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**WRITTEN REPLIES BY THE GOVERNMENT OF KENYA CONCERNING THE
LIST OF ISSUES (CRC/C/KEN/Q/2) RECEIVED BY THE COMMITTEE ON THE
RIGHTS OF THE CHILD RELATING TO THE CONSIDERATION OF THE
SECOND PERIODIC REPORT OF KENYA (CRC/C/KEN/2)**

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*In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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LIST OF ABBREVIATIONS

AAC	Area Advisory Council
ARI	Acute Respiratory Infections
ASALs	Arid and Semi Arid Lands
CBS	Central Bureau of Statistics
CCI	Charitable Children's Institutions
CDC	Center For Disease Control
CDD	Control of Diarrhoea Diseases
CDF	Constituency Development Fund
CDL	Child Domestic Labour
COMAGRI	Commercial Agriculture Program
CRC	Committee on the Rights of the Child
CSEC,	Commercial Sexual Exploitation of Children
CSO	Community Service Orders
DPT	Diphtheria Pertusis Tetanus
EARC	Education Assessment and Resource Centre
ECD	Early Childhood Development
FAO	Food and Agriculture Organization
FGM	Female Genital Mutilation
ILO/IPEC	International Labour Organization/International Program for the Elimination of Child Labour
IMCI	Integrated Management of Childhood Illness
ITN	Insecticide Treated Nets
KAACR	Kenya Alliance For the Advancement of Children Rights
KDHS	Kenya Demographic and Health Survey
KEPI	Kenya Expanded Program on Immunization
KESSP	Kenya Education Sector Support Program
KISE	Kenya Institute of Special Education
KNCHR	Kenya National Commission on Human Rights
LASDAP	Local Authorities Service Delivery Action Plan
LATF	Local Authorities Transfer Fund
LLITN	Long Lasting Insecticide Treated Nets
MoH	Ministry of Health
NACADA	National Campaign Against Drug Abuse
NCCS	National Council For Children's Services
NGO	Non Governmental Organizations
NPA	National Plan of Action
OPV	Oval Polio Vaccine
OVC	Orphans and Vulnerable Children
SFRTF	Street Families Rehabilitation Trust Fund
UNCRC	United Nations Convention on the Rights of the Child
UNGASS	United Nations General Special Assembly on Children
WHO	World Health Organization
YCTC	Youth Corrective Training Centre
ERSWEC	Economic Recovery Strategy for Wealth and Employment Creation

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INTRODUCTION

The United Nations Convention on the Rights of the Child (UNCRC) was adopted by the United Nations in 1989 and has achieved the highest level of acceptance of any human rights instrument. An almost universal ratification provides a powerful endorsement to the significance of the Rights of the Child. The Articles of the Convention as well as the Guiding Principles aim to ensure child survival and development.

The Republic of Kenya ratified the UNCRC on 30th July 1990 and thereafter domesticated it through the enactment of the Children Act, 2001, that came into force on 1st March 2002. Once a Government signs the Convention, it becomes a State Party according to Article 44 of the UNCRC. State Parties are obliged to submit detailed reports within two years of ratification and thereafter every 5 years to the Committee on the Rights of the Child (CRC) indicating strategies and actions they have put in place to ensure the realization of Children's Rights. Kenya submitted her first report in 1998 and the second report in September 2005.

This report provides additional information that reflects the situation of children in Kenya on issues raised by the Committee (CRC/C/KEN/Q/2) and the concluding observations of the first State Party report (CRC/15/Add.160).

The additional information focuses on data and statistics, general measures of implementation, dissemination of the UNCRC, and legislation and policies in the implementation of the Convention among other issues.

We hope that this document will provide adequate answers to the issues raised by the Committee on the Rights of the Child.

PART I

A. DATA AND STATISTICS

1 (a) Statistical data by sex, age groups, urban and rural areas covering the years 2003, 2004 and 2005 on the number and percentage of children under 18 living in Kenya.

Kenya has a population estimated at 34 million, 51 % of whom are female. Children number 17,584,473 that is, slightly more than a half of the population. 84.5% of the children live in rural areas whereas 15.5 % live in urban areas. Having such a high proportion of children in the population has socio-economic implications in terms of provision of basic services such as education, health, food, shelter and security. High poverty levels and the HIV/AIDS epidemic have led to an increase in the number of children living under difficult circumstances. These categories include children who live and work on the streets; those abandoned and neglected; those abused and exploited and subjected to child labour.

Tables 1, 2 and 3 provide the number of children less than 18 years by sex, age and residence for the years 2003, 2004 and 2005.

Table 1: Number of children under 18 years by sex, age and residence, 2003

Age	2003								
	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0	113,045	112,093	225,138	524,144	517,819	1,041,963	636,272	630,829	1,267,101
1	110,328	108,659	218,988	501,274	490,900	992,174	606,927	604,235	1,211,162
2	100,800	100,652	201,452	484,526	476,459	960,985	581,407	581,030	1,162,437
3	91,803	91,827	183,630	469,597	466,113	935,710	559,138	560,202	1,119,340
4	77,621	76,562	154,183	429,869	417,484	847,353	499,844	501,692	1,001,536
0-4	493,597	489,793	983,390	2,409,411	2,368,775	4,778,186	2,883,588	2,877,988	5,761,576
5	76,068	75,179	151,248	410,999	396,707	807,706	478,056	480,898	958,954
6	67,753	69,036	136,789	393,537	388,567	782,104	457,988	460,905	918,893
7	65,892	65,622	131,514	379,668	367,779	747,447	437,936	441,025	878,961
8	56,504	59,712	116,216	362,664	357,328	719,992	416,554	419,654	836,208
9	61,084	63,517	124,602	382,682	370,943	753,625	437,345	440,882	878,227
5-9	327,301	333,067	660,369	1,929,550	1,881,324	3,810,874	2,227,879	2,243,364	4,471,243
10	54,655	58,479	113,134	368,237	355,575	723,812	416,634	420,312	836,946
11	52,482	58,532	111,015	339,020	349,720	688,740	397,979	401,776	799,755
12	49,053	53,732	102,784	341,123	320,759	661,882	380,318	384,348	764,666
13	47,236	53,432	100,668	320,335	306,695	627,030	361,786	365,912	727,698
14	57,142	67,315	124,457	402,318	376,161	778,479	448,765	454,171	902,936
10-14	260,568	291,490	552,059	1,771,033	1,708,909	3,479,942	2,005,482	2,026,519	4,032,001
15	54,908	69,893	124,801	377,658	357,534	735,191	427,204	432,788	859,992
16	55,750	74,553	130,303	347,698	339,865	687,563	406,007	411,859	817,866
17	62,985	79,619	142,604	322,990	311,810	634,800	385,433	391,971	777,404
15-17	173,643	224,065	397,708	1,048,346	1,009,208	2,057,554	1,218,644	1,236,618	2,455,262
Total	1,255,110	1,338,416	2,593,526	7,158,340	6,968,216	14,126,556	8,335,593	8,384,489	16,720,082

Source: Central Bureau of Statistics (CBS)

Table 2: Number of children under 18 years by sex, age and residence 2004

Age	2004								
	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0	117,313	116,325	233,638	543,933	537,370	1,081,303	660,363	654,578	1,314,941
1	114,320	112,591	226,911	519,411	508,661	1,028,072	628,977	626,006	1,254,983
2	104,355	104,203	208,557	501,616	493,264	994,880	602,103	601,334	1,203,437
3	94,910	94,935	189,845	485,490	481,888	967,378	578,067	579,156	1,157,223
4	86,426	85,247	171,673	478,632	464,841	943,472	556,491	558,654	1,115,145
0-4	517,324	513,300	1,030,623	2,529,082	2,486,024	5,015,106	3,026,001	3,019,728	6,045,729
5	79,162	78,237	157,399	427,712	412,840	840,552	497,520	500,431	997,951

6	70,597	71,933	142,530	410,053	404,875	814,928	477,162	480,296	957,458
7	68,728	68,447	137,175	396,011	383,610	779,621	456,801	459,995	916,796
8	59,149	62,508	121,657	379,641	374,055	753,696	436,003	439,350	875,353
9	57,795	60,097	117,892	362,075	350,968	713,043	413,798	417,137	830,935
5-9	335,430	341,222	676,652	1,975,493	1,926,348	3,901,841	2,281,284	2,297,209	4,578,493
10	57,051	61,043	118,094	384,379	371,162	755,541	434,923	438,712	873,635
11	54,796	61,113	115,909	353,966	365,137	719,102	415,488	419,523	835,011
12	51,230	56,117	107,346	356,263	334,996	691,259	397,232	401,373	798,605
13	49,565	56,065	105,630	336,124	321,812	657,936	379,604	383,962	763,566
14	45,986	54,173	100,159	323,772	302,721	626,493	361,107	365,545	726,652
10-14	258,627	288,511	547,138	1,754,504	1,695,827	3,450,331	1,988,354	2,009,115	3,997,469
15	57,567	73,277	130,844	395,946	374,848	770,794	447,923	453,715	901,638
16	58,498	78,228	136,726	364,837	356,618	721,455	425,997	432,184	858,181
17	66,118	83,580	149,697	339,056	327,319	666,376	404,823	411,250	816,073
15-17	182,183	235,085	417,268	1,099,839	1,058,785	2,158,624	1,278,743	1,297,149	2,575,892
Total	1,293,565	1,378,116	2,671,681	7,358,918	7,166,984	14,525,902	8,574,382	8,623,201	17,197,583

Source: Central Bureau of Statistics (CBS)

