through use of threats, tricks, force, or bribes. This includes penetration, exposing sex organs, fondling, and exposure to pornographic material and sexual innuendoes.

2. **Physical Abuse**: Is the act of using force that results in non-accidental injury that causes harm beyond significant harm. This includes hitting, slapping, caning, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

3. **Neglect**: Is the denial of access to health care and education, deprivation of food, exposure to drugs and inadequate supervision as well as abandonment.

4. **Psychological / Emotional Abuse**: Is persistent infliction of mental or emotional pain or injury. This embraces threats of physical or sexual violence, intimidation, humiliation, forced isolation, bullying, lack of attention, rejection. The other forms of abuse all involve emotional abuse.

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Child Protection System

The National Child Protection System, the County Child Protection System and their case-management guidelines constitute a framework policy guiding the protection of children in Kenya. Government, in collaboration with like-minded stakeholders, has developed these documents with the intention of promoting the well-being of children through prevention of violence and exploitation, while ensuring that when these do occur, prompt and coordinated action is taken to protect the child from further abuse and to guarantee that all actions and decisions taken are made in the best interests of the child. The County Child Protection system is made up of the following elements:

- Prevention and response
- Capacity
- Accountability and transparency
- Legal and policy Framework
- Structure
- Quality service standards
- Coordination and collaboration

Coordination and collaboration is a component in the child protection system that explicitly denotes that within the system there shall be clarity of roles among actors, either legally, socially or morally and how they shall be enforced. Coordination is a critical aspect for prevention and response of child abuse as it creates consensus amongst duty bearers that is essential for synergy in times of relative normalcy and during emergencies.

For successful coordination one is required to consider:

- How strong is the engagement with relevant ministries?
- How strong is the engagement with children and vulnerable young adults?
- How strong is the engagement among local NGO, CBOs, FBOs and community?
- How strong is the engagement with learning institutions including institutions of higher learning?
- How strong is the engagement with the private sector?

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**National Council for Children’s Services, County Child Protection Systems Guidelines.**
The figure below illustrates the various actors and services within the Kilifi County Child Protection System. These actors and services are expected to coordinate and collaborate in providing child protection services.

**Figure 2:** Actors and services at county level;

**Diagram:** Courtesy of Kesho Organisation

These **Kilifi County Child Protection System Coordination Guidelines** are meant to complement the Constitution of Kenya, International Child Rights Standards and other existing guidelines to ensure comprehensive prevention and response to child abuse.
**Figure 3:** Summary of laws that protect children in Kenya

**International Laws**
- United Nations Convention on the Rights of the Child (UNCRC)
- African Charter on the Rights and Welfare of the Child (ACRWC)
- Rome Statute
- African (Banjul) Charter on Human and Peoples Rights
- International Covenant on Economic Social and Cultural Rights (ICESCR)
- Convention on the right of persons with disability

**Subsidiary Legislation**
- The Children (Adoption) Regulations, 2005
- The Foster Care Placement Rules
- The Children’s Act, 2001
- The Sexual Offences Act, 2006
- HIV/AIDS Prevention and Control Act, 2006
- Employment Act, 2007
- The Counter Trafficking in Persons Act, 2010
- The Penal Code
- The Basic Education Act, 2013
- The Persons With Disabilities Act
- Criminal Procedure Code
- Civil Procedure Act & Rules, 2010
- Marriage Act, 2014
- Immigration Act
- Constitution of Kenya
Kilifi County Child Protection Coordination Guidelines for Coordination of Actors and Actions

For these guidelines to be effective, it is important that short, medium and long term goals are set through a consensus by all actors being guided by the needs and gaps in the County in child protection. Kilifi’s overall goals are geared towards ensuring long term wellbeing of children.

