MINISTRY OF LABOUR SOCIAL SECURITY AND SERVICES
DEPARTMENT OF CHILDREN SERVICES

NATIONAL PSYCHOSOCIAL SUPPORT GUIDELINES

FOR

ORPHANS AND VULNERABLE CHILDREN

IN KENYA

OCTOBER 2015

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ACKNOWLEDGEMENT

The National Psychosocial Support (NPSS) Guidelines for orphans and vulnerable children is an outcome of a highly participatory and consultative process which brought together stakeholders from various organizations with outstanding knowledge in the field of child development and care.

The Ministry of Labour Social Security and Services appreciates the role played by the Technical Committee under the leadership of the Department of Children's Services for   spearheading the process of developing the Guidelines. In particular, the Ministry is indebted to the following organizations; REPSSI, ChildFund Kenya, SOS (K), Education Development Center, Mothers to Mothers, NISELA Group, Hope Worldwide Kenya, AMPATHplus, AMURT, APHIAplus IMARISHA, APHIAplus Nuru ya Bonde, Wezesha, HelpAge Kenya, APHIAplus Western, APHIAplus KAMILI, Nyumbani Children's Home, African Institute for Child Studies and Daystar University for their immense contribution towards finalization of this document.

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Our special gratitude goes to University Research Company, USAID/ASSIST Project for their unwavering commitment, technical and financial support during the development and finalization of the Guidelines.

The Ministry reaffirms its commitment in upholding the welfare of children in the country and will endeavor to promote the implementation of these guidelines.

Ali Noor Ismail, OGW,
Principal Secretary,
Ministry of Labour, Social Security and Services.

FOREWORD

The National Psychosocial Support (NPSS) Guidelines for Orphans and Vulnerable Children (OVC) were developed to fill the gaps identified during the implementation of Minimum Service Standards for Quality Improvement of OVC Programmes. The guidelines aim to standardize and operationalize psychosocial support services in the country. This was out of the realization that different service providers had different definitions and knowledge of PSS leading to provision of services according to their own understanding.

The National Psychosocial Support Guidelines for OVC were developed specifically to:
- Streamline and Operationalize PSS service provision for OVC in the country.
- Strengthen the capacity of family and community systems to provide PSS to children at family and community level.
- Strengthen networking and linkages of PSS service providers
- Promote evidence based practices in PSS service provision

The process of developing NPSS Guidelines started early 2014 and was completed in October 2015. The Guidelines development was through a participatory and consultative process which involved a number of steps geared towards collecting views and inputs from various stakeholders with technical knowledge in the field. This included service providers handling OVC on daily basis.

The guidelines consist of five thematic areas reflecting Child development domains. Each domain has an operational definition, expected outcome and outcome indicator. Further, the guidelines have defined essential actions with suggested activities for each of the essential action at child, caregivers and community levels.

The intended users of these guidelines are the Child Care Service Providers at the point of service delivery. The document will be reviewed depending to capture the emerging issues on children. The guidelines should be used alongside the Minimum Service Standards for Quality Improvement of OVC Programmes among other relevant documents.

Kellen Karanu, HSC.
Ag. Director Children's Services

LIST OF ABBREVIATIONS

ACRWC	African Charter for the Rights and Welfare of the Child
ASSIST	Applying Science to Strengthen and Improve Systems
CSO	Civil Society Organizations
DCO	District Children's Officer
ECD	Early Childhood Development
FBO	Faith Based Organizations
KAIS	Kenya AIDS Indicator Survey
MLSS&S	Ministry of Labour, Social Security and Services
OVC	Orphans and Vulnerable Children
PSS	Psychosocial Support
UN	United Nations
UNAIDS	United Nations Program for HIV and AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children Education Fund
USAID	United States Agency for International Development
VCO	Volunteer Children's Officer
SRH	Sexual Reproductive Health

OPERATIONAL DEFINITION OF TERMS

Access to care	Extent to which care can be reached and utilized by children and their families with no geographical, economic, social, cultural, organizational ,linguistic or any other barriers.
Appropriate care and services	Adaptation of services or care to respond to specific needs or circumstances based on gender, age, special needs and community context.
Caregiver	Any person providing care to a child in the home environment. This can be family members, such as parents, foster parents, legal guardians, siblings, uncles, aunts and grandparents or close family friends or a community volunteer.
Child	Any human being under the age of 18 years.
Child disorder	Any illness, impairment, or abnormal condition that affects children.
Child friendly environment	A clean, healthy, safe and secure place where children can comfortably play, sleep and rest.
Child friendly space	A safe place in the community reserved for children to engage in activities such as recreation and education.
Child protection	Promoting child safety and welfare by preventing and responding to violence, exploitation and abuse.
Children with special needs	Refers to children who have additional needs beyond those typically experienced by other children and who require special attention or services, in addition to the usual services provided to all children.
Civil society organizations	Refers to all non-state entities that include Community Based Organizations, Faith Based Organizations, Non-Governmental Organizations and Foundations.
Community	A group of people with a common goal, shared values and norms who come together to improve the wellbeing of children.
Community structures	These are both formal and informal community based groups, institutions or individuals who can be engaged to provide, skilled or unskilled manpower, protection care and support for vulnerable children e.g. women groups, youths groups, religious organizations, CBOs, Community leaders, Community Owned Resource Persons and support groups.