Table 3: Number of children under 18 years by sex, age and residence 2005

Age	2005								
	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0	112,726	111,776	224,502	522,664	516,357	1,039,021	634,605	628,918	1,263,523
1	118,690	116,895	235,585	539,266	528,106	1,067,373	653,115	649,843	1,302,958
2	108,159	108,001	216,159	519,900	511,243	1,031,143	624,156	623,146	1,247,302
3	98,272	98,297	196,569	502,687	498,957	1,001,644	598,742	599,471	1,198,213
4	89,358	88,139	177,498	494,872	480,614	975,486	575,387	577,597	1,152,984
0-4	527,205	523,108	1,050,313	2,579,389	2,535,277	5,114,667	3,086,005	3,078,975	6,164,980
5	88,153	87,122	175,275	476,289	459,728	936,017	553,982	557,310	1,111,292
6	73,472	74,863	148,335	426,753	421,364	848,117	496,626	499,826	996,452
7	71,618	71,325	142,943	412,664	399,742	812,407	475,971	479,379	955,350
8	61,700	65,204	126,904	396,018	390,191	786,209	454,831	458,282	913,113
9	60,526	62,937	123,464	379,187	367,555	746,741	433,310	436,895	870,205
5-9	355,469	361,452	716,921	2,090,911	2,038,579	4,129,491	2,414,720	2,431,692	4,846,412
10	53,942	57,717	111,659	363,435	350,938	714,374	411,235	414,798	826,033
11	57,192	63,785	120,977	369,443	381,102	750,545	433,681	437,841	871,522
12	53,489	58,592	112,081	371,978	349,772	721,750	414,719	419,112	833,831
13	51,766	58,555	110,321	351,052	336,104	687,156	396,497	400,980	797,477
14	48,254	56,844	105,098	339,739	317,651	657,390	378,902	383,586	762,488
10-14	264,643	295,494	560,137	1,795,647	1,735,567	3,531,214	2,035,034	2,056,317	4,091,351
15	46,329	58,972	105,302	318,652	301,672	620,323	360,438	365,187	725,625

16	61,333	82,018	143,351	382,516	373,899	756,415	446,671	453,095	899,766
17	69,380	87,704	157,084	355,786	343,470	699,255	424,775	431,564	856,339
15-17	177,042	228,695	405,737	1,056,953	1,019,040	2,075,993	1,231,884	1,249,846	2,481,730
Total	1,324,360	1,408,748	2,733,108	7,522,901	7,328,464	14,851,365	8,767,643	8,816,830	17,584,473

Source: *Central Bureau of Statistics (CBS)*.

2. Data on budget allocations and trends (in absolute figures and percentages of the national and regional budgets) for the years 2004, 2005 and 2006 regarding the implementation of the Convention.

Kenya's National budget for the FY 2006/07 stands at Kshs 550 billion, an appreciable part of which is set aside for children's programs as detailed in the following Tables.

(a) Education: Pre-Primary, Primary and Secondary

Tables 4 and 5 show recurrent and development expenditures on pre-primary, primary and secondary education for the FYs 2003/2004 to 2005/2006. The Tables indicate that most of the Government spending on education goes to the primary sector where recurrent expenditure takes almost three quarters of the entire allocation.

Table 4: Expenditure on Education (Recurrent) in millions of Kshs.

Education level	FY 2003/04	FY 2004/05	FY 2005/06	Total
Pre-primary	5.51	25.66	57.00	88.17
Primary	5,966.52	6,583.42	7,148.58	19,698.52
Secondary	945.42	938.79	2,893.70	4,777.91
Total	6,917.45	7,547.87	10,099.28	24,564.6

Source: *Economic Survey, 2006*.

Table 5: Expenditure on Education (Development) in millions of Kshs

Education level	FY 2003/04	FY 2004/05	FY 2005/06	Total
Pre-primary	362.55	6.60	No allocation	369.15
Primary	2,214.10	3,196.90	1,311.60	6,722.6
Secondary	151.90	205.50	170.00	527.4
Total	2,728.55	3,409	1,481.6	7,619.15

Source: *Economic Survey, 2006*.

(b) Health care

Primary Health Care

Recurrent budgetary allocations on Primary Health Care are given in Table 6. The figures indicate that budgetary allocations for primary health care increased significantly from Kshs 5 million to over Kshs 20 million over the three year period.

Table 6: Primary Health Care (recurrent) in Kshs

FY	2003/2004	2004/2005	2005/2006	Total
Amount	5,313,545	23,802,684	24,507,444	53,623,673

Source: GoK Approved budget

Table 7 below gives the recurrent budget allocations to the National Aids Control Program for the financial years 2003/2004 to 2005/2006.

Table 7: National Aids Control Programs in Kshs

FY	2003/2004	2004/2005	2005/2006	Total
Amount	1,2787,628	11,955,685	17,372,840	42,116,153

Source: GoK Approved budget

(c) Programs and services for children with disabilities;

Table 8: Programs for children with disabilities in Kshs

FY	2003/04	2004/05	2005/06	Total
Special primary school	34,071,680	70,000,000	90,000,000	194,071,680
Special Secondary school	34,000,000	35,000,000	45,000,000	114,000,000
Total	68,071,680	105,000,000	135,000,000	308,071,680

Source: GoK Approved Budgets- Recurrent

(d) Support programs for families

Table 9: Budgetary support programs for families in millions of Kshs

FY	2003/04	2004/05	2005/06	2006/07	Total
Cash Transfer Program (CTP)	-	-	48	56	104

Source: GoK Approved Budgets

The Cash Transfer program targets families who foster Orphans and Vulnerable children (OVC). It was started on pilot basis in 2004/05 targeting 500 families and in FY 2006/07 9,000 families are targeted.

(e) Support for children living below the poverty line

Poverty issues are generally addressed through various poverty eradication programs e.g. the Poverty Eradication Commission of Kenya, school feeding programs, Constituency Development Fund (CDF), Local Authority Transfer Fund (LATF), Local Authorities Service Delivery Action Plan (LASDAP) and the Free Primary Education introduced in 2003. These programs have significant budgetary allocations.

(f) Protection of children who are in need of alternative care including the support of care institutions.

Individual local authorities have programs providing grants to Charitable Children's Institutions and programs depending on their financial strengths.

(g) Programs and activities for the prevention of and protection from child labour, child abuse and child sexual exploitation.

The budgetary allocations for Children's Department in the Office of the Vice President and Ministry of Home Affairs are used in programs for the protection from child labour, child abuse, and child sexual exploitation.

Table 10 shows the amount of money allocated to the Department for the last four financial years.

Table 10: Budget Allocation for Department of Children's Services (Kshs)

FY	2002/03	2003/04	2004/05	2005/06	Total
Recurrent	240,402,170	240,790,572	225,825,720	322,945,584	1,029,964,046
Development	15,000,000	15,000,000	16,917,850	33,992,8000	386,845,850
Total	255,402,170	255,790,572	242,743,570	662,873,584	1,416,809,896

Source: GoK Approved Budgets

(h) Programs and services for abandoned children, including street children;

Table 11 shows amounts allocated to the Street Families Rehabilitation Trust Fund (SFRTF), which deals with street children and the Nairobi Children's Home that cater for abandoned children. In the FY 2004/2005 the SFRTF funds increased, but have since reduced from 65 million in FY 2004/2005 to about 20 million in the previous two financial years, given that about 6,000 children were removed from streets and placed in schools, rehabilitation centres and in employment

Table 11: Budget for Program on Street and Abandoned children in millions of Kshs

Institution	FY2003/04	FY 2004/05	FY2005/06	FY2006/07	Total
SFRTF	40	65	20	22	147
Nairobi Children's Home	4.8	4.8	4.8	4.8	19.2
Total	44.8	69.8	24.8	26.8	166.2

Source: GoK Approved Budgets

i) Programs for the recovery and rehabilitation of juvenile offenders

Table 12 indicates the allocation provided for statutory institutions that are charged with the responsibility of rehabilitating juvenile offenders.

Table 12: Budget Allocation for Rehabilitation Institutions in millions of Kshs

Institutions	2003/04	2004/05	2005/06	Total
2 Borstal Institutions	61.3	60.5	71.6	193.4
11 Rehabilitation Schools	107.1	91.8	104.3	303.2
11 Children's Remand homes	54.3	48.9	50.2	153.4
4 Probation Hostels	10.1	8.7	15.4	34.2
Total	232.8	209.9	241.5	684.2

Source: GoK Printed Estimates

(j) Programs and services for refugee and internally displaced children

The budgetary allocation for the Refugee Department in the Ministry of Immigration is meant for all refugees including children.

(k) Programs and services for children living in pastoralist and/ or rural Communities.

The Government provides support to children living in pastoralist and rural communities through programs directed to the Arid and Semi-Arid Lands. These include feeding programs, mobile health clinics, mobile schools, school boarding facilities and expansion of schools among others.

3. Information concerning the number of children that are deprived of family environment and separated from parents.

a) Number of children separated from their parents.

No survey has been conducted to estimate the number of children separated from their parents.

(b) On Children placed in institutions

Table 13: Number of children in Charitable Children's Institutions (CCIs), 2003-2005

Year	2003	2004	2005	Total
Number	13,810	10,568	25,867	50,245

Source: Children's Department, monthly returns

Record management improved on CCIs resulting in a significant increase from 2004 to 2005. Sensitization campaigns by the Government on CCIs regulations led to improved data collection and record keeping.

(c) Children placed with foster families;

In 2005, twenty (20) children were placed on Foster Care. The Government has introduced registers in all the Districts on foster care placements so that data can be captured.

(d) Number of children adopted domestically or through inter-country adoptions.

Table 14: Numbers of Local and Foreign Adoptions for 2003-2006

Year	Local Adoptions			Foreign Adoptions			Grand Total
	Male	Female	Total	Male	Female	Total	
2003	35	99	134	41	24	65	199
2004	35	59	94	34	35	69	163
2005	31	72	103	36	42	78	181
2006	20	36	56	26	18	44	100
Total	121	266	387	137	119	256	643

Source: Department of Registrar General, Adoption register

4. Number of Children with Disabilities in various categories.

There is no data available for issues raised in 4 a, b, c and d which relates to the number of children with disabilities living with their families, living in institutions and those placed under foster care.

Tables 15 and 16 give estimates of the number of children with disabilities and those at school and those that have never gone to school from age 5 to 17, excluding those aged 0-4. The estimates provided here are provisional and have been generated based questions

which were part of a Literacy Survey conducted in 2006 by CBS and the Department of Adult Education.

