



JOINING FORCES ALLIANCE FOR CHILDREN IN KENYA

STATEMENT ON COVID-19 EMERGENCY RESPONSE IN KENYA

25th May 2020





About Us

The Joining Forces Alliance for children in Kenya (JFA-Kenya) is a coalition of six child focused Non-Governmental organizations whose members are Child Fund Kenya, Plan International Kenya, Save the Children Kenya, SOS Children's Villages Kenya, Terre des Hommes and World Vision Kenya.

The Six agencies are working together, in the best interest of the child, while strengthening collaboration with Government of Kenya Ministries, Departments and Agencies and other partners in ensuring that children rights are secured and that the principles of the United Nations Convention on the Rights of the Child are upheld.

The Six agencies are committed to working with and supporting children to have their voices heard during decision making processes on all matters that concern children.





COVID-19 Response

We foremost commend the Government of Kenya for its on-going well-coordinated efforts on the COVID-19 Emergency Response.

We acknowledge and applaud all the health care workers for their commitment in preventing, detecting and responding to various cases of COVID-19.

We salute all children and the people of Kenya for responding positively to the Government guidelines aimed at preventing the spread of COVID-19.

As part of our contribution to the COVID-19 Emergency Response actions in Kenya, the JFA-Kenya is currently involved in undertaking COVID-19 response activities targeting to reach an estimated 1,200,000 children (640,000 girls and 560,000 boys).



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We are currently undertaking the following initiatives to support the Government of Kenya's efforts towards the COVID-19 pandemic in 39 Counties:

- a) Provision of Personal Protective Equipment (PPEs) to health care facilities;
- b) Strengthening the capacity of Community Health Volunteers (CHVs) as guided by the Ministry of Health's COVID-19 Community Health Response Minimum Standards;
- c) Promoting high standards of hygiene through;
 - Dissemination of COVID-19 prevention related messages to children, their families and their communities
 - Provision of a hand washing facilities, masks, soap and sanitizers to households
 - Provision of sanitary towels for girls
 - Provision of water tanks that are being placed in common places that are accessible to the public
- d) Responding to the emerging need for food at the household level through provision of Cash transfer and food packages
- e) Supporting access to virtual platforms that enable children to share their experiences, concerns and needs as they remain at home during the COVID-19 pandemic;



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Our Concerns

While our combined efforts will contribute to the reduction of impact of COVID-19 pandemic on Children in Kenya, we are concerned that:

1. There is no COVID-19 Child Protection Standard of Operation Procedures to guide the provision of child protection services during this pandemic. There is no specific Standardized COVID-19 Child protection monitoring framework and tool in Kenya that can be used by all child protection actors in the country to monitor and report on the situation of children during the current emergency.
2. There is no comprehensive report on the Situation of Children in Kenya ever since the first case of COVID-19 was confirmed in Kenya. At the County level, the County Area Advisory Councils (whose main objective is to plan, coordinate and determine children's priority areas for intervention in order to enhance child rights and welfare), are yet to document the emerging effects of COVID-19 on children.





In addition,

3. In various parts of the Country, communities are reporting cases of violence against children, including cases of child labour, female genital mutilation,, child marriage and child commercial sex exploitation. Among the communities that practice female genital mutilation, girls are currently more vulnerable to circumcision that may be carried out silently indoors. Children living in the streets and refugee camps are equally at high risks of various forms of violence. In addition, some children are being exposed to various forms of on-line violence, such as cyber bullying and on-line sexual exploitation.
4. Given that there are children engaged in learning at home using digital platforms, most children especially the most vulnerable, without access to internet or other learning devices like radio and TVs are being “left behind” in their education.
5. Expectant mothers and children in need of immunization services are not being reached with timely health care services in many rural parts of the country.



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Our Recommendations

To ensure that all children remain cared for, protected and their wellbeing improved during the current COVID-19 pandemic, we recommend the following:

1. Develop Child Protection Standards of Operation Procedures (CP-SOP)

The Ministry of Health, in collaboration with the Ministry of Interior and Coordination of Government, The Ministry of Education and The Ministry of Labour and Social Protection (Ministry Responsible for Children Matters) to develop and issue COVID-19 Child Protection Standards of Operation Procedures (CP-SOP) that would guide all actors involved in child protection services in the Country during this emergency period. Such standards of operation procedure should provide clarity on:

- a) The specific child protection roles of various government departments and agencies during the current emergency, at all levels of governance
- b) Gender Responsive Mechanism for identification, reporting and referral of specific child protection cases from various households and communities
- c) The framework and tool for use in the villages and estates in monitoring and reporting on the Situation of Children, during the current pandemic



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2. Issue a weekly report on the Situation of Children in Kenya

- a) The National Council of Children Services, in line with its mandate, as provided for under section 32 of the Children Act, 2001, to initiate a process of regular analysis of data from all the 47 Counties on the Situation of Children and make public a weekly report that outlines the progress made in ensuring that all children are protected from the threats of COVID-19. The Weekly Situation report will provide the much needed data on the status of children so to inform decision making by Government Departments and other stakeholders.
- b) All the 47 County Commissioners should ensure that the County Area Advisory Councils are involved in monitoring and reporting on the situation of children on a weekly basis in the respective counties. While doing so, critical attention should be on the situation of the most vulnerable children among whom include malnourished children, those with pre-existing medical conditions, orphans, children living with disabilities, children living and working on the streets, children living in refugee camps and children living in very poor households. A weekly County Situation Report on children would suffice.