Developmental milestone	These are achievements made by a child by a certain age. It involves physical, social, emotional, cognitive and communication skills such as walking, expressing emotions and speech.
Early childhood development	Comprehensive approach to children programmes from birth to eight years of age, through which parents and caregivers protect the child's rights to develop his/her full cognitive, emotional, social and physical potential.
Emergency/Disaster preparedness	A state of readiness to contain the effects of a forecast disastrous event to minimize loss of life, injury and damage to property.
Emotional needs	Need for love, recognition, belonging, understanding, protection and comfort.
Emotional wellbeing	To be content and hopeful with a positive outlook to life.
Gender roles	Set of characteristics, roles, and behavior patterns that distinguish boys from girls, and men from women within a given culture.
Higher being	The ultimate authority of a being conceived as the perfect, omnipotent, omniscient originator and ruler of the universe.
Inclusive education	This is an education system that integrates children with different abilities, social economic backgrounds and religious affiliations to participate and learn together in the same classroom.
Integrating PSS	A deliberate and planned inclusion of psychosocial support in all levels of child programming.
Life skills	The abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life (WHO).
Motor skills	Ability to perform complex body, muscle and nerve acts that produce movement.
Nurture	Caring and protecting children as they grow up to enable them realize their full potential.
Orphan	A child whose mother (maternal orphan) or father (paternal orphan) or both (double orphan) are dead.

Pre and post natal care	Care that a pregnant mother gets through attending ante natal clinics to ensure healthy foetus development. Post natal care entails the care mother and baby receives in a health facility for the first six weeks after birth.
Preventive, promotive healthcare	Any medical intervention, management or treatment that is directed at maintaining a person's general well-being and good health. For example, immunization, safe water supply, good nutrition and good hygiene to prevent diseases like cholera.
Pro bono services	Voluntary and free legal services provided by lawyers to vulnerable children and their families.
Regular meals	This is availability of daily meals similar in frequency to other members of the same community.
Rehabilitative care and management	A process that involves mental and social interventions to support children with special needs to enable them reach their desired developmental maturity.
Relevant legal documents	Necessary identification and succession documents that include birth certificates, national identity cards, passports, death certificates, property and inheritance documents and certified wills.
Reproductive health	Refers to the state of complete physical, mental and social wellbeing in all matters relating to the reproductive system.
Resilience	The ability of a child, family, or community to cope with and overcome adversity and thrive. It results in the ability to build inner strength, personal skills, and healthy social relationships.
Safety nets	This refers to social welfare services provided by government agencies, organizations, communities or individuals to cushion the effects of poverty, disease and disasters. These may include, housing, job placements, subsidies for household bills, cash equivalents for food and livelihood programmes.
Social Justice	Refers to fairness and mutual obligations in society, including leading a fulfilled life and contributing actively to the community.
Social protection	Refers to programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks and enhancing their capacity to manage economic and social risks.

Stigma	Refers to a mark/label or disgrace associated with a particular circumstance, quality of life or person. It may be self-inflicted or socially enacted.
Support groups	Organized formal or informal forums that bring together people, who are going through similar experiences to share, encourage and learn from one another.
Traumatic situations	Refers to incidences that cause psychological imbalance hence affecting normal function.
Vulnerable child	A child who is living in circumstances of high risk whose prospects for continued growth and development are seriously threatened.

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INTRODUCTION

1.1 Background

Children are the fabric of the society. In 2011 the world population reached 7 billion, with an estimated 50% being children below the age of 18 years (UN, 2011). In the last three decades childhood has been faced with numerous threats such as poverty, HIV/AIDS, climate change, wars, terrorism and negative use of technology, that pose a risk to the fabric of society and humanity (UNICEF, 2012). This has resulted in many children not being able to enjoy their rights, and hence their survival and development being compromised.

Over 140 million children globally have lost one or both parents with sub-Saharan Africa accounting for 43 million (UNAIDS et al 2004). Kenya has an estimated 2.5 million orphans, 50% of whom are affected by HIV and AIDS (KAIS, 2012).

The Government of Kenya in partnership with other stakeholders have put in place various interventions to cushion children against the effects of HIV and AIDS at household and community level. Most of the interventions for these children have mainly focused on addressing their visible and pressing needs such as food, clothing and shelter with little focus on the invisible needs among them psychosocial support (PSS).

The Ministry of Labour Social Security and Services (MLSS&S) through the Department of Children Services, in 2013, commissioned a situational analysis to assess the provision of PSS services in Kenya. The findings included:
- There was no standardized definition, understanding and operationalization of the term PSS.
- Most service providers offering PSS did not follow internationally accepted guidelines.
- The family and community were key in providing a holistic environment in which effective PSS services could be provided.
- The elderly and child-caregivers played a huge role in caring for orphans and vulnerable children; however they were excluded in PSS programming.

- Capacity building efforts for the PSS providers were not based on a standardized curriculum.
- Networks and linkages among service providers were important for effective PSS service provision.
- PSS services when delivered as standalone interventions were not effective.
- There were no clear qualifications and requirements for individuals and organizations providing PSS.

1.2 Definition of Psychosocial Support

Psychosocial support is a continuum of love, care and protection that enhances the cognitive, physical, emotional, social and spiritual wellbeing of a person and strengthens their social cultural connectedness and resilience.

Effective PSS is age and gender sensitive, within specific cultural contexts and draws on the strengths of the child, family, and community. The holistic nature of psychosocial wellbeing requires that PSS is appropriately, adequately and consistently provided. It positively influences both the individual and their social environment.