Table 15: Number of children with disabilities, 2006

Age	Sex		Total
	Male	Female	
5	8,770	7,677	16,452
6	5,765	5,369	11,140
7	3,400	3,551	6,958
8	3,040	3,277	6,325
9	2,582	1,962	4,553
10	2,940	2,073	5,013
11	1,584	1,336	2,931
12	1,830	1,476	3,318
13	1,684	1,812	3,509
14	1,962	1,773	3,749
15	1,576	1,549	3,140
16	1,463	1,104	2,583
17	878	1,223	2,118
Total	37,474	34,182	71,789

Source: CBS

Table 16: Number of children with disabilities attending schools and never attended, 2006

Age	Male		Female	
	At school	Never attended	At school	Never attended
5	5,716	3,012	5,469	2,110
6	4,404	1,324	4,400	909
7	3,093	249	3,088	444
8	2,626	309	2,982	255
9	2,479	103	1,741	162
10	2,735	139	1,909	125
11	1,528	56	1,253	63
12	1,709	103	1,288	78
13	1,466	160	1,676	90
14	1,736	79	1,489	171

15	1,321	61	1,218	41
16	1,164	188	864	42
17	481	135	609	129
Total	30,458	5,918	27,986	4,619

Source: Source: CBS

(e) Children with disabilities attending special schools

Table 17 provides data for children with disabilities attending Special Schools for the year 2003.

Table 17: Children with Disabilities attending Special Schools

Year	2003		
	M	F	Total
Number	74,241	87,584	161,825

Source: Ministry of Education

In 2003, there were 1,215 Institutions providing services for children with special needs.

5. Statistical data by sex, age groups, urban and rural areas covering the years 2003, 2004 and 2005 on:

(a) Rates of infant and child mortality;

The risk of death during childhood varies by age of the child, being highest immediately after birth and decreasing as the child grows older. Available data indicates that childhood mortality in Kenya worsened in the late 1980s and early 1990s. With the recorded decline in HIV prevalence rates in the country (6.7% in 2003 to 5.54% in 2005) and improvement in child health care services, it is projected that the worsening childhood mortality indicators would be reversed. The following are some of the indicators for measurement of childhood mortality rates.

IMR = Infant Mortality Rate (The probability of dying before the first birthday)

CMR = Child Mortality Rate (The probability of dying between the first and fifth birthdays)

U5MR = Under-five Mortality Rate (The probability of dying before the fifth birthday).

Table 18: Rates of Infant and Child Mortality

	2003			2004			2005		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
IMR (1q0)	61	79	77	61	79	77	55	74	71
CMR (4q1)	41	35	41	41	35	41	35	38	37
U5MR (5q0)	93	117	115	93	117	115	88	109	105

Source: *Kenya Demographic and Health Survey (KDHS) 2003 /CBS*

The figures for mortality rates when given for surveys of a particular year, represent some average period spanning about five years. Infant and child mortality rates record only small changes which are not recognized on a yearly basis but after a period of time on average five years. The figure given for 2003 therefore can still hold true for the year 2000 (three years before the survey) and can also hold true for 2006 (three years after the survey).

(b) Rates of immunization

Immunization in Kenya is undertaken by the Kenya Expanded Program of Immunization (KEPI), which largely follows the World Health Organization's (WHO) guidelines for vaccinating children. A child fully immunized should have received one dose of BCG, 3 doses each of DPT/Hepatitis B and Polio, and one dose of measles. The information provided in Table 19 focuses on children aged 12-23 months since this is an age group expected to have been fully immunized.

Table 19: Rates of Immunization (Fully Immunized Children 12-23 months)

Year	2003			2004			2005		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Immunized (%)	58.7	56.4	56.8	58.7	56.4	56.8	58.7	56.4	56.8

Source: *KDHS 2003/Central Bureau of Statistics*

Changes in the rates of immunization are usually very minimal especially when determined from a survey. The rates when determined for a particular year represent an average and can therefore be used as representatives for some years before and after the survey.

Table 20: Immunization coverage report for children below 1 year (2001-2006)

Antigen	2001	2002	2003	2004	2005	2006
BCG	71 %	80 %	87.35 %	92 %	94 %	95%
OPV3	58 %	62 %	72.2%	73%	68%	74%
DPT3	68%	66%	89.3%	76%	77%	78%
Measles	52%	69%	72.5%	67%	69%	77%
Fully Immunized	42%	46%	57%	59%	61%	69%

Source: *KEPI, Ministry of Health (MoH)*

The figures in Table 20 indicate data for both routine and campaign immunization.

(c) Rates of malnutrition

The standard indices of physical growth that describe nutritional status of children are stunting, wasting and underweight.

Stunting: Height-for-age (stunting) is a measure of linear growth. Stunting is a condition reflecting the cumulative effect of chronic malnutrition.

Wasting: Weight-for-height (wasting) measures body mass in relation to body length and describes current nutritional status. Wasting represents the failure to receive adequate nutrition and may be as a result of inadequate food intake or recent episodes of illness causing loss of weight.

Underweight: Weight-for-age (underweight) is a composite index of height-for-age and weight-for-height. A child can be underweight for his/her age because he/she is stunted, wasted or both. Weight-for-age is a useful tool for continuous assessment of nutritional progress and growth in children. Recent studies undertaken in the country shows that malnutrition indicators have only changed slightly. Table 21 provides the malnutrition status in Kenya for the years 2003, 2004, and 2005.

Table 21: Rates of malnutrition under 5

Year	2003			2004			2005		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Stunting (%)	23.6	31.7	30.3	23.6	31.7	30.3	23.6	31.7	30.3
Wasting (%)	4.2	5.8	5.6	4.2	5.8	5.6	4.2	5.8	5.6
Underweight (%)	12.6	21.3	19.9	12.6	21.3	19.9	12.6	21.3	19.9

Source: *CBS/KDHS (2003)*

(d) Adolescent health, the rates of early pregnancy and sexually transmitted infections (STIs), drug, tobacco, other substance abuse, suicide and other mental health problems.

Early pregnancy

Almost a quarter of young Kenyan women (aged 15-19) are either pregnant with their first child or are already mothers (KDHS 2003). An unintended pregnancy among young people has in the past led to disruption of their education. Decisions made by these young people on timing & number of children have also had consequences on the country's population growth, hence on the national development. Children born to very young mothers are also predisposed to higher risks of illness & death since their mothers are likely to experience complications during pregnancy. Table 22 gives the proportion of young people aged 15-19 who were either pregnant with their first child or were mothers for the years 2003, 2004 and 2005.

Table 22: Early pregnancy

Age/Years	2003	2004	2005
15-19	23%	21%	21%

Source: CBS/KDHS 2003

Sexually transmitted diseases

Information about the incidence of Sexually Transmitted Infections (STIs) is a useful marker of unprotected sexual intercourse. Tracking of STI epidemics, including HIV/AIDS, has mainly been from seroprevalence testing among pregnant women attending antenatal care clinics. The first population-based study was carried out during the 2003 Kenya Demographic and Health Survey (KDHS) which gave HIV prevalence rate of 6.7%. It is estimated that HIV prevalence rates dropped to 6.09% and 5.54% in 2004 and 2005, respectively. Table 23 provides HIV prevalence rates for 2003, 2004 and 2005. Results show that women are disproportionately affected by the epidemic.

Table 23: Sexually Transmitted Diseases (STIs)- HIV Prevalence

Year	2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
15-19	0.4	3.0	1.6	0.36	2.73	1.45	0.33	2.48	1.32

Source: CBS

Tobacco and Alcohol Abuse

Past studies in Kenya have shown that less than one percent of adult women smoke and therefore no tabulations have been made. More men in their 30s and 40s smoke compared

to those in other ages. It is recommended that women avoid alcohol during pregnancy and breastfeeding because of its effect on the health of the child and the mother.

Tables 24 and 25 show the prevalence of use of Tobacco among males and Alcohol among persons aged 15-19 respectively.

Table 24: Use of Tobacco among males (%)

Years /Age	2003	2004	2005
15-19	5.7	5.7	5.7

Source: CBS/National Campaign Against Drug Abuse (NACADA)

Table 25: Use of Alcohol among persons aged 15-19 (%)

Years	2003		2004		2005	
Age	Male	Female	Male	Female	Male	Female
15-19	10.3	2.6	10.3	2.6	10.3	2.6
Total	5.1	29.9	5.1	29.9	5.1	29.9
Residence	Male	Female	Male	Female	Male	Female
Urban	35.4	7.4	35.4	7.4	35.4	7.4
Rural	28.1	4.4	28.1	4.4	28.1	4.4

Source: CBS/NACADA

6(a) Data on child abuse

Child abuse in Kenya takes different forms and there may be a lot of cases that go unreported. Since there is no central system of harmonizing data from all agencies dealing with children, the data in this report is organization specific. Tables 26, 27, 28 & 29 show data on reported cases as provided by Children's Department, the Police, Kenyatta National Hospital and Nairobi Women's Hospital respectively.

Table 26: Number of reported child abuse cases 2004-2005

Year	Neglect	abandoned	assault	Sexual abuse	Child Prostitution	Child brides & mothers	Harmful Cultural Practices	Abduction	TOTAL
2004	18,137	1,274	180	132	100	70	150	120	20,163
2005	34,756	1,719	140	462	162	763	142	106	38,250

Source: Children's Department, Annual Returns.

Table 27: Child abuse cases reported to the police, 2003-2005

Year	2003	2004	2005	Total
Number	891	1,213	1,288	2590

Source: *Police Department*

Table 28: child abuse cases attended to at Kenyatta National Hospital - 2000 - 2005

Category	2000	2001	2002	2003	2004	2005	TOTAL
Neglect or abandonment	26	24	27	41	20	144	282
Physical abuse	7	9	8	5	5	25	59
Psychological abuse	0	0	0	1	0	0	1
Sexual abuse	83	73	87	69	13	52	377
Unspecified maltreatment syndromes	3	3	0	2	0	1	9
Grand total	119	109	122	118	38	222	728

Source: *Kenyatta National Hospital (KNH)*.