Overall Goals

1. To reduce incidences of all forms of child abuse in Kilifi.
2. To develop an M.O.U that will be adhered to by all child protection agencies.
3. To develop a database for child protection agencies and activities in the county.
4. To develop, maintain and improve a common pool for sharing information that promotes accountability transparency and a monitoring and evaluation mechanism amongst child protection actors of all sectors and levels

Strategy

The table below summarizes how the strategy for attaining these goals may be developed.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>How and by Who</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim 1: To develop a database for child protection agencies</strong></td>
<td>Register all organizations/institutions involved in child protection in Kilifi County.</td>
<td></td>
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</tr>
<tr>
<td><strong>Aim 2: To reduce the incidence of all forms of abuse in Kilifi</strong></td>
<td>Develop a central database for all child abuse cases in Kilifi.</td>
<td></td>
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<tr>
<td></td>
<td>Create awareness especially in the identified information gaps in the community.</td>
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</tbody>
</table>
**Aim 3: To develop an M.O.U for all child protection agencies in Kilifi**

Develop an MOU this will help in laying out mutual goals and strategies for accountability and coordination.

**Aim 4: To develop, maintain and improve a common pool for sharing information that promotes accountability transparency and a monitoring and evaluation mechanism amongst child protection actors of all sectors and levels**

Secure the commitment of all agencies in child protection in Kilifi to the coordination mechanism.

Ensure submission of required reports to DCS.

**Existing Coordination Structures**

The following coordination structures already exist in Kilifi County and form part of the framework for the Kilifi County Child Protection System:

- Area Advisory Council (AAC)
- Court Users Committee (CUC)
- Constituency Social Assistance Committee (SAC)

<table>
<thead>
<tr>
<th>Body</th>
<th>Composition and contact person</th>
<th>Responsibilities</th>
<th>Meeting (days, location)</th>
</tr>
</thead>
</table>
| AAC  | • Government Ministries  
    • CSO’s  
    • FBO’s  
    • Private sector | 1. Create awareness in the community.  
2. Support co-ordination amongst key service providers.  
3. Build capacity of stakeholders. | Every quarter |
| CUC  | • Law court  
    • Probation  
    • Prison  
    • Police  
    • CSO  
    • Religious leaders  
    • LSK  
    • DCS | 1. Identify challenges that hinder the expeditious delivery of justice and propose effective solutions.  
2. Promote information sharing and learning among stakeholders.  
3. Propose policy and legislative interventions for the effective and expeditious delivery of justice.  
4. Promote use of alternative Dispute Resolution. | Every quarter |
| CSAC | • MP  
|      | • County women representative  
|      | • Deputy Commissioner  
|      | • DCS  
|      | • Department of Social services  
|      | • MOEST  
|      | • MOH  
|      | • Three nominees of the member of parliament  
|      | • Two nominees of the women representatives  
|      | • Two religious leaders  
| 1.  | Ensure effective coordination and implementation of cash transfers namely:  
|     | • OVC  
|     | • Cash transfer for severely disabled  
|     | • Cash Transfer for the elderly  
|     | Every quarter  

There are other coordination mechanisms in the county that complement these structures and are integral to the functioning of the Kilifi County Child Protection System:

- Gender Based Violence Kilifi County Network
- Charitable Children's Institutions

<table>
<thead>
<tr>
<th>Body</th>
<th>Composition and contact person</th>
<th>Responsibilities</th>
<th>Meeting (days, location)</th>
</tr>
</thead>
</table>
| G.B.V Kilifi County Network         | • C.S.O’s  
|                                     | • F.B.O’s  
|                                     | • Line ministries  
|                                     | • Police  
|                                    | 1. Prevent gender violence.  
|                                    | 2. Bring together all actors in gender violence sector.  
|                                    | 3. Create awareness on gender violence.  
|                                    | Every quarter  
| C.C.I                               | • Children Institutions  
|                                     | • Rescue centres  
|                                     | • DCS  
|                                    | Monthly  

(16)
**Actors in child protection**

This section provides a brief overview of what each organization and institution involved in child protection in Kilifi provides. They are categorized in terms of health, legal/justice, psycho-social, alternative after care and education. The Kilifi County Child Protection Service Providers Directory (to be developed from the mapping exercise being carried out by N.C.C.S) contains more specific information which case managers can use to inform the child of the assistance available to her/him and make an effective referral for requested services.