1.3 Objectives of the PSS Guidelines

- To operationalize PSS service provision for Orphans and Vulnerable Children (OVC) that is relevant to the Kenyan situation.
- To strengthen the capacity of family and community systems to provide PSS to children.
- To strengthen networking and linkages for PSS service providers.
- To enhance resource allocation for PSS services provision.
- To facilitate the integration of PSS with other services targeting OVC and their households.
- To promote evidence based practices in PSS service provision.
- To monitor and evaluate PSS interventions at the child, caregiver and community level.

1.4 Guiding Principles of the PSS Guidelines

1. Best interest of the child: Putting the child's welfare at the center of all decisions, actions and considerations that may affect them.
2. Nondiscrimination: Ensuring all interventions are provided equitably irrespective of age, race, ethnic, social, economic, abilities, gender, religious or other orientations.

3. Community ownership and sustainability: Through building on community structures and systems to foster a suitable environment for child survival and development.
4. Participation: Enhancing child and family involvement in decision making on activities and matters that affect them.
5. Alignment to the Kenyan legal and regulatory framework for child protection.

1.5 Scope and Rationale of PSS Guidelines

The PSS guidelines aim at responding to the critical needs of OVC within the Kenyan legal and regulatory environment. Programs targeting OVC must be child focused and family centered. It is expected that such programs will be anchored on the community and government system to ensure the child accesses services that will promote their holistic development.

The Government of Kenya has legislations and policies that form a legal framework for child protection among them:
- Child Protection Policy,
- Social Protection Policy,
- National Caregiver Manual,
- Minimum Service Standards for Quality Improvement of OVC Programmes in Kenya,
- National Plan of Action for Children in Kenya (2015-2022),
- Kenya Vision 2030,
- Child Protection in Emergencies.

These frameworks are all anchored on the Children Act 2001, Kenyan Constitution 2010, African Charter for the Rights and Welfare of the Child (ACRWC) and the United Nations Convention on the Rights of the Child (UNCRC).

1.6 Methodology of Guidelines Development

The Quality Improvement Technical Working Group based at the MLSS&S commissioned a situational analysis on PSS in 2013, which was funded by the United States Agency for International Development (USAID) and supported by the University Research Company through the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. The outcome of the situational analysis led to the constitution of a team of champions drawn from government, CSOs and the Institute of Child Development at Daystar University. This team developed the zero draft which underwent several reviews.

The draft was pre-tested in seven counties to ensure relevance and applicability. Later, a national validation meeting was held to incorporate the feedback from the field and build consensus.

1.7 Implementation of PSS Guidelines

The PSS guidelines aim at streamlining implementation of PSS for OVC while taking into consideration individual needs of the child, caregiver and the community. The Department of Children Services will coordinate the implementation of these guidelines.

1.8 The Intended User of the PSS Guidelines.

The PSS guidelines are intended for child care service providers at the point of service delivery. These include the project teams who design and implement children programs and, frontline workers and community volunteers who interact with OVC in their day-to-day work.

1.9 Monitoring and Evaluation

The guidelines have a monitoring and evaluation framework that has indicators to assess PSS implementation and progress at child, caregiver, community and systems levels.

The Department of Children Services will lead in monitoring and evaluation of PSS activities and promote regular use of data for decision-making.

1.10 Components of the PSS Guidelines

The PSS guidelines are divided into 5 major thematic areas reflecting the child development domains:
- Physical development
- Cognitive development
- Social development
- Spiritual development
- Emotional development