The data from Kenyatta National Hospital is a combination of what the hospital has dealt with directly as well as referrals from other institutions.

Table 29: Child abuse cases from April 2005 to March 2006

Illustration on diagnosis	Number	Percentage
Rape	940	54.7
Defilement	426	24.8
Sodomy	74	4.3
Non-penetrative sexual assault	56	3.3
Soft tissue injury	92	5.4
Alleged sexual assault(not conclusive)	70	4.1
Others	60	3.4
Total	1,718	100

Source: *Nairobi Women's Hospital*

(b) Number and percentage of reports with additional information on type of follow-up provided and the outcome of the cases, including prosecution, withdrawals and sanctions for perpetrators.

Child abuse cases reported are dealt with by different agencies but follow up on their conclusion is not recorded at a central place thereby making it difficult to get the correct data on the outcome of the cases.

(c) Number and proportion of child victims that have received counseling and assistance in recovery.

No data exists on this at the national level however; the data given in Table 30 is for the number of children that have received counseling at the Nairobi Women's Hospital.

Table: 30: Numbers of children given psychosocial support, April 2005 to March 2006.

Psychosocial support	No. of victims
Rape	447
Defilement	344
Sodomy	83
Total	791

Source: *Nairobi Women's Hospital*

Nairobi Women's Hospital targets abuse with key focus on sexual abuse that is directly brought to the institution as well as from referrals. The counselors give one to one counseling services, follow-up counseling and hold a group therapy for victims of rape once a month. The counseling goal is to assist develop a positive coping mechanism to hopefully return the survivors to a state of prior or improved emotional stability.

7. Information on the criteria for measuring 'poverty' and number of children living below the poverty line.

Poverty is multidimensional and manifests itself in various forms. The definition of poverty using one criterion is bound to be inadequate. A popular definition of poverty is the money metric definition of poverty. In this definition poverty lines in terms of equivalent adult consumption expenditure are drawn using two popular money metric concepts of poverty namely Absolute and Relative poverty.

The Absolute Poverty concept provides three poverty lines, namely Food poverty line, Overall poverty line and hardcore poverty line. According to Absolute Poverty concept, poverty is defined as the inability to attain a certain predetermined minimum level of consumption at which basic needs are assumed to be satisfied. This definition attempts to specify the level of absolute deprivation on the basis of norms which identify the minimum requirements in terms of food and non-food universally considered adequate to satisfy the minimum nutritive requirements (calories) for a healthy growth and maintenance of the human body. This value as recommended by FAO/WHO is 2,250 calories per equivalent

adult. The overall poverty encompasses food and non-food basic requirements by adding to the food poverty line. The hardcore poor are defined as those who would not meet their minimum calorie requirements even if they concentrated all their spending on food.

The country's key measure of poverty is the absolute poverty which is also referred to as the overall poverty. Definition of poverty in relative terms relate to types of poverty definitions that endeavour to specifically take into account the actual deprivation with respect to the average levels of satisfaction of need of a society.

The number of children living below the poverty line is 7,516,859. This figure is based on the assumptions that 56% of households in Kenya live below the poverty line and assuming an average two children per household.

8. Information on rates of literacy, rates of enrollment from pre-school to secondary, percentage of completion, number and percentage of drop outs and repetition, and ratio of teacher per child .

Table 31: Enrollment in public pre-primary, primary and secondary school by sex

Source: *Ministry of Education*

Level of Education/Statistics/Indicators	2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
PRE-PRIMARY									
Enrolment	816,577	785,655	1,602,232	823,417	804,304	1,627,721	830,828	812,347	1,643,175
Gross Enrolment Rate	58.5	55.1	56.8	58.9	56.3	57.6	59.6	56.2	57.9
Net Enrolment Rate	31.0	31.0	31.0	33.0	33.0	33.0	32.9	32.7	32.9
PRIMARY									
Enrolment	3,674,395	3,485,129	7,159,524	3,818,836	3,575,928	7,394,764	3,908,855	3,688,430	7,597,285
Gross Enrolment Rate	104.9945	100.5108681	102.7630447	107.9569106	101.6461932	104.8102085			107.2
Net Enrolment Rate	80.8	80	80.4	82.2	82	82.1		82.6	83.2
Primary Completion Rate	71.3	65.2	68.2	80.3	72.1	76.2	83.3	76.5	79.9
Drop out rate	2.1	2.0	2.0	-	-	-	-	-	-
Repetition Rate	10.1	9.4	9.8	-	-	-	-	-	-
Number of Teachers(public)	104,650	73,972	178,622	99,142	79,042	178,184	95,107	75,926	171,033
Pupil Teacher Ratio			40.1			41.5			43:1
SECONDARY									
Enrolment	458,750	423,763	882,513	489,006	434,128	923,134	493,060	435,089	928,149
Gross Enrolment Rate	29.7	27.4	28.5	32.1	27.6	29.8			29.9
Net Enrolment Rate	18.2	18.9	18.6	19.7	19.1	19.4			19.8
Secondary Completion Rate	90.2	88.6	89.5	91.5	87.5	89.6	92.1	90.4	91.3
Number of Teachers(public)	29,674	17,361	47,035	31,194	16,390	47,584	30,958	16,477	47,435
Pupil Teacher Ratio			18.8			19.4			19.6
Drop out rate	7.3	6.9	7.1	-	-	-	-	-	-
Repetition Rate	1.5	1.1	1.3	-	-	-	-	-	-

The country through surveys and other secondary data collected by the ministry of education computes literacy rates for population aged 15 years and above. Data on this category of the population is still being analyzed.

9. Data on the number of children affected and infected by HIV/AIDS.

(a) Number of Children Infected by HIV/AIDS;

Table 32: Number of Children infected by HIV/AIDS, 2003

Year	2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	34,914	34,777	69,690	31,719	31,595	63,313	28,869	28,756	57,624
5-9	26,210	26,718	52,929	23,812	24,273	48,086	21,672	22,092	43,765
10-14	1,274	1,428	2,702	1,157	1,297	2,455	1,053	1,181	2,234
15-17	10,799	28,552	39,352	9,811	25,939	35,751	8,929	23,609	32,539
TOTAL	73,197	91,475	164,673	66,499	83,105	149,605	60,524	75,638	136,162

Source: *KDHS 2003/CBS*

According to the National Aids and STD Control Program (NAS COP), in 2006 it is estimated that 120,000 – 150,000 children are infected and between 20,000 – 30,000 infections occur annually. One third of infant deaths are attributable to HIV/AIDS.

(c) Number of Children Affected by HIV/AIDS

Table 33: Estimated number of orphans by type by 2003

Maternal orphans	612,430
Paternal orphans	535,052
All AIDS orphans	940,745

Source: *KDHS/ CBS*

Table 34: Estimated number orphans by 2004

Maternal orphans	1,414,000
AIDS	849,000
Non-Aids	565,000
Paternal Orphans	1,337,000
AIDS	482,000
Non-Aids	855,000
Dual Orphans	439,000
Aids	96,000
Non-Aids	96,000
Total Orphans	2,311,000
All Aids Orphans	1,044,000

Source: *Children's Department.*

Table 35: Number of Orphans, 2005

Maternal orphans	1,514,000
AIDS	945,000
Non-Aids	568,000
Paternal Orphans	1,408,000
AIDS	568,000
Non-Aids	841,000
Dual Orphans	472,000
Aids	382,000
Non-Aids	90,000
Total Orphans	2,450,000
All Aids Orphans	1,193,000

Source: *UNICEF*.

(c) Number of Children heading households due to HIV/AIDS

The information provided here are estimates for the number of all children headed households. There are no estimates for households headed by children as a result of HIV/AIDS. The estimated number of children headed households by 2003 was 61,171 (CBS, 2003). According to the Rapid Assessment, Analysis and Action Planning Process RAAAPP (2004), about 12% of Kenyan households are comprised of orphans looking after themselves.

(d) Number of orphans of HIV/AIDS living in extended families or institutions

Though there are HIV/AIDS orphans living in extended families and institutions, no survey has been undertaken to estimate the figures.

10. Information on children in conflict with the law:

a) Persons below eighteen, who have allegedly committed a crime, reported to the police

The Police Department has data on crime but the data is not disaggregated by age groups.

b) Persons below eighteen who have been charged with a crime and of them those who are sentenced, and the type of punishment or sanctions related to offences including length of deprivation of liberty.

Table 36 show the number of children involved in crime and convicted by age for the years 2003, 2004 and 2005. The number of children convicted for crime declined in 2004 but increased in 2005.

Table 36: Number of children by age group, gender involved in crime and convicted between 2003- 2006

Year	2003		2004		2005	
AGE	Male	Female	Male	Female	Male	Female
UNDER 16	1	-	166	-	511	11
16-17	5,465	644	3,706	351	4,486	506
TOTAL	5,466	644	3,872	351	4,596	517

Source: *Economic Survey, 2006*

Table 37 shows the number of children on Probation and Community Service Orders (CSO) as a form of sanction. The length of the sanction depends on the offence committed and ranges between six months and three years.

Table 37: Juveniles serving on Probation and CSO 2003- 2005

Year	2003		2004		2005	
Sanction	Male	Female	Male	Female	Male	Female
CSO	238	53	276	43	394	192
Probation	1,349	376	1,648	408	1,354	397
TOTAL	1,587	429	1,924	451	1,748	589

Source: *Probation Department, Annual Returns*

The upward trend of CSO cases is as a result of training of magistrates who are increasingly using CSO as an alternative to custodial sentencing for petty offenders.