### Department of Children Services

<table>
<thead>
<tr>
<th>Actor</th>
<th>Mandate</th>
<th>Coordination role</th>
</tr>
</thead>
</table>
| Children Department/N.C.C.S | 1. Develop policies.  
2. Establishment of statutory children institutions e.g. rescue centre, child protection units, remand home.  
3. Allocation of funds for child related matters.  
5. Have the statutory duty of: Receiving abuse, neglect and exploitation incidences.  
6. Investigate through the police and Produce Social enquiry reports. | • Assign children’s officer to each sub-county.  
• Register every cases of abuse.  
• Produce social abuse report.  
• Produce quarterly and annual reports with case load statistics.  
• Develop policy document.  
• Focal point of coordination and collaboration activities for the system. |

### Charitable Children Institutions

<table>
<thead>
<tr>
<th>Actor</th>
<th>Mandate</th>
<th>Coordination role</th>
</tr>
</thead>
</table>
| C.C.I | 1. Provide shelter.  
2. Provide Nutrition.  
3. Provide care and protection.  
4. Provide education and other skills  
5. Assist in tracing and reintegration of child. | • Participate in the Kilifi County.  
• Child Protection System.  
• Develop internal child protection policy and mechanisms.  
• Submit reports to the DCS as and when required. |
## Medical institutions

<table>
<thead>
<tr>
<th>Actor</th>
<th>Mandate</th>
<th>Coordination role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>1. Examination and history taking</td>
<td>• Participate in the Kilifi Child Protection System</td>
</tr>
<tr>
<td></td>
<td>2. Treatment of injuries</td>
<td>• Take appropriate action to support adequate case management and referral in particular:</td>
</tr>
<tr>
<td></td>
<td>3. Prevention of disease, including STIs/HIV</td>
<td>• Ensure Post Rape Care form is filled if it is a matter of sexual abuse.</td>
</tr>
<tr>
<td></td>
<td>4. Prevention of unwanted pregnancy</td>
<td>• Ensure P3 form is filled when appropriate</td>
</tr>
<tr>
<td></td>
<td>5. Collection of minimum forensic evidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Psychological/emotional support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Medical documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Follow up care</td>
<td></td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>1. Emotional support to assist with psychological recovery and healing from trauma.</td>
<td>• Participate in the Kilifi Child Protection System</td>
</tr>
<tr>
<td></td>
<td>2. Case management, support, and accessing needed services.</td>
<td>• Take appropriate action to support case management and referral in particular:</td>
</tr>
<tr>
<td></td>
<td>3. Support and assistance with social re-integration.</td>
<td>• Ensure that the child abuse incidence form is filled in and appropriate referral made</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit reports to the DCS as and when required</td>
</tr>
</tbody>
</table>


## Legal/Justice

<table>
<thead>
<tr>
<th>Actor</th>
<th>Mandate</th>
<th>Coordination role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judiciary</strong></td>
<td>1. Engage in collaborative efforts towards the welfare of the child.</td>
<td>• Participate in the Kilifi County</td>
</tr>
<tr>
<td></td>
<td>2. Expedite child related matters.</td>
<td>• Child Protection System</td>
</tr>
<tr>
<td></td>
<td>3. Use child friendly language in court.</td>
<td>• Take appropriate action to support case management and referral in particular:</td>
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<tr>
<td></td>
<td>4. Listen to child abuse matters and accord the penalty as stipulated by the penal code.</td>
<td>• Referral to medical institutions and psychosocial support</td>
</tr>
<tr>
<td></td>
<td>5. Assign a child legal representation.</td>
<td>• Evidence based judgement</td>
</tr>
<tr>
<td></td>
<td>6. Provide witness protection if need arises.</td>
<td></td>
</tr>
<tr>
<td><strong>Probation</strong></td>
<td>1. Conduct a social inquiry as mandated by court.</td>
<td>• Hold reconciliation meetings between the child offender and the accusing party.</td>
</tr>
<tr>
<td></td>
<td>2. Provide pre-bail reports for child offenders.</td>
<td>• Coordinate settlement of child offender back in the community.</td>
</tr>
<tr>
<td></td>
<td>3. Commit children to institutions depending on the nature of the offence and attitude of the community.</td>
<td>• Provide progress reports for borstal institutions and other penal institutions.</td>
</tr>
<tr>
<td></td>
<td>4. Reconciliation of the child offender with the community.</td>
<td>• Referral to relevant organisations. Counselling to both the offender and victim.</td>
</tr>
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<td></td>
<td>5. Empower children with basic skills.</td>
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<tr>
<td></td>
<td>6. In case of child neglect matter, try to reconcile the parents and ensure upkeep of child in case of divorced or separated parents.</td>
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<td></td>
<td>7. School payment for children whose family cannot afford</td>
<td></td>
</tr>
<tr>
<td><strong>Police</strong></td>
<td>1. Investigate and document (statements) all reports of child abuse.</td>
<td>• Ensure that each offence is recorded appropriately including entry in the OB book and recording of statements</td>
</tr>
<tr>
<td></td>
<td>2. Arrest suspects and arraign them in court.</td>
<td>• Establishment and maintenance of a gender/children’s desk</td>
</tr>
<tr>
<td></td>
<td>3. Prepare charge sheets.</td>
<td>• Take appropriate action to support case management and referral in particular:</td>
</tr>
<tr>
<td></td>
<td>4. Preserve and provide evidence in court.</td>
<td>• Ensure the P3 form is availed Referral to medical institutions and psychosocial support</td>
</tr>
<tr>
<td></td>
<td>5. Develop child friendly interrogation techniques</td>
<td>Referral to DCS</td>
</tr>
</tbody>
</table>
### ODPP