Besides the child development domains, the Guidelines also has sections which guide response to trauma and emergencies. Each domain and section outlines essential actions and corresponding guidelines at three different levels as illustrated below;
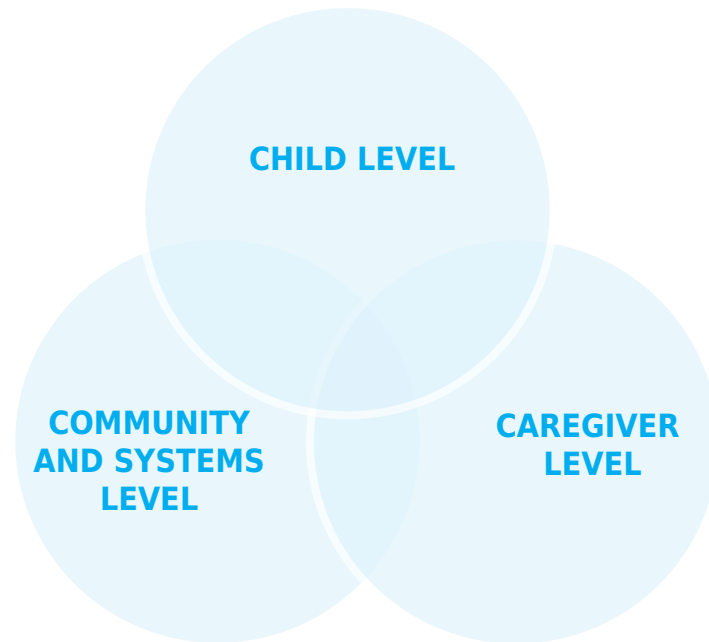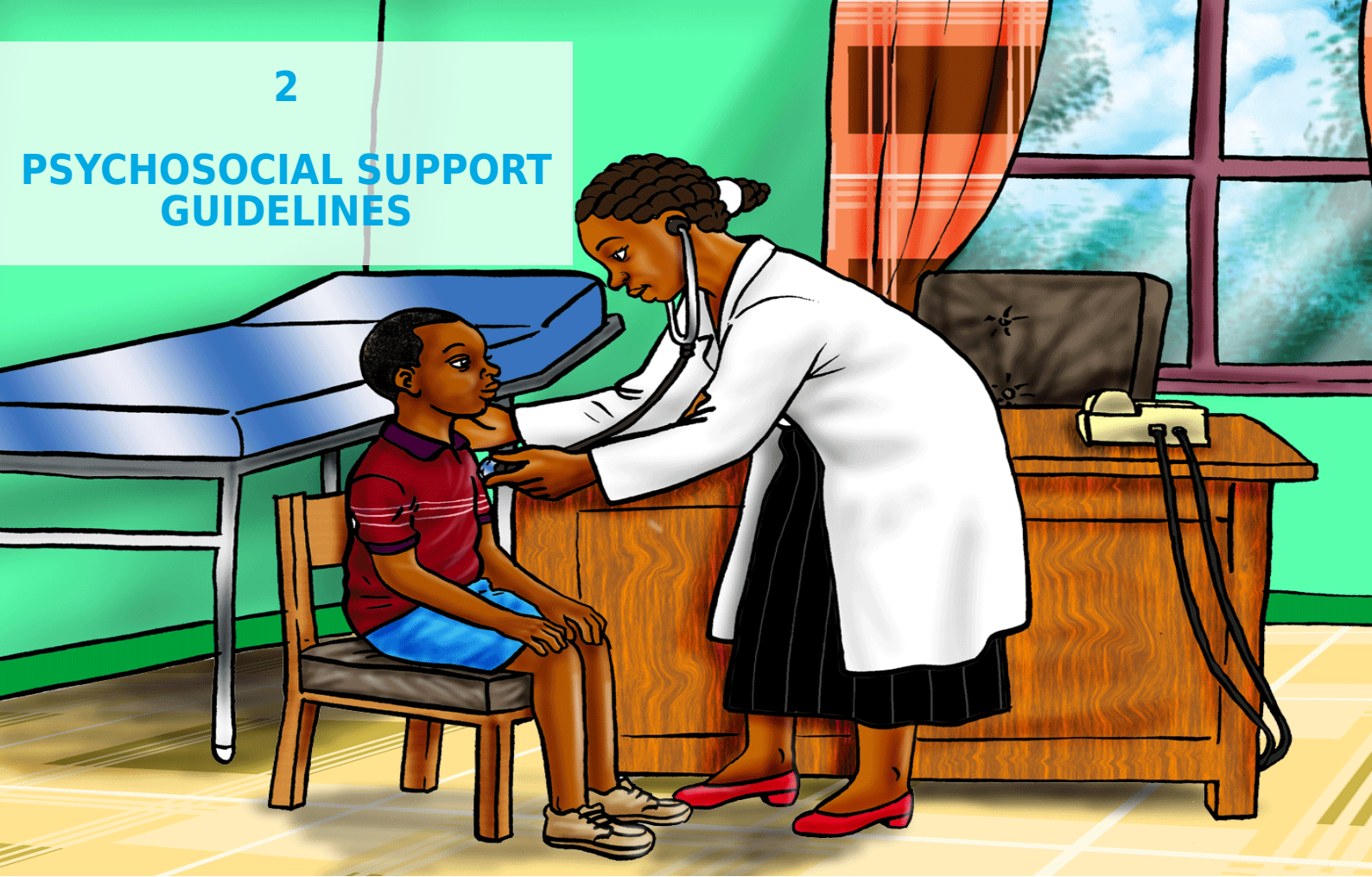

Figure 1: The guidelines cover three levels

The guidelines are structured to respond to the PSS needs of the children based on their age cohorts; 0-5 years, 6-13 years and 14-18 years.

2
PSYCHOSOCIAL SUPPORT GUIDELINES

2.1 PHYSICAL DEVELOPMENT

Domain	Physical Development
Definition	This refers to growth and ability of a child to use his /her body and physical skills.
Outcome	A child whose physical needs are met and is able to perform physical tasks appropriate to his/her developmental stage.
Indicator	Percentage of children able to perform physical tasks appropriate to their developmental stage.

CHILD LEVEL
CROSS CUTTING ESSENTIAL ACTIONS 0-18 YEARS

ESSENTIAL ACTIONS	GUIDELINES
a. Provide the child with essential services	• Provide the child with age-specific and gender-appropriate care and support including health, education, shelter and care, protection, food and nutrition.
b. Provide opportunities for the child with special needs to access specialized services	• Carry out special needs assessment on the child. • Provide the child with special needs integrated medical care. • Link the child with special needs to appropriate learning facilities. • Provide the child with an opportunity to join and participate in support groups and clubs.

SPECIFIC GUIDELINES 6-13 YEARS	
ESSENTIAL ACTIONS	**GUIDELINES**
a. Provide the child with essential services	• Provide the child with age-appropriate promotive, preventive, curative and rehabilitative healthcare including health education, reproductive healthcare, HIV prevention and management, and access to care and treatment.
SPECIFIC GUIDELINES 14-18 YEARS	
Essential Actions	**Guidelines**
a. Provide the child with essential services	• Provide the child with information on adolescent and sexual reproductive health. • Provide the child with enough food and adequate and appropriate clothing. • Provide separate sleeping spaces for boys and girls.