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- c) All the 47 County Emergency Response Committees on COVID-19 should initiate a process of providing regular updates on children matters as informed by the issues and recommendations from the County Area Advisory Councils, with utmost clarity on the number of children in need of care and protection so that they are reached with timely and appropriate response actions.
- d) The Area Advisory Councils at the Sub-Location levels should be activated and all Nyumba Kumi Leaders, Village Elders and Assistant Chiefs tasked to collect daily information on the situation of children across all villages and estates in Kenya; and they should ensure timely referrals for appropriate actions.



3. Develop guidelines for Child Friendly Mass Testing

While rolling out COVID-19 mass testing, there is need for specific guidelines on how children will be targeted and effectively informed on the importance of being tested, for them to participate in the same manner in which adults are being called upon to participate.

Age appropriate counselling should be provided to children prior to being tested for COVID-19.

Additionally, among the quarantine, Isolation/treatment facilities, some of them should be exclusively for children and their caregivers; with additional measures put in place to ensure that they are Child friendly while taking into consideration the needs of children with special needs.





4. Seek for views from Children when exploring options for opening schools

The National COVID-19 Education Emergency Response Committee to reach out to Children from the various parts of the Country and seek for the views of children on the best possible response strategies that should be put in place before a decision is made on the opening of schools.

The 2019 Kenya Population and Housing Census Report, estimates that 3.4 million people are in Secondary school, 10 Million in primary school and 3.3 Million in pre-primary schools. These are children who are the primary beneficiaries of basic education service provision, and therefore must be consulted on what they want to be in place before the schools reopen.



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5. The National Assembly to approve adequate budget before schools are reopened

The National COVID-19 Education Emergency Response Committee should conduct a rapid assessment and develop a National Schools Situation Analysis Report together with a Costed Schools COVID-19 Response Plan; to be tabled in the National Assembly for debate and approval before the schools are reopened. For effective implementation of School specific COVID-19 Preventive Measures the National Assembly will need to approve comparatively high Budget Allocation to the Ministry of Education.

6. School Specific COVID-19 Preventive Measures to be in place before schools reopen

- a) All public and private pre-primary, primary and secondary schools should be provided with adequate regular, readily and equitably accessible clean and safe piped water; and the supply of such water should take into consideration the population of all children in every school. Boreholes should be drilled and equipped in schools that are not closer to existing piped water supply systems.



- b) Handwashing facilities, with constant running water supply and soap should be installed at the entrance of all classrooms, staff rooms, offices, dining halls, libraries, laboratories and dormitories in all public and private pre-primary, primary and secondary schools. Consideration should be made on the needs of children with special needs when putting in place the handwashing facilities.
- c) The toilet to pupil ratio in all schools should meet the approved standards for both girls and boys.
- d) In all other shared spaces in schools (Classroom, libraries, dormitories, laboratories, dining halls and sports facilities) in both private and public Pre-Primary, Primary and Secondary schools, measures should be in place to ensure the 1-2 meters distance between learners.



7. Design and implement a National Psychosocial support programme for Children

A National Psychosocial Support programme for Children should be immediately designed, rolled out and all children in all households, in all villages and estates in Kenya, reached with psychosocial support services while at home; before schools reopen, and a status report published on the extent to which all children shall have benefited from the Psychosocial Support programme.



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8. Sustain the provision of quality health services

The Ministry of Health in collaboration with County Governments to ensure a sustained and effective implementation of the Community Health Strategy in order deliver integrated, comprehensive, and quality community health services. Specific focus should be on ensuring that all expectant mothers regularly receive prenatal services and that all children of ages 0-5 years old receive timely quality immunization services without any interruptions.

9. Financial and Technical Assistance to the Government of Kenya

Aid Agencies and partners to provide continuous support to the Government of Kenya in putting in place mechanisms that will specifically cushion children, their parents, guardians and communities from the effects of COVID-19.



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Chege Ngugi
Country Director
Child Fund Kenya

Walter S. Odhiambo
National Director
SOS Children's Villages Kenya

Kate Maina-Vorley
Country Director
Plan International

Celine Beaudic
Country Representative
Terre des Hommes

Wang Le
Country Director
Save the Children

Lilian Dodzo
National Director
World Vision Kenya



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For follow up engagements, please contact

Ann Njuguna

Corporate Communications and Media Relations Manager

Plan International Kenya

E-mail: Ann.Njuguna@plan-international.org

Bonyo Elijah Don

Associate Director – Policy and Advocacy

World Vision Kenya

E-mail: elijah_bonyo@wvi.org



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