(c) Detention facilities for persons below eighteen in conflict with law and their capacity and enrollment rates

Table 38 shows detention facilities for children in conflict with the law run by different departments. They include Probation hostels, Rehabilitation Schools, Borstal Institutions and Children's Remand Homes

Table 38: Detention facilities and their capacity

INSTITUTION	CAPACITY	ENROLLMENT			
		2003	2004	2005	2006
Probation Hostels					
Kimumu Boys	70	40	38	53	45
Shanzu Boys	70	20	14	0	39
Nairobi Boys	50	30	20	21	22
Nakuru Girls	50	35	30	24	25
Rehabilitation Schools					

Machakos Boys	320	90	116	127	98				
Likoni Boys	160	28	81	57	72				
Kericho Boys	120	53	58	58	40				
Thika Boys	160	160	159	174	195				
Wamumu Boys	320	78	184	225	113				
Othaya Boys	200	102	147	152	115				
Getathuru Boys	80	91	124	168	113				
Kabete Boys	320	174	79	105	64				
Kakamega Boys	180	112	124	156	112				
Dagoretti Girls	200	90	59	83	54				
Kirigiti Girls	200	272	197	168	100				
Bosrtal Institutions									
Shikutsa (Males)	226	342	263	271	175				
Shimo La Tewa (Males)	171	183	229	198	150				
Y.C.T.C Kamiti (Males)	268	122	237	199	207				
	CAPACITY	ENROLLMENT							
Children's Remand Homes		M	F	M	F	M	F	M	F
Kisumu	80	83	17	100	20	80	19	68	18
Muranga	60	30	2	35	15	30	7	27	11
Kiambu	60	25	5	50	11	30	6	28	10
Kakamega	80	65	7	92	8	80	4	87	5
Kericho	40	11	3	19	4	19	4	20	7
Eldoret	80	32	5	38	6	37	8	23	5
Likoni	60	23	5	42	10	34	8	11	9
Nyeri	80	32	5	35	11	34	6	28	12
Nakuru	80	61	7	80	11	84	6	61	8
Malindi	60	12	4	6	3	9	5	15	7
Nairobi	100	61	21	70	17	50	20	37	17

Source: *Probation, Prisons and Children's Departments Annual Returns*

The figures stated above are not cumulative; they represent the average case load handled by the institution in a particular year. The Decongestion policy in Kenya's penal institutions aimed at reducing the number of Juvenile offenders has borne fruit and the numbers are reducing.

(d) Persons below eighteen detained in these facilities and persons below eighteen detained in adult facilities;

There is no data for children below eighteen years who may be held in adult facilities. Table 39 shows the number of children accompanying their mothers in prison for 2006. The figures are not constant and fluctuate on daily basis.

Table 39: Children accompanying their mothers in prison for 2006

Sex	Number
Males	116
Females	165
Total	281

Source: Prisons Department

(e) Persons below eighteen kept in pre-trial detention and the average length of their detention.

Table 40 indicates the number of children held in remand homes as they await trial. The average length of stay is 3 months.

Table 40: Children Remand Homes

Children Remand Homes	Capacity	2003		2004		2005		2006	
		M	F	M	F	M	F	M	F
Kisumu	80	83	17	100	20	80	19	68	18
Muranga	60	30	2	35	15	30	7	27	11
Kiambu	60	25	5	50	11	30	6	28	10
Kakamega	80	65	7	92	8	80	4	87	5
Kericho	40	11	3	19	4	19	4	20	7
Eldoret	80	32	5	38	6	37	8	23	5
Likoni	60	23	5	42	10	34	8	11	9
Nyeri	80	32	5	35	11	34	6	28	12
Nakuru	80	61	7	80	11	84	6	61	8
Malindi	60	12	4	6	3	9	5	15	7
Nairobi	100	61	21	70	17	50	20	37	17
Total	780	435	81	567	116	487	93	405	109

Source: Children's Department.

(f) Reported cases of abuse and maltreatment of persons below eighteen occurred during their arrest and detention;

Whereas there are possibilities that there could be cases of maltreatment of persons below eighteen that may have occurred during arrest and detention, there is no data available of recorded cases.

(g) Persons under 18 tried and sentenced as adults

According to the Children Act, the use of the term sentence in matters of children is outlawed. The data provided therefore reflects children charged as adults.

Table 41: Children charged as adults

Year	Number
2003	626
2004	518
2005	320
2006	180

Source: *Prisons Department*

The significant decline in the numbers of children charged as adults is due to the implementation of the Children Act and an increase of awareness of children's rights.

(h) Persons below 18 involved in diversion programs

The diversion program was introduced in the police force in 2005. The information provided here is from stations where the police have set up Child Protection Units (CPUs).

Table 42: Children diverted from the Justice system

Year	Male	Female	Total
2005	256	176	432
2006	169	205	374
Total	425	381	806

Source: *Police Department*

(i) Persons below 18 who have served their sentence have been released and are involved in social reintegration programs.

The Probation and Aftercare Services Department offers aftercare services to ex-borstal inmates between 15-17 years old. The community reintegration also referred to as the resettlement programs is offered in the form of provision of business start up kits and vocational skills training. The ex-borstals are followed up for a period of three years as part of aftercare services. Between 2003- 2006 there were 916 boys in the Aftercare program.

11. (a) Number of children involved in sexual exploitation, including prostitution, pornography and trafficking and the number of children provided with access to recovery and other assistance;

A survey conducted by GoK/UNICEF in 2005/06 in Coast Province indicates that there were between 2,000-3,000 children involved in commercial sex. The figure given here is provisional, as they are yet to be published.

(b) Number of children involved in substance abuse and the number of children who received treatment and rehabilitative assistance;

There has been no survey conducted to show the number of children who received treatment and rehabilitative assistance.

(c) Number of children involved in child labour, indicating type of work.

Kenya conducted a survey in 1998/99 which has the most accurate data on child labour and type of work. There are however programs that have been undertaken by the Government and different agencies to prevent and withdraw children from child labour.

Table 43 gives the number of children and the type of work as at end of 1998.

Table 43: Number of children in child labour and type of work (1998/99)

Economic Activities	Age of the Children								Total
	Males				Females				
	5-9	10-14	15-17	Total	5-9	10-14	15-17	Total	
Agriculture & Forestry	90492	159581	158347	408400	68899	120105	119014	308018	716418
Mining & Quarrying	986	1726	502	3214	-	-	1483	1483	4697
Manufacturing	1951	5718	2285	9954	-	650	3316	3966	13920
Building & Construction		1246	2040	3286	-	-	-	-	3286
Wholesales, Retails trade, Restaurants & Hotels	790	4075	12733	18598	710	5374	4669	10753	29351
Transport & Communication	212	-	4108	4320	334	511	914	1759	5509
Finance, Insurance, Real estate & Business services	-	264	1202	1466	-	2115	1571	3686	5152
Other activities	3941	6306	5044	15291	6704	15283	13435	35422	50713
Private households with employed persons	2085	7203	8574	17862	2352	23884	57070	83306	101168
Total	101346	186098	190706	478150	79000	167921	201470	448391	926541

Source: *Child Labour report 1998/99*

The Table shows that girls constituted over three quarters of child workers in other service sector and private households. Boys were the majority in the sectors that are traditionally male dominated, such as agriculture and forestry, mining and quarrying, building and construction. Age as a factor may have determined the distribution of working children by economic activities. Whereas employment in agricultural activities was fairly represented by all the age cohorts, older children dominated employment in the more demanding activities. For instance, boys aged 15 to 17 wholly dominated employment in agriculture and forestry, manufacturing and transport. Girls aged 15 to 17, dominated employment in manufacturing sector and in the hotel and restaurant sector.

Table 44: Programs that have been undertaken on prevention and withdrawal from child labour on 2003-2006

Programs	Sectors where children were working	Withdrawn			Prevented		
		Boys	Girls	Total	Boys	Girls	Total
ComAgri	Commercial Agriculture, Subsistence agriculture and Child domestic work	1250	1004	2254	2240	1897	4137
Time Bound Program	CSEC, Agriculture, Street and urban informal work, Child domestic work and Fishing	740	820	1560	773	997	1750
Education and training	Child Domestic Labour, Street and slum Working children, CSEC, AIDS orphans in fishing and Children working in pastoralism	700	500	1200	1000	1500	2500
Skills Training	CDL, CSEC, Street children and children working in the slums	60	140	200	120	200	320
CDL	Child Domestic Labour	50	300	350	40	410	450
Capacity Building	Agriculture, Child Domestic work, Street and informal sector	333	233	566	647	628	1275
Country Program (last Phase)	Street and slum working children, Child domestic Labour, Agriculture	732	650	1382	1875	1845	3720
TOTALS				7,512			14,152

Source: Ministry of Labour

Table 44 shows programs that have been undertaken on prevention and withdrawal from child labour from 2003 to 2006. Total number of children between ages 5 and 17 supported in these programs is 21,664.

(d) Number of children working on the streets.

The estimated number of children living on the streets of urban areas was 250,000 by 2002. The total number of children removed from the streets since 2003 and placed in different institutions and family reintegration programs is 6,000.

The following is the numbers of children removed from streets from major urban areas in the country in the year 2003 to date and were placed in rehabilitation programs.

Table 45: children removed from the streets

Age	Male	Female	Total
0-4	800	70	870
5-9	1300	400	1700
10-14	1000	600	1600
15-17	1400	430	1830
Total	4500	1500	6000

Source: *SFRTF*

B. GENERAL MEASURES OF IMPLEMENTATION

1. The Committee sought information on activities meant to implement recommendations contained in the Committee’s previous concluding observations on the initial report of Kenya (UNCRC/C/3/Add.62), in particular regarding paragraphs: 12 and 13 (coordination); 16 (monitoring mechanisms); 18 (resources for children); 22 and 23 (definition of the child); 33 (corporal punishment); 37 and 38 (protection of children deprived of a family environment); 43 and 44 (right to health and access to health services); 47 and 48 (female genital mutilation); 49 (children with disabilities); 51 (right to adequate standard of living) and 61 and 62 (sexual exploitation and sexual abuse).