CAREGIVER LEVEL
CROSS CUTTING ESSENTIAL ACTIONS 0-18 YEARS

Essential Actions	**Guidelines**
a. Build the capacity of the caregiver to provide the child with essential services	• Build the capacity of the household to meet basic needs of children e.g. through livelihood and income generating programmes. • Sensitize the caregivers on where to get specialized services for their children. • Link the caregiver with appropriate social safety nets e.g. cash transfer programs, income generating activities, savings and loans programmes. • Sensitize the caregiver on the needs of children with physical disabilities. • Train the caregiver on appropriate, alternative forms of instilling discipline as opposed to corporal punishment. • Create awareness to the caregiver to protect the child from custody or confinement without committal warrant / legal authority. • Sensitize the caregiver on the importance of joining support groups.
b. Sensitize the caregiver on the child's motor skills development needs and opportunities	• Train the caregiver on the need to ensure the child has adequate time and space for learning, play, socialization, sleep and rest. • Provide the caregiver with skills to build the capacity of the child to be imaginative, and to direct his/her own play. • Build the capacity of the caregiver to help the child form and participate in play groups.

c. Build the capacity of the caregiver to support the child with special needs to access special-ized services	• Train the caregiver to protect, care, love, accept and support the child with special needs. • Train the caregiver to nurture the abilities of the child with special needs. • Build the capacity of the caregiver to access assessment services for the child with special needs. • Increase the capacity of the caregiver to access assistive devices and learning facilities for the child with special needs. • Support the caregiver to enable the child access essential services.

SPECIFIC GUIDELINES FOR 0-5 YEARS	
ESSENTIAL ACTIONS	**GUIDELINES**
a. Build the capacity of the caregiver to provide the child with essential services	• Train the caregiver on the importance of prenatal and postnatal healthcare for the child. • Train mothers on the importance of breast feeding their children for the first six months of life. • Build the capacity of the households to meet basic needs of children. • Educate the caregiver on parenting skills such as nurturing and stimulating the child.
b. Increase the capacity of the caregiver to sup-port motor development of the child	• Build the capacity of the caregiver to provide opportunities for the child's motor growth and development through play, kicking, reaching, dancing and holding.

SPECIFIC GUIDELINES 6-13 YEARS	
ESSENTIAL ACTIONS	**GUIDELINES**
a. Build the capacity of the caregiver to provide the child with essential services	• Train the caregiver to understand the psycho social effects on the child if they have no access to essential services.
b. Sensitize the caregiver on the child's motor skills development needs	• Train the caregiver on the need to ensure the child has adequate time and space for learning, play, socialization, sleep and rest. • Train the caregiver to provide opportunities for the child's motor growth and development. • Build the capacity of the caregiver to train the child to be imaginative, and to direct his/her own play. • Build the capacity of the caregiver to create opportunities for the child to form and participate in groups and clubs.

SPECIFIC CAREGIVER LEVEL 14-18 YEARS	
ESSENTIAL ACTIONS	**GUIDELINES**
a. Build the capacity of the caregiver to provide the child with essential services	• Build the capacity of the caregiver to provide enough food for teenagers. • Scale up training of the caregiver on financial literacy and basic business management skills to increase household income. • Sensitize the caregiver on their role in protecting the child against risks that are common among adolescents such as drug and substance abuse, early pregnancy and negative peer pressure. • Build the capacity of the caregiver to provide the child with access to quality education, mentorship, role modeling and life skills.
b. Increase the capacity of the caregiver to provide care, support and protection services	• Train the caregiver on the importance of a clean and safe environment for child development.
c. Build the capacity of the caregiver to support the child with special needs to access special-ized services	• Link the caregiver to existing support structures for the child with special needs. • Build the capacity of the caregiver to support the child to be assessed for special needs and talents.

2.2 COGNITIVE DEVELOPMENT

Domain	Cognitive Development
Definition	Cognitive development is the ability of a child to have healthy brain development that enhances their abilities for decision making, problem solving and language development, thus enabling them to achieve personal independence and life goals.
Outcome	A child who has achieved age appropriate cognitive and language development milestones.
Indicator	Percentage of children who have achieved age appropriate cognitive and language development.

CHILD LEVEL
CROSS CUTTING ESSENTIAL ACTIONS: 0-18 YEARS

Essential Actions	Guidelines
a. Enhance inclusive early learning for the child with disability and/ or in need of care and protection	• Promote interaction of child with special needs so that he/she interacts and engages with other children at all levels. • Support the child living with disability with access to learning services. • Ensure availability of the necessary tools and facilities that facilitate learning for children with disabilities. • Ensure the child with special needs is treated with no discrimination.
b. Encourage a child friendly environment for play, talent and skills development	• Encourage the child to actively engage in community activities. • Build the child's creativity and innovation through identification and nurturing of talents. • Support the child to recognize and appreciate their own achievements.

SPECIFIC GUIDELINES :0-5 YEARS	
a. Promote healthy brain and language development	• Promote and provide for the child's exploration and play to enhance sensory-motor skills development, confidence, resilience and stability. • Advocate for repetition of actions by the child for mastering of concepts and skills. • Stimulate development of communication skills through singing, reading and talking to a child from infanthood. • Promote child's access to early childhood development services including safe daycare centers, immunization, growth monitoring, and nutrition.
b. Enhance child enrolment and regular attendance to Early Childhood Development Centers (ECDE)	• Support the child with enrollment in ECDE and ensure provision of essential materials and levies. • Support the child to develop communication, listening and attention skills.
c. Promote child-friendly environment for play, exploration and skills development	• Build the child's creativity and innovation through provision of age appropriate toys and play materials for cognitive development through identification and nurturing of talents. • Support the child to recognize and appreciate their own achievements however small.
SPECIFIC GUIDELINES: 6-13 YEARS	
Essential Actions	**Guidelines**
a. Promote child enrolment and regular attendance in a school (primary) and learning institutions	• Sensitize on the need for continuous cognitive development and language assessment. • Promote inclusive education for the child with special needs. • Provide necessary tools and facilities that enable learning for children with learning disability. • Create systems that ensure enrollment of all school-aged children to learning institutions. • Provide essential materials and levies to every child. • Establish and or strengthen school based mentorship programs. • Link the child to feeding programs. • Provide sanitary towels and other hygiene materials to girls. • Promote child adjustment and happiness in school. • Sensitize teachers on need to support talented and gifted children.