1. Undertake prosecution of criminal cases
2. Undertake criminal proceedings against any person before any court of law.

- Charge sheet is well documented.

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## Institutions

<table>
<thead>
<tr>
<th>Actor</th>
<th>Mandate</th>
<th>Coordination role</th>
</tr>
</thead>
</table>
| **Educational institutions** | 1. Abide by the Basic Education Act 2013.  
2. Come up with clear policies that prohibit any form of bullying.  
3. Abide by the Teachers’ Code of conduct and Ethics.  
4. Establish alternative forms of discipline and eradicate corporal punishment.  
5. Staff undertakes appropriate child protection training.  
6. Consider child safety in recruiting non-staff members.  
7. Develop a child protection policy.  
8. Create awareness amongst children and parents on children’s rights.  
9. Report matters of abuse (confirmed and suspected) to relevant agencies.  
10. Provide quality educational services including co-curricular activities. | • Report incidences of Child abuse to relevant Institutions  
• Observe and respond to child abuse in a swift and confidential manner  
• Ensure curriculum promotes gender equality |
| **Religious institutions** | 1. Provide spiritual guidance to the society forming part of the support system. | • Register of reported abuse matters by congregation. |
| **Social institutions e.g. sports teams** | 1. Harness talents and hobbies in children that will instil values them | • Promote gender equality |
## Communities

<table>
<thead>
<tr>
<th>Actor</th>
<th>Mandate</th>
<th>Coordination role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief/ Village elder</strong></td>
<td>1. Document reported matter.</td>
<td>• Updated register of occurrences.</td>
</tr>
<tr>
<td></td>
<td>2. Refer matter to relevant authority.</td>
<td>• Fill in of incidence/referral form.</td>
</tr>
<tr>
<td></td>
<td>3. Handle child related matters of a social nature for example lack of access to education.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Create awareness to the community on existing laws pertaining to the child.</td>
<td></td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td>1. Identify vulnerable children and families to get social protection and any other form of support.</td>
<td>• List of vulnerable families.</td>
</tr>
<tr>
<td></td>
<td>2. Create awareness on the most common form of abuse perpetrated in their region.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Report suspected/confirmed cases of abuse to relevant authority.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Discourage practice of retrogressive culture</td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>1. Create homes that are free from violence, neglect and exploitation.</td>
<td>• Shelter</td>
</tr>
<tr>
<td></td>
<td>2. Ensure that children are not left unattended, and that the adult supervising them is safe.</td>
<td>• School reports</td>
</tr>
<tr>
<td></td>
<td>3. Ensure all children of school going age has been enrolled and retained in school.</td>
<td>• Medical/immunisation card</td>
</tr>
<tr>
<td></td>
<td>4. Obtain a birth certificate for the child.</td>
<td>• Birth certificate</td>
</tr>
<tr>
<td></td>
<td>5. Ensure children get immunization.</td>
<td>• Children look healthy.</td>
</tr>
<tr>
<td></td>
<td>6. Offer guidance to their children.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Love and support their children.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Report suspected/confirmed cases of abuse to relevant authority.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Instill values and life skills to their children for nation building.</td>
<td></td>
</tr>
</tbody>
</table>
Civil Society