The State Party wishes to provide update as follows:

Paragraph 12 & 13: Co-ordination

The Committee noted that the State Party had not established a mechanism to coordinate the implementation of the convention. The committee also noted that the Children’s Department which is responsible for rehabilitation, protection and care of children has inadequate financial and human resources.

The State Party wishes to refer the Committee to its second periodic report (chapter one on general measures of implementation Article 4). In this report it was pointed out that the National Council for Children's Services (NCCS) was established in 2002 as per the Children Act to regulate, plan and coordinate child rights and welfare activities in the country. The specific functions of the council include: Ensuring implementation of Kenya's international and regional obligations relating to children and facilitate the formulation of appropriate reports under such obligations. The NCCS is comprised of representatives from various organizations in Government, NGOs, Faith Based Organizations and the Private Sector. At the grassroots level the NCCS operates through the Area Advisory Councils (AACs) with representation from the same groups. The Director of Children's Services is the Secretary of the Council, while District Children's Officers are secretaries to the AACs.

The NCCS has set up a national committee charged with the responsibility of implementation, dissemination and reporting on the Convention on the Rights of the Child as well as on resource mobilization.

The budget and the human resource base for the Children's Department have since improved significantly as shown in Table 46 and 47:

Table 46: Approved Budgets for the Children's Department 2003-2006 in Kshs

FY	2002/2003	2003/2004	2004/2005	2005/2006
Recurrent	240,402,170	240,790,572	225,825,720	322,945,584
Development	15,000,000	15,000,000	16,917,850	33,992,8000
NCCS	9,008,057	9,008,051	7,619,426	9,000,000

Source: *GoK Approved Budget*

Table 47: Staff Establishment for the Children's Department 2003-2006

Year	2003	2004	2005	2006
Staff	432	421	418	510

Source: *GoK Approved Budget*

The government has recruited 80 children's Officers and other children's services personnel in 2006 in response to the rising demand for Children's services. Seven new District Children's Offices were opened in July 2006, to take services closer to communities. The government has approved the recruitment of 160 Children's Officers and 30 Security Wardens.

Paragraph 16: Monitoring Mechanisms

The Committee noted that the State Party established a Standing Committee on Human Rights (SCHR) in 1996 to investigate alleged human rights violations, to advise the Government on all human rights matters and to increase public awareness about the issue. The Committee was however concerned that SCHR was allocated insufficient human and financial resources for its effective functioning.

In response to this concern, the State Party reports that the Kenya National Commission on Human Rights (KNCHR) was established in 2003 under an Act of Parliament to replace the Standing Committee on Human Rights (SCHR). Its mandate is to monitor the violation of the rights of all persons including children. The commission has been working on various matters relating to human rights violations and has prepared reports on the implementation of the UNCRC and children in conflict with the law and has provided copies to Government. In addition, in 2005, The Commission trained 35 children officers and 30 labour officers on human rights matters including children’s rights.

KNCHR has 30 members of staff and 9 Commissioners. The budget allocation to the Commission has increased steadily since it was established in 2003 as follows per financial year;

Table 48: KNCHR budget in millions Kshs

FY	Amount
2003/04	50
2004/05	80
2005/06	95
2006/07	107

Source: KNCHR

Paragraph 18: Resources for Children

The Committee appreciated the economic and social challenges facing the State Party including high and increasing poverty levels as well as high debt payments. It was however concerned that not enough attention has been paid to allocating budgetary resources in the best interest of the child “to the maximum extent of available resources”.

The State Party wishes to point out that the total budgetary allocation to the Children’s Department has increased from Kshs. 20.2 million and Kshs 197.7 million in development and recurrent expenditure respectively in the FY 2000/2001 to about Kshs 74.1 million

and Kshs. 240.8 million in the FY 2003/2004. The combined allocation for the FY 2005/2006 was Kshs 366 million and has increased to Kshs 504 million in 2006/2007.

There has been a significant increase in the budgetary allocations to social services sector such as education and health as shown in Tables 4, 5, 6, 7, 8 and 9.

Paragraph 22: Definition of the Child

The Committee was concerned about the various legal minimum ages which are inconsistent, discriminatory and/or too low, in particular the minimum age of criminal responsibility.

The State Party wishes to point out that the minimum age for criminal responsibility has not changed and still remains 8 years. The Children Act is being reviewed by the Kenya Law Reform Commission (KLRC) in consultation with stakeholders. The review will address statutes related to children on disparity on minimum age for criminal responsibility, legal minimum ages for marriage for girls under the Marriage Act (chapter 150 Laws of Kenya), the Hindu Marriage and Divorce Act (Chapter 157 Laws of Kenya) among others.

Paragraph 33: Corporal Punishment

The Committee noted that while corporal punishment has been formally banned in schools (April 2001) as a matter of policy, it is concerned that this form of punishment continues to be practiced in schools, as well as in the Juvenile Justice system, in the family, and in care institutions.

The State Party notes in Chapter Seven of the Second Report article 28, that corporal punishment was outlawed in schools through Legal Notice No. 56 of 2001 and circulated to all head teachers. Corporal punishment is outlawed in the Children Act section 191 (2) which states that no child offender shall be subjected to corporal punishment. The State Party has taken measures to eliminate corporal punishment through strengthening guidance and counseling and developing guidelines on alternatives to corporal punishment. Reported cases of corporal punishment are dealt with through the laid down procedures.

The State Party in conjunction with partners is running a campaign on violence against children part of which includes corporal punishment. The campaign aims at enlightening the populace on early identification and ways to respond to all forms of violence against children.

Paragraph 37: Protection of Children deprived of a family environment

The Committee expressed concern at the increasing number of children deprived of family environment and at the absence of a distinction between children in need of special protection and child offenders in legal proceedings. The Committee also expressed concern

at the inadequate facilities and services for children in need of special protection, as well as the State practice of placing such children in juvenile remand facilities or police stations. Concern was also expressed at the lack of complaint mechanisms for children, inadequate review of their placement in institutions, the lack of trained personnel in this field and the insufficient financial and human resources allocated for the alternative care.

The State Party wishes to state that since the enactment and implementation of the Charitable Children's Regulations (2005), there is proper coordination in the registration of institutions that provide care and protection for children. All CCIs are being registered afresh to ensure that they meet the requirements contained in the said regulations. Among the requirements is that they provide clear complaint mechanisms in their policy statements. There is systematic training of the staff of these institutions. The conditions for registration are stringent to ensure that the rights of children are protected and that appropriate facilities and conditions exist.

Government institutions are classified to provide separate facilities for child offenders and children in need of special care and protection

The Diversion Program seeks to provide children in conflict with the law access to child friendly alternatives to the regular criminal justice system. Its implementation started on a pilot basis in police stations in three Districts in 2003 and is now being implemented in 14 Districts. Child Protection Units that assess children to determine their appropriate destination and take action depending on the needs of each child have been established in the police stations.

All officers involved in the program from the Police, Probation, Children's Department, the Judiciary and others in Civil Society dealing with children have been trained on children's issues to enhance child protection.

Paragraph 43 and 44: Right to health and Access to health services

The Committee noted that the State Party effort to improve health care for children through various policies and programs, but it is concerned about the insufficient numbers of trained medical personnel; the high maternal, infant and under five mortality rates; the high rate of malnutrition; the increasing incidents of HIV/AIDs; the high incidents of malaria and acute respiratory infections; and poor sanitation and limited access to safe drinking water especially in rural areas. The Committee also noted with concern the State Party cost sharing policy which has limited access to basic health care especially for poor families.

The State Party wishes to refer the Committee to its Second Report Chapter One Article 24 which notes that the Children Act 2001 provides for the right to health care and access to medical services for all children in Kenya. Additionally, the National Social Health Insurance Fund (NSHIF) seeks to ensure that all Kenyans, including children have access to free medical care and health services.

Significant policy directives in response to challenges in the health sector include the National Health Sector Strategic Plan (1999-2004), the National Reproductive Health Strategy (1997-2010) and the National Reproductive Health Implementation Plan (1998-2003). Others include National Cervical Cancer Screening Program Draft (Sept 2003), National Implementation Plan for the Integrated Management of Childhood Illness (IMCI) Strategy (2000-2004), the National Malaria Strategy (2001-2010), the National Plan of Action of the Elimination of FGM in Kenya (1999-2019) the National Condom Policy and Strategy 2001-2005 and the National Programs Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS and the National Plan of Action on OVCs.

The Health Sector Reforms outlined in the Economic Recovery Strategy aim to reduce the disparity in health resources and ensure they are affordable and accessible to Kenyans. The Ministry of Health has continued to train more health personnel and this is confirmed by a 3.2 per cent increase in the number of registered medical personnel from 57,208 in 2001 to 59,049 in 2002. The Government has also made efforts to improve the remuneration of doctors in order to fight brain drain. The remuneration of GoK doctors was increased by 200% in 2002 that resulted in the re-entry of about 1,100 doctors who had left the service owing to poor terms of service.

The Government has taken measures to increase access to primary health care by rationalizing cost sharing in dispensaries. The costs have been reduced from Kshs. 50 to Kshs. 10 in dispensaries and Kshs 20 in health centers free health care for children under five in all public health facilities. There also exists a National Health Insurance Fund (NHIF) which in 2005 expanded its coverage to include the unemployed and those working in the informal sector. In addition to this the National Social Health Insurance Fund (NHSIF) Bill once enacted into law will further increase access to health care.

Distribution of health institutions and hospitals, beds and cots has recorded an increase over the years. There were 4,421 health institutions in Kenya in 2001 compared to 4,499 in 2002. The total number of hospital beds and cots also rose from 58,080 in 2001 to 60,657 in 2002, representing an increase of 4.4 per cent. Overall, the ratio of beds and cots per 100,000 population improved in all provinces.

Over 3,000 Traditional Birth Attendants (TBAs) had been trained by the year 2000 with the support of UNICEF, WHO and AMREF among others. Their role is being redefined from conducting deliveries to acting as Community Resource Persons (CORPs) providing a linkage between the community and health facilities.