SPECIFIC GUIDELINES :14-18 YEARS	
Essential Actions	**Guidelines**
a. Promote child enrolment regular attendance and transition in a school or other training institution	• Create awareness and link the child to available safety nets and other financing options. • Create support mechanisms that ensure the child is enrolled and has access to essential scholastic materials. • Ensure the child transitions to the next education level as appropriate. • Provide sanitary towels and other hygiene materials to girls.
b. Support the child to develop independence	• Support the child in accessing career information and guidance. • Motivate the child to be responsible for their own decisions. • Equip the child with life skills like decision making, financial literacy, negotiation skills, self-expression and problem solving. • Connect the child with suitable mentors and positive role models.

CAREGIVER LEVEL
CROSS CUTTING ESSENTIAL ACTIONS: 0-18 YEARS

Essential Actions	**Guidelines**
a. Build the capacity of the caregiver to monitor and respond to the child's cognitive needs	• Sensitize the caregiver to maintain relationships with teachers to monitor the child's development progress. • Enhance the caregiver's knowledge on child rearing practices to a foster child's brain stimulation. • Build the capacity of the caregiver to identify, nurture and develop the child's talent. • Support the caregiver to develop a reward mechanism for the child's achievements and efforts. • Train the caregiver on child development and skillful parenting. • Enhance the caregiver's capacity on child health and nutrition. • Sensitize the caregiver on how to provide a conducive environment for play, rest, sleep, learning and exploration.
b. Support the caregiver with knowledge and skills to assess, refer and support children with special needs	• Sensitize the caregiver on how to identify and refer the child with special learning and related needs for assessment and provision of appropriate services. • Support the caregiver to join and form support groups to address specific special needs. • Link the caregiver to existing support structures and services.

c. Encourage the caregiver to provide the child with opportunities to develop independence	• Train the caregiver to support and mentor the child in achieving life goals and becoming self-independent. • Support character formation through encouraging and reinforcing the child's positive thoughts and achievements. • Support the child in self exploration and talent development.
d. Build the capacity of the caregiver to identify, nurture and develop the child's talents and skills to develop self-independence	• The caregiver to provide room and support for skills and talent nurturance and development. • Support the caregiver to identify and link the child to suitable mentorship programs/mentors. • Enhance the caregiver's capacity to help the child develop decision making and participation skills. • Work with the caregiver to ensure the child has access to career information and life skills programs. • Encourage the caregiver to support and provide opportunities for the child to explore their skills and talents. • Build the capacity of the caregiver to identify, nurture and develop the child's talent. • Educate the caregiver to ensure the child has access to mentorship, career education and life skills programs.
e. Build the capacity of the caregiver to monitor and respond to the child's cognitive needs	• Create awareness to the caregiver on good parenting skills, developmental needs of the child, and how to respond appropriately. • Support the caregiver to ensure that the child attends school regularly, is provided with essential learning materials and levies, and transits to the next level of study. • Enhance the caregiver's ability to stimulate and nurture the child's brain development. • Support the caregiver to ensure the child is enrolled in a learning and/or training institution and is growing academically. • Train the caregiver to recognize the child's achievements and efforts, and reward them. • Build the capacity of the caregiver to guide on appropriate use of mass media, internet and mobile phones. • Encourage the caregiver to maintain relationships with teachers to monitor the child's learning progress.

SPECIFIC GUIDELINES: 0-5 YEARS	
Essential Actions	**Guidelines**
Build the capacity of caregiver to monitor and respond to the child's cognitive needs	• Create awareness to the caregiver on child's developmental stages and childhood diseases and how to respond appropriately. • Support the caregiver to ensure the child is enrolled and accessing early childhood development services as appropriate.

2.3 SOCIAL DEVELOPMENT

Domain	Social Development
Definition	Social development is the ability to build relationships that foster a sense of belonging and enhances participation in appropriate social and cultural activities through interaction with self and others (e.g. family members, caregivers, teachers, peers, media and the environment).
Outcome	A child who is able to build positive relationships and enjoys participating in appropriate activities (social-cultural, economic and religious) with adults and other children.
Indicator	Percentage of children who have built positive relationships and enjoy participating in appropriate activities with adults and other children.

CHILD LEVEL
CROSS CUTTING ESSENTIAL ACTIONS: 0-18 YEARS

Essential Actions	Guidelines
a. Provide the child with relevant guidance, counseling and life skills according to age and gender	• Where appropriate place the child with a consistent primary caregiver according to their needs. • Increase opportunities for child participation on matters affecting them. • Train the child on their rights, responsibilities and societal norms. • Build the capacity of the child to be creative and innovative. • Increase the child's ability to identify, prevent and report child abuse cases. • Provide guidance and counseling to the child and where necessary refer the child for professional counseling. • Equip the child with appropriate life skills.

b. Conduct need based assessment on children with special needs and link them to relevant services	• Conduct a social needs assessment. • Identify the child with special needs and classify as appropriate. • Provide child-friendly services to the child with special needs. • Build the capacity of the child with special needs to cope with stigma.