<table>
<thead>
<tr>
<th>Actor</th>
<th>Mandate</th>
<th>Coordination role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil Society</td>
<td>1. Advocate for law reform.</td>
<td>• Commit to attending meetings.</td>
</tr>
<tr>
<td></td>
<td>2. Create awareness in the community.</td>
<td>• Submit plan of activities to the DCS for planning.</td>
</tr>
<tr>
<td></td>
<td>3. Capacity build duty bearers.</td>
<td>• Create awareness in the community on child prevention and response mechanism.</td>
</tr>
<tr>
<td></td>
<td>4. Research</td>
<td>• Provide efficient and effective child protection services.</td>
</tr>
<tr>
<td></td>
<td>5. Monitoring and evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Design and implement programmes that complement the government’s commitment in child protection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Food and nutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Legal Aid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Shelter &amp;Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Placement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Reintegration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Awareness on Child Right</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Tracing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Rehabilitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Household Economic strengthening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Day care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17. Psychosocial support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18. Care for children with disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19. Child rescue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20. Advocacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>21. Education</td>
<td></td>
</tr>
</tbody>
</table>

**Reporting requirements**

1. Annual report
2. Monthly reports
3. Child abuse incidence form
4. Child protection policy
5. Child protection training certificates
6. Certificate of good conduct/clearance from Department of Children Services for officials of agencies working with children
Referral Procedures

The referral process is summarized in Appendix 1 attached. Underlying this process are the following principles:

1. **Participation:** A case management plan (complete with timelines and an action plan) should be drawn up and discussed with the family.

2. **Confidentiality:** Respect the right to privacy and do not disclose confidential information unless mandated by law.

3. **Timeliness:** All referrals should be made within 72 hours of the decision to refer, this to ensure that delay in receiving any intervention is limited. Follow up each referral with a phone call to the person to whom the referral was made within 24 hours.

4. **Accountability and Transparency:** Take action to ensure that the process is accountable and transparent e.g. keep a copy of the referral form.

5. **Collaboration and consultation:** Recognize the limits of your organization or institution and seek help as soon as possible.
Case management/Case information management

The case management process has different steps with key factors to consider at each step of the process. It is aimed primarily at those who actually have the day-to-day contact with children and families. It will also be of use to managers, advisors and coordinators who are designing case management procedures and responsible for their implementation. Case management generally follows a cycle of steps to identify and respond to the needs of vulnerable children. While not always the same for every child’s situation, the case management process generally moves through the phases described below.

1. Identification/Registration
   Assessment (initial & comprehensive levels of assessment)
2. Case Planning
   Implementation of the Case Plan
3. Follow Up and Review
   Case Closure

Please note that the steps outlined here are included for general information, to provide guidance and examples. Every Organisation has their own case management protocols for specific guidance on issues such as time frames, risk levels and responsibilities, in line with the context in which you are working. The second flow chart at the end of this document summarizes the steps in the case management process.

Principles of case information management

1. Confidentiality and privacy
2. Cultural competence in service provision
3. Duty of care; safety and security
4. Non-discriminatory
5. Accountability and transparency
6. Exit plan

Requirements for internal data collection and storage

Development of a central information management system; The IMS would be used across a variety of child protection programmes in emergency or development settings and will have as a minimum;

(a) A set of standard paper forms that can be adapted or used as they are;
(b) An electronic database in which children's information is recorded;
(c) Information sharing protocols;
(d) Data sharing protocols.
(e) Coordinated integration and sharing of information across all sectors and agencies.

Requirements for reporting

1. Contents of case report form (same as minimum amount of data above)
2. Contents of monthly report
3. Contents of annual report
4. Contents of case report
Conclusion

Having a county long-term vision and strategies on child protection will improve service delivery which will encourage parents and the community to advocate for the rights of children and subsequently reduction of child abuse. Coordination and collaboration can be attained amongst actors if all actors are able to uphold these principles and values in their individual work place and commit to the already existing coordination structures. The guidelines propose the formation of a representative technical working group on Child Protection at the County level to be the primary point of contact for all Child Protection matters in the County that will implement a few measures agreed upon to ensure success of the guidelines namely:

1. Action Plan
2. Monitoring framework
3. Referral Mechanism
4. MOU
References

2. The Kenyan Government, County Child Protection Guideline
3. Case Management Guideline (DRAFT 3)
6. Save the children, Child Protection Referral Guidelines
8. UN High Commissioner for Refugees (UNHCR) 2012, A Framework for the Protection of Children
Appendix

Appendix 1 illustrates a sample form for the reporting of an incidence of child abuse for the purpose of referral. Appendix 1 provides a sample P3 form and a link to the Post Rape Care (PRC) form that may accompany the referral. Appendix 3 provides more detailed analysis of the role of health services. The flow chart following Appendix 3 depicts the referral process.