The Government recognizes the role that traditional healers play in the health system. Research on herbal medicine is conducted by the Kenya Medical Research Institute (KEMRI) in partnership with Kenyatta University's Department of Research in Traditional Medicine. The Ministry of Health, Department of Standards and Regulatory Services has programs which integrate Traditional and modern medicine.

The Infant Mortality Rate (IMR) is estimated at 77 per 1,000 live births while under five-mortality rate is 115 per 1,000 live births (KDHS, 2003). The maternal mortality ratio was 590:100,000 live births in 1998 and 414 per 100,000 live births in 2003. It is estimated that 20% of pregnancies are complicated while 20% of women develop complications during birth. About 57% of children between 12 and 23 months are fully immunized (KDHS, 2003) with minimal difference between rural (56%) and urban (59%) coverage. Regional coverage varies from between 9% and 79%. The nutritional status of under fives did not improve in the 5 years preceding the KDHS, 2003 that revealed the following: stunting 30%, wasting 6%, underweight 22% and 2.6% exclusive breastfeeding rate at 4 to 6 months.

The Government adopted the Integrated Management of Childhood Illnesses (IMCI) Strategy in 1997, to contribute to the reduction of infant and under 5 mortality rates. This has since been implemented in collaboration with WHO, UNICEF and other partners including USAID, SIDA, DANIDA and World Bank. IMCI strategy is one of the National Public Health and Clinical high priority packages in the National Health Sector Strategy 1999-2004. Other essential packages include Reproductive Health, Malaria Control, KEPI HIV/AIDS and STD Control and prevention of major environmental health related communicable diseases control such as cholera, typhoid and dysentery as well as food safety. IMCI is also a component of The Poverty Reduction Strategy and the Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC). In 2003, 25 Districts had initiated IMCI implementation through training increasing to 46 Districts in 2006. The IMCI strategy has now been further rolled out to areas not earlier covered in the implementing Districts. 18% of clinical health workers have been trained in IMCI case management while all the pre-service medical institutions have at least one lecturer trained in IMCI. IMCI drugs have been incorporated into the essential drug kits making available pre-referral drugs at primary level facilities. A strategic document on implementation of IMCI in the community and a child health communication strategy have been developed.

Polio vaccine continued to be administered to children to eliminate the disease. However in 2006, after twenty two years of no reported case, polio has resurfaced with one case having been identified at the Dadaab refugee camp in North Eastern Province. In response to this, the Ministry of Health in collaboration with partners is undertaking 2 doses Sub National Immunization Days Campaign (Sub-NID) targeting the affected regions by December 2006 and the country as a whole by January 2007.

A major development on safe drinking water is the passing in parliament of the Water Act, 2002. The Act seeks to increase access to safe drinking water by establishing the Water Service Boards, Water Services Regulatory Board and the Water Services Trust Fund to enhance community participation in the management of water. The Government, in collaboration with partners, is implementing an integrated program on water and environmental sanitation in schools and communities. This will contribute to child survival,

protection and development, by supporting efforts to achieve universal access to safe water supply and environmental sanitation services.

About 10% of reported AIDS cases occur among children under five. Most of these cases are due to mother-to-child transmission of HIV. An estimated 50,000 to 60,000 children under five are infected with HIV per annum. About 150,000 infants and children under the age of five are living with HIV in Kenya, and many more have died of AIDS. Out of the 120,000 who require treatment, only 6,000 are receiving treatment. There are close to one million HIV orphans in the country and child headed households. The total number of orphans in the 0 to 14 age group was estimated at 1.7 million in 2004. The number rose to 1.8 million in 2005. Out of this population 54 - 60% have been orphaned by HIV/AIDS.

In collaboration with partners, the Government has intensified efforts to fight the spread of HIV/AIDS through a host of programs including setting up of Voluntary Counseling and Testing Centers (VCTs) and PMTCT sites across the country. These have increased respectively from 401 and 450 in 2004 to 856 and 1,410 in 2006 respectively. Other initiatives include a Cabinet Committee on HIV/AIDS which the President chairs and the launch of the National AIDS and Sexually Transmitted Infections Control Program (NASCOP) in addition to various advocacy and awareness programs.

Malaria remains the most common cause of mortality in children aged under five in Kenya. Twenty million Kenyans are affected annually and 26,000 children under five, die every year that is 72 per day, In addition pregnant women suffer severe anaemia and are likely to deliver infants of low birth weight as a result of contracting malaria. It is estimated that 170 million workdays are lost every year due to malarial illness thus adversely affecting the country's economic development.

About 15% of children sleep under a net while 5% sleep under Insecticide Treated Nets (ITN). The proportion of pregnant women sleeping under a net is 13% while 4% sleep under ITNs. About 24 % of pregnant women take appropriate anti-malarial (SP) for intermittent treatment twice in pregnancy. Only 6% of children under five take appropriate anti-malarial treatment within 48 hours of the onset of fever. The Government has put malaria control measures as indicated in the National Malaria Strategy (2001- 2010). Intervention areas include management of malarial illness, vector control, control of malaria in pregnancy and control of malarial epidemics. Tax on imported mosquito nets has been waived and prices subsidized. Various ways of increasing ITNs coverage and targeting the poor have been implemented including highly subsidized or free ITNs. The country has benefited from the Global Fund for Malaria, HIV/AIDS and TB. A nation wide distribution of Long Lasting Insecticide Treated Nets (LLITN) was conducted in 2006 as part of the integrated measles LLITN campaign in which a total of 1.7 million nets were distributed to children under five years in the high malaria risk regions. A stand alone LLITN distribution also took place in October 2006 and also covered 1.7 million making a total of 3.4 million nets distributed (Division of Malaria Control, 2006).

Paragraph 47 and 48: Female Genital Mutilation

The Committee was deeply concerned that Female Genital Mutilation (FGM) was not prohibited by Law and was still widely practised in the country. The Committee also expressed concern about the persistent practice of other harmful traditional practices including early and forced marriages.

The State Party reports that female circumcision was outlawed with the enactment of the Children Act, 2001. Penalties for subjecting a child to female circumcision, early marriage or harmful cultural practices include a term of imprisonment not exceeding 12 months or to a fine not exceeding Kshs 50,000. The Government has created awareness against female circumcision and implementing the Alternative Rite of Passage Initiative with the goal of eliminating female circumcision. People found forcing girls to undergo female circumcision, early marriage and harmful cultural practices are arrested by the police and prosecuted in a court of law. Female circumcision is a deeply rooted cultural practice which will take a long time to eradicate. Arrests and prosecutions have therefore been few and far between. The State Party will therefore continue with its advocacy strategy against it.

Paragraph 49: Children with Disabilities

The Committee expressed concern about the inadequate legal protection and insufficient policies, facilities and services for children with disabilities. Concern was also raised at the number of teachers trained to work with children with disabilities as well as with the insufficient efforts made to facilitate the inclusion of such children in the educational system and generally in the society.

The State Party recognizes the concerns of the Committee and would like to state that this area has previously not received adequate attention. As an initial step to ensuring that future policies incorporate the needs of children with disabilities, a national disabilities survey is being undertaken by the Central Bureau of Statistics in collaboration with other Government Departments and partners. This will provide disaggregated baseline data to facilitate the development of policy and program interventions.

The Persons with Disabilities Act, 2003 provides a framework in which the rights of children with disabilities are protected.

There have been deliberate efforts to cater for the educational needs of children with disabilities through the establishment of Educational Assessment Resource Centers (EARCs) in each District. The current Education Act is being reviewed to address the special needs of children with disabilities. Programs have been developed to integrate children with disabilities in regular schools. The Government, through the Kenya Institute of Special Education (KISE), trains teachers in institutional and distance learning on children with disabilities. Community based rehabilitation programs are implemented by the Ministry of Health in the Districts.

Paragraph 51: Right to adequate standard of living

The Committee was concerned with widespread poverty and the increasing numbers of children who do not enjoy the right to adequate standards of living.

The State Party acknowledges that poverty has been a big impediment to the achievement of the child's right to development. The Economic Recovery Strategy is an attempt by the Government to reduce poverty while raising the general standard of living of the people, attain Universal Primary Education and reduce child/maternal mortality rates, and achieve other MDGs.

The Government has established the Constituency Development Fund (CDF) under the CDF Act. The Act increases access to development resources to communities at the grassroots level. The Fund provides money meant for community development projects that are expected to improve the living standards of people and thus reduce poverty. CDF committee members in each constituency identify their priorities, determine and allocate resources to health, education and infrastructure development.

Through the Local Authorities, the Government provides Local Authorities Transfer Fund (LATF) and Local Authority Service Delivery Action Plan (LASDAP) funds to improve the living conditions of people especially in the remote parts of the country. LATF was established through an Act of Parliament in 1998 and provides resources and incentives to enable local authorities to supplement the financing of their services and facilities. In accordance with the LATF regulations, each local authority allocates 50% of the LATF service delivery account for capital projects.

Paragraph and 61 and 62: Sexual exploitation and sexual abuse

The Committee noted that the State Party established a National Plan of Action to prevent and combat commercial sexual exploitation of children. It expressed concern about the large and increasing number of child victims of commercial sexual exploitation including prostitution and pornography, especially among those engaged in domestic labour and among street children. Concern was also expressed at the insufficient programs for the physical and psychological recovery and social reintegration of children who are victims of such abuse and exploitation.

The State Party refers the Committee to Chapter Eight on special protection measures Article 34, of the Second Periodic Report which indicates that the Children Act of 2001 has been enacted. The Act, in section 15, provides that a child shall be protected from sexual exploitation and defines this to include child prostitution and child pornography, possession of child pornography and use of children in other unlawful sexual practices. The Act is implemented countrywide through various agencies including the police and other Government offices.

The Government has also enacted the Sexual Offences Act, 2006 which provides for the protection of children from sexual abuse specifically; defilement, child sex tourism, child prostitution, child pornography and trafficking for sexual exploitation, incest, exploitation of prostitution and sexual harassment. The penalties are stiffer than those provided for under the Children Act and the two Acts will offer better protection for children who are victims of sexual exploitation. The Sexual Offences Act, 2006 also provides for the establishment of forensic laboratories to assist in the collection storage and analysis of evidence to assist during trial.