SPECIFIC GUIDELINES 0 - 5 YEARS	
Essential Actions	**Guidelines**
a. Identify a consistent primary caregiver who is able to positively communicate, nurture and support the child	• Conduct assessment of the child to know their social needs. • Place the child with a consistent primary caregiver based on their assessment. • Promote breastfeeding where applicable to enhance bonding between mother and child. • Train the child and promote positive values and virtues in accordance with Kenyan legislations. • Sensitize the child on forms of abuse and where to seek help. • Identify and nurture the child's talent.
b. Create opportunities for the child to engage in child friendly activities that foster social development	• Increase opportunities for the child to participate and attend routine activities and practices that are not harmful to them as stipulated in Kenya legislations. • Provide safe child-friendly play opportunities and allow them to play and interact with others. • Develop the capacity of the child to discover and explore their environment. • Develop links between the child, the extended family and social support relationships.

SPECIFIC GUIDELINES 6-13 YEARS	
Essential Actions	**Guidelines**
a. Provide the child with appropriate sexual reproductive health education and life skills	• Provide safe child-friendly play opportunities and allow them to play and interact with others. • Promote child access to social and recreational activities and amenities. • Train the child on life skills to help them deal with adolescent challenges. • Train the child on adolescent sexual reproductive health. • Connect the child with suitable mentors and positive role models for learning, sharing, accountability and skills development. • Support the child to promote healthy interpersonal, family and societal relationships.

b. Support the child to develop self-identity	• Support the child to develop skills on self-acceptance, self-esteem, and self-concept. • Train the child on gender identity and gender roles. • Build the child's ability to identify, nurture and develop their talents. • Develop the capacity of the child to build positive interpersonal relationships with family members, caregivers, teachers, peers, media and the environment. • Encourage links between the child, the extended family and social support relationships. • Engage the child in positive socio-cultural activities that promote cohesiveness, kinship, nationhood and patriotism.
SPECIFIC GUIDELINES 14-18 YEARS	
Essential Actions	**Guidelines**
a. Train the child on appropriate sexual reproductive health and life skills	• Develop the capacity of the child to build positive interpersonal relationships with family members, caregivers, teachers, peers, media and the environment. • Train the child on sexual reproductive health. • Provide opportunities for the child to engage in extra-curricular activities that nurture social skills. • Increase the child's access to social and recreational activities. • Train the child appropriate life skills to deal with adolescent challenges. • Empower the child on the appropriate use of social and mass media. • Support the child to promote healthy interpersonal, family and societal relationships. • Connect the adolescent child with suitable mentors and positive role models for learning, sharing, skills development and accountability.
b. Support the child to develop self-identity	• Train the child on life skills of self-acceptance, self-esteem and self-concept. • Sensitize the child on gender identity and gender roles. • Build the child's ability to identify, nurture and develop their talents. • Develop the capacity of the child to build positive interpersonal relationships with family members, caregivers, teachers, peers, media and the environment. • Encourage links between the child and the extended family and social support relationships. • Engage the child in positive social cultural activities that promote cohesiveness, kinship, nationhood and patriotism.

| CAREGIVER LEVEL |
| CROSS CUTTING GUIDELINES: 0-18 YEARS |

Essential Action	Guidelines
a. Develop the capacity of the caregiver on parenting skills	• Support the caregiver to nurture healthy interpersonal, family and societal relationships. • Sensitize the caregiver on child rights, responsibilities and the importance of child participation. • Enhance the caregiver's ability to identify, prevent, and report child abuse cases. • Train caregivers on adolescent sexual reproductive health. • Sensitize the caregiver on the importance of their participation in relevant support groups. • Sensitize the caregiver on the importance of creating an enabling environment for social skills and talent development. • Increase capacity of the caregiver to support the child with special needs to cope with stigma. • Sensitize the caregiver on socio-cultural activities that promote cohesiveness, kinship, nationhood and patriotism. • Train the caregiver on child developmental stages gender roles and disparities. • Mentor the caregiver to instill positive values and virtues in children. • Increase capacity of the caregiver to adopt positive alternative discipline methods. • Increase opportunities for the caregiver to initiate income generating and other livelihood activities.

2.4 SPIRITUAL DEVELOPMENT

Domain	Spiritual Development
Definition	A relationship with the Higher Being leading to informed decision making and having a meaning and purpose in life.
Outcome	A resilient child who has a positive relationship with self, others and the Higher Being and with a hopeful outlook in life.
Indicator	Percentage of children with a positive relation with self, others and have a hopeful outlook in life.

CHILD LEVEL
CROSS CUTTING ESSENTIAL ACTIONS: 0-18 YEARS

Essential Action	Guidelines
a. Build the capacity of the child and ensure the child is supported to understand and internalize a spiritual foundation	• Conduct regular spiritual needs assessment of the child by examining morality, behavior, religion among others • Expose the child to spiritual practices and activities such as stories, skits,drama, art and age appropriate religious materials. • Protect the child from harmful spiritual practices. • Nurture the child's spiritual development through modeling, providing unconditional love, realistic discipline and make them accountable for their actions. • Give the child an opportunity to participate in spiritual activities.

SPECIFIC GUIDELINES: 6-13 YEARS	
Essential Actions	**Guidelines**
a. Support the child to search, identify and associate with the Higher Being	• Provide the child with opportunity to explore their spiritual identity. • Support the child to acquire morals and virtues through modeling. • Provide the child with an opportunity to participate in appropriate spiritual activities and share their beliefs. • Guide the child to make an informed decision on identifying with the Higher Being. • Teach the child about the creator and related myths about their spirituality. • Provide the child with opportunity to participate in social justice activities.
SPECIFIC GUIDELINES 14-18 YEARS	
Essential Actions	**Guidelines**
a. Encourage the child to search, identify and associate with the Higher Being	• Teach the child about the creator and related myths about their spirituality. • Encourage the child to explore their spiritual identity. • Encourage the child to participate in social justice activities. • Guide the child to make informed decisions to associate and identify with the divine. • Encourage the child to share about their spiritual beliefs.