**Appendix 1: Child Abuse Incidence Form**

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of child:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Any form of disability</td>
<td></td>
</tr>
<tr>
<td>Father:</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
</tr>
<tr>
<td>Mobile phone number:</td>
<td></td>
</tr>
<tr>
<td>Post office box address (own or of nearest school or church):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of abuse (Tick all that apply)</th>
<th>Physical</th>
<th>Sexual</th>
<th>Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidence being reported for the first time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrator(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current state of child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Details of person making referral:**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:</td>
<td></td>
</tr>
<tr>
<td>Mobile phone number:</td>
<td></td>
</tr>
<tr>
<td>Any service offered</td>
<td></td>
</tr>
<tr>
<td>Post office box address (own or of nearest school or church):</td>
<td></td>
</tr>
</tbody>
</table>

**Details of person being referred to:**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:</td>
<td></td>
</tr>
<tr>
<td>Mobile phone number:</td>
<td></td>
</tr>
<tr>
<td>Post office box address (own or of nearest school or church):</td>
<td></td>
</tr>
</tbody>
</table>

| Reason for referral: |  |
Appendix 2: Sample Post Rape Care Form and P3 Forms

**NOTE:** When the PRC form and P3 form is filled and signed completely:

1. The Original form is to be given to the police for custody. This is the form that is produced in court as evidence;
2. The Duplicate form is given to the survivor;
3. The Triplicate form remains with the hospital.
4. A doctor or a clinical officer can fill in the forms.

**PRC Form**

Available from: [https://www.k4health.org/sites/default/files/PRC%20Forms-A3.pdf](https://www.k4health.org/sites/default/files/PRC%20Forms-A3.pdf)

**P3 (Police) Form**

This P3 Form is free of charge

**THE KENYA POLICE P3 MEDICAL EXAMINATION REPORT**

**PART 1-(To be completed by the Police Officer Requesting Examination)**

From______________________________ Ref______________________________
__________________________________________________ Date______________________________

To______________________________________________ Hospital/Dispensary I have
to request the favour of your examination of:- Name

__________________________________________________ Age__________ (If known) Address
__________________________________________________ Date

and time of the alleged offence________________________________________________________

Sent to you/Hospital on the____________________20_______ Under escort
of______________________________________________ and of
your furnishing me with a report of the nature and extent of bodily injury sustained by him/her.

Date and time report to
police______________________________________________

Brief details of the alleged offence

________________________________________________________________________________
________________________________________________________________________________
PART 11 - MEDICAL DETAILS - (To be completed by Medical Officer or Practitioner carrying out examination) (Please type four copies from the original manuscript)

SECTION "A"- THIS SECTION MUST BE COMPLETED IN ALL EXAMINATIONS

Medical Officer’s Ref. No.___________________________________________________________

1. State of clothing including presence of tears, stains (wet or dry) blood, etc.

___________________________________________________________________________
___________________________________________________________________________

2. General medical history (including details relevant to offence)

___________________________________________________________________________
___________________________________________________________________________