The Government has developed a Code of Conduct for hotels and taxi drivers to curb sex tourism and sexual exploitation of children which they signed in 2005. Training and sensitization against Commercial Sexual Exploitation of Children in the tourism industry have been undertaken. Sensitization trainings on sexual exploitation of children has been undertaken in the Coastal Province. Groups targeted included hotels, taxi drivers, tour operators, tourist police, children and judicial officers amongst others.

A study on Violence Against Children was carried out in 2005 which covered matters of commercial sexual abuse of children as a form of child abuse to provide baseline information as well as to monitor the extent of such abuses. The Government, UNICEF and other partners are spearheading a campaign to stop all forms of violence against children and creating awareness on the rights of children.

2. The Committee sought clarification on whether the Convention has been directly invoked in domestic courts and examples of such cases.

The State Party wishes to state that there have been many cases in domestic courts where the Convention has been indirectly invoked. The courts interpret the laws of Kenya so that they do not conflict with treaties Kenya is a party to, and after ratification, legal and administrative structures are set up to support such instruments. The Children Act and the Sexual Offences Act domesticate the UNCRC and the courts invoke the provisions of the Convention in so far as they implement the provisions of these Acts.

3. The Committee sought information on whether the National Council for Children Services receives individual complaints and information on resources and constraints.

The State Party wishes to clarify that the NCCS does not directly receive complaints since it is a policy making body. All complaints related to children are received and dealt with by the Department of Children's Services, which is the policy implementing body and carries out day to day operations.

Since its inception, the Council has increased the number of Administrative Staff from 2 in 2002 to 6 in 2006., The budgetary allocations have, however remained at around Ksh 9 million.

4. The Committee sought further information on a national program of action, whether it covers all areas of the Convention and takes into account the objectives and goals of the outcome document entitled *A World Fit for Children* of the UNGASS on Children in 2002.

The State Party in 2002 participated in the UNGASS conference and committed itself to the goals of the *World Fit For Children*. The NCCS has formed a National Steering Committee to develop a National Plan of Action for Children and a National Children's Policy. The Steering Committee is also responsible for monitoring and reporting on the implementation of the UNCRC. It consists of Government departments, faith based organizations, development partners, the media, private sector and Civil Society organizations to implement the UNCRC, the concluding observations and the *World Fit for Children* goals. The National Children Policy will harmonize relevant and existing children policies such the OVC policy, Street Children Policy, National ECD policy and Child Labour Policy among others.

The State Party is reviewing the *World Fit for Children* Declaration to take stock of the progress that Kenya has made towards achieving the goals. This process will inform the development of the National Plan of Action.

5. The Committee sought updated information on efforts to disseminate the Convention, the State Party report and the previous concluding observations of the Committee

In collaboration with partners, the State Party in 2002, disseminated the Convention, Concluding Observations and recommendations on Kenya's first Country Report to the UN Committee on the Rights of the Child.

The dissemination process targeted children, adults and organizations through various fora held in all provinces of Kenya. The State Party also has disseminated the convention and the African Charter in various provincial and National fora including training Government officers and Civil Society.

6. The Committee sought updated information on efforts made to provide training, awareness on the Convention and on human rights in general, to children, parents, teachers, social workers and other professionals working with and for children.

The State Party wishes to inform that it has:

- Recruited 80 children officers and trained them on the Children Act and on child rights issues as part of their orientation.
- Trained 143 statutory institution staff.
- Sensitized 295 members of staff of the provincial administration and the police.

- Trained and sensitized parents, children and teachers.
- Circulated the concluding remarks and the text of the UNCRC to all areas of the country both urban and rural.
- Carried awareness campaigns among the AACs comprising of police, Chiefs, Magistrates and children, on the Convention.
- Identified a number of gaps in the Children Act, during the dissemination and sensitization process, which has led to the review of the Children Act by the Kenya Law Reform Commission. The review harmonizes various statutes dealing with children's issues which are inconsistent with the Children Act and the Convention.

7. The Committee sought updated information on the co-operation between the State Party and the international community including non-Governmental organizations, in the efforts to implement the Convention.

The State Party wishes to inform that, in 2003, the Government established a steering committee on UNCRC implementation. The Implementing Committee drew membership from different stakeholders including NGOs, UN agencies, Government and religious organizations. It is this committee that prepared the second State Party Report. The Implementing Committee mobilized resources and continues to do so. It implemented the Convention.

There are specialized National committees to deal with issues of children. The Committees comprises of Government and other stakeholders including USAID, DFID, Policy Project, GTZ, Save the Children Alliance and SIDA. These committees have developed various policies and other documents that help Kenya realize the rights of the child. Such policies include the OVC policy, an OVC National Plan of Action, the AACs guidelines, Child Participation Guidelines, CCI Regulations, National ECD Policy and the Adoption Regulations. These policies and documents have been developed in a participatory manner and validated by all the stakeholders to ensure ownership.

The Government undertook a study on UN Violence Against Children, in collaboration with other stakeholders, and submitted the findings to the UN General Assembly in 2005. As a result, there is a campaign on violence against children which is being implemented in 20 Districts where such violence is rampant. The program brings together children, medics, administrators and NGOs. The campaign has shown that children can articulate their experiences clearly. The children propose solutions that show cogent ways to curb or reduce violence.

8. The Committee sought information on issues affecting children that Kenya considers to be priorities requiring the most urgent attention with regard to the implementation of the Convention.

The State Party will:

- Establish comprehensive data bank on children's issues
- Increase school enrollment to benefit from the introduction of FPE.
- Improve access to quality Health care and Nutrition for children under five
- Intensify supplementary feeding for the malnourished children in ASALs and slums.
- Increase support and budgetary allocation for OVCs and reduce the impact of HIV/Aids.
- Address and reduce violence against children, the worst forms of child labour and Sexual Abuse
- Introduce program interventions to reduce Drug and Substance abuse
- Continue implementing ERSWEC as a continuing strategy to reduce poverty.
- Increase funding for the rehabilitation of Street Children
- Carry out survey to establish data on Children with Disabilities, and make appropriate program interventions.

PART II

In this part, The Committee sought to be provided with copies of the text of the Convention on the Rights of the Child in all official languages of the State Party as well as in other languages or dialects, where available in electronic form

The State Party notes that the Government and civil society organization have translated the UNCRC in a Kiswahili version, a copy of which will be sent in electronic form to The Committee. During the dissemination of the UNCRC, sessions have been conducted in the local languages.

PART III

In this part, The Committee sought information with regard to new bills or enacted legislation, new institutions, newly implemented policies and newly implemented programs and projects and their scope.

The State Party informs the committee of the following developments:

1. New bills or enacted legislation:

- (a) Sexual Offences Act (2006). Due to the high incidences of sexual abuse against women and children a new Act was passed.
- (b) Refugee and Displaced Persons Bill (2006).

- (c) The National Social Health Insurance Fund Bill (2005).
- (d) Constituency Development Fund Act (2003)

2. New institutions:

- (a) *Child Labour Division in the Ministry of Labour*: The Child Labour Unit in the Ministry of Labour was elevated to a division in 2004 with more officers.
- (b) *Division of Child Health*- The Ministry of Health under the Department of Preventive Promotive Health Care Services established a new division in 2001 charged with the following roles related to child health:
 - i. Implementation of CDD/ARI/IMCI
 - ii. Nutrition
 - iii. School Health
 - iv. Advocacy on children's rights to survival
- (c) *The National Adoption Committee*: The committee was established in 2005 through the Children Act, part 12 section 154. The Committee meets once every month to :
 - i. Formulate policy on matters of adoption
 - ii. Effect liaison between the adoption societies, the Government and NGOs
 - iii. Consider and propose names of officers who may serve as guardians ad litem.
 - iv. Monitor adoption activities in the country
 - v. Register foreign and local adoption societies
 - vi. Conduct sensitization on adoptions.
- (d) *The OVC secretariat set up in 2005* : The secretariat has developed the OVC policy , the CT program and the NPA on OVC

3. Newly implemented policies

- (a) FPE (Free Primary Education), 2003.
- (b) Access to free ART (Anti-retro Viro Therapy), 2006
- (c) Anti-malarial Combined Therapy, 2006
- (d) National Health Strategic Plan (2005-2010),

4. Newly implemented programs and projects and their scope.

- (a) *The Time Bound Program (project of support) on the elimination of the worst forms of child labour*: The program was launched on 1st April 2005 and covers 10 Districts and 5 urban centers to withdraw 22,000 children from the worst forms of child labour in four years.

- (b) *Health Programs*: The Government has implemented the following programs in the health sector:
- i. Distribution of free mosquito nets as part of the stand alone and integrated campaigns.
 - ii. Provision of mosquito nets at subsidized rates to increase affordability.
 - iii. Provision of free health services for children under five.
 - iv. Expansion of immunization to 8 antigens from 6: polio, diphtheria, TB, Tetanus, Whooping cough, *Haemophilus influenza*, *Hepatitis B* and Measles.
 - v. Reduction of maternal mortality from 414 per 100,000 to 170 per 100,000.
 - vi. Implementation of Integrated Management of Childhood Illness(IMCI)
 - vii. Introduction of a new effective combination therapy AL, (Atemethar Lumephadrine-) to treat malaria.
- (c) *Education Programs*: KESSP (2005-2010) –Many aspects of the program target children in ASAL, urban slums and pockets of poverty.
- i. Construction of more school in ASALs
 - ii. Expansion of feeding programs in ASALs¹ schools
 - iii. Expansion of classrooms across the country
 - iv. Expansion of facilities in secondary schools e.g. laboratories and science equipment
 - v. Expansion of sanitary facilities e.g. toilets, water tanks among others in selected schools in given regions.
 - vi. Expansion of bursary fund scheme to include secondary school students and teacher trainees.

¹ There are 29 ASAL Districts in Kenya