3. General physical examination (including general appearance, use of drugs or Alcohol and demeanour)

___________________________________________________________________________

This P3 Form is free of charge

SECTION "B"- TO BE COMPLETED IN ALL CASES OF ASSAULT INCLUDING SEXUAL ASSAULTS

COMPLETION OF SECTION

"A" 1. Details of site, situation, shape and depth of injuries sustained:-

a) Head and neck

___________________________________________________________________________

CHAIN OF EVIDENCE STUDY REPORT 45

_________________________________________________________
b) Thorax and Abdomen.

________________________________________________________________________________

________________________________________________________________________________

c) Upper limbs

________________________________________________________________________________

________________________________________________________________________________

d) Lower limbs

________________________________________________________________________________

________________________________________________________________________________

2. Approximate age of injuries (hours, days, weeks)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

3. Probable type of weapon(s) causing injury

4. Treatment, if any, received prior to examination

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

5. What were the immediate clinical results of the injury sustained and the assessed degree, i.e. 'harm', or 'grievous harm'.* DEFINITIONS:- "Harm" Means any bodily hurt, disease or disorder whether permanent or temporary. "Maim' means the destruction or permanent disabling of any external or organ, member or sense "Grievous Harm" Means any harm which amounts to maim, or endangers life, or seriously or permanently injures health, or which is likely so to injure health, or which extends to permanent disfigurement, or to any permanent, or serious injury to external or organ.
SECTION “C”-TO BE COMPLETED IN ALLEGED SEXUAL OFFENCES AFTER THE COMPLETION OF SECTIONS “A” AND “B”

1. NATURE OF OFFENCE

Estimated age of person examined

2. FEMALE COMPLAINANT
   a) Describe in detail the physical state of and any injuries to genitalia with special reference to labia majora, labia minora, vagina, cervix and conclusion

   b) Note presence of discharge, blood or venereal infection, from genitalia or on body externally

3. MALE COMPLAINANT
   (a) Describe in detail the physical state of and any injuries to genitalia

   (b) Describe in detail injuries to anus
(c) Note presence of discharge around anus, or/ on thighs, etc.; whether recent or of long standing.

__________________________________________________________

__________________________________________________________

SECTION “D” 4. MALE ACCUSED OF ANY SEXUAL OFFENCE

a) Describe in detail the physical state of and any injuries to genitalia especially penis

__________________________________________________________

__________________________________________________________

__________________________________________________________

b) Describe in detail any injuries around anus and whether recent or of long standing

__________________________________________________________

__________________________________________________________

__________________________________________________________

5. Details of specimens or smears collected in examinations 2, 3 or 4 of section “C” including pubic hairs and vaginal hairs

__________________________________________________________

__________________________________________________________

__________________________________________________________

6. Any additional remarks by the doctor

__________________________________________________________

__________________________________________________________

__________________________________________________________

Name & Signature of Medical Officer/Practitioner ________________________________
Appendix 3: The importance of health care for an abused child

1. Seeking health care can **prevent** sexually transmitted diseases, including HIV (report within 72 hours) and pregnancy (report within 120 hours), tetanus and allow for **treatment** of wounds and other injuries wound care as well as for initiation of **psychosocial** support.

2. Therefore, health care should be **sought as quickly as possible** even if this skips the referral process laid out in this guideline. **The referral process can be returned to later.** Health care should be sought from the following list of hospitals which are equipped to deal with gender and sexual violence:
   a) Kilifi County Hospital
   b) Malindi Hospital
   c) Mtondia Dispensary
   d) Ganze health centre
   e) Bamba Health centre

3. A survivor should not wash or change clothes before seeking health care or if he/she has washed please bring the clothes wrapped in paper (not plastic paper bag). (p24 National Guidelines for Management of Sexual Violence).

4. A health provider should also **collect forensic evidence**, which is essential in helping survivors of sexual abuse access justice through judicial processes. Proper management of evidence helps in presenting credible evidence to Court to prove that sexual violence indeed occurred and link the perpetrator to the crime. The evidence collection should be done using a **sexual assault evidence collection kit**.

5. **A follow up pregnancy test at six weeks** is offered to all female rape survivors. If they present with a pregnancy, which they feel is as a consequence of the rape, they should be informed that in Kenya, termination of pregnancy may be allowed after rape (Sexual Offences Act, 2006). If the girl child decides to opt for termination, she should be treated with compassion, and referred appropriately. (p13 National Guidelines for Management of...
6. **Procedures for reporting to the police:** Survivors of sexual abuse should be encouraged to report to the police immediately after medical treatment. It is however, an individual's choice and should not be forced. Police should encourage and assist anyone presenting at the police station following rape/sexual abuse, to attend the nearest health facility as soon as possible, preferably before legal processes commence as both PEP and EC become less effective with passing of time. (p23 National Guidelines for Management of Sexual Violence)