2.5 EMOTIONAL DEVELOPMENT

Domain	Emotional Development
Definition	Emotional development refers to a child's increasing awareness and control of their feelings and reactions in diverse situations.
Outcome	A child who has the ability to deal with his or her feelings and reactions in diverse situations.
Indicator	Percentage of children who are able to deal with their feelings.

CHILD LEVEL
CROSS CUTTING ESSENTIAL ACTIONS: 0-18 YEARS

Essential guidelines	Guidelines
a. A child who has the ability to deal with his or her feelings and reactions in diverse situations	• Conduct regular assessments to identify the emotional needs of the child and refer to the relevant service provider. • Ensure the child is provided with appropriate healthcare. • Ensure the child has a consistent caregiver to provide love, care and protection in a warm and secure environment.
b. Provide the child who has special needs with relevant care and protection services	• Assess the emotional needs of the child with special needs. • Provide the child who has special needs with protection, support, love and care. • Support the child with special needs to manage and cope with effects of emotional challenges.

c. Protect the child against emotional abuse, neglect and exploitation	• Remove the child or the abuser where there is an emotionally abusive environment. • Sensitize the child on forms of emotional abuse, reporting mechanisms, and how and where to seek assistance. • Build the capacity of the child on how to manage effects of emotional abuse. • Rehabilitate and reintegrate the child into the family, school and community.

<table>
<tr><td colspan="2" align="center">SPECIFIC GUIDELINES 6-18 YEARS</td></tr>
<tr><td>Essentials Actions</td><td>Guidelines</td></tr>
<tr>
<td>a. Build the child's capacity to confidently express themselves</td>
<td>
• Sensitize the child on age appropriate sexual and reproductive health information and services and where to get them.
• Equip the child with life skills (self-awareness, managing emotions, dealing with stress, self-esteem).
• Provide the child living with medical conditions, special needs and other challenging situations with appropriate information on their status and importance of joining support groups.
• Ensure the child is provided with essential services.
</td>
</tr>
<tr>
<td>b. Protect the child against abuse and exploitation</td>
<td>
• Sensitize the child on legal provisions and policies that protect them against violence, abuse and exploitation.
• Build the capacity of the child on various forms of violence, abuse and exploitation and how they can affect their emotional wellbeing.
• Sensitize the child on the negative effects of drugs, substance abuse and other addictive behaviors.
• Identify, support and refer the addicted or at risk child to existing rehabilitation services.
</td>
</tr>
</table>

CAREGIVER LEVEL
CROSSCUTTING ESSENTIAL ACTIONS: 0-18 YEARS

Essential Actions	**Guidelines**
a. Build the capacity of the caregiver to respond to the emotional needs of the child	• Sensitize the caregiver on child protection issues and parenting skills. • Sensitize the caregiver on the importance of a succession plan. • Create awareness to the caregiver on the emotional-developmental stages of the child.
b. Build the capacity of caregiver to deal with his or her emotional needs	• Sensitize the caregiver on the importance of forming or joining support groups and seek counseling services when needed. • Encourage the caregiver to preserve and share memories with the children.
c. Educate the caregiver to accept and provide appropriate care to the child with special needs	• Train the caregiver to identify and refer children with special needs for emotional needs assessment. • Encourage the caregiver to form and/or join support groups.

SPECIFIC GUIDELINES 0-5 YEARS	
Build the capacity of the caregiver to respond to the emotional needs of the child	• Sensitize the caregiver on how to create a conducive environment for attachment with the child for emotional development. • Support the caregiver to meet the essential emotional needs of the child.
SPECIFIC GUIDELINES 6-18 YEARS	
Build the capacity of the caregiver to respond to the emotional needs of the child	• Sensitize the caregiver on emotional effects of drugs, substance abuse and other addictions on the child. • Sensitize the caregiver on emotional problems of adolescence. • Educate the caregiver on the value of rehabilitation and reintegration of a child who has been affected by emotional problems. • Sensitize and link the caregiver on available rehabilitation services.

2.6 TRAUMA AND EMERGENCIES

Domain	Trauma and emergencies
Definition	**Trauma:** It is an emotional response to a terrible event like an accident, rape, natural disaster, violence, bereavement, or loss of property.
	Emergency: Sudden and unexpected occurrence that has a negative impact on life and property.
Outcome	A resilient child who is able to cope during traumatic and emergency situations.

CHILD LEVEL
CROSS CUTTING ISSUES: 0-18 YEARS

Essential actions	Guidelines
a. Enhance the child's preparedness to cope and respond to traumatic and emergency situations	• Train the child on how to identify trauma and emergencies • Train the child on basic first aid / emergency response skills. • Help the child acquire and maintain emotional stability. • Create awareness of the risks and dangers related to trauma and emergencies.
b. Support the child with special needs during trauma and emergency situations	• Support the child with special needs to access appropriate services.

CAREGIVER LEVEL
CROSS CUTTING ISSUES: 0-18 YEARS

Essential actions	Guidelines
Support the caregiver to protect and prepare the child to cope with trauma and emergencies	• Train the caregiver on basic skills in first aid and emergency response and how to impart the knowledge to their children. • Ensure accessibility to first aid kits and services. • Support the caregiver to provide age and gender appropriate guidance and counseling during trauma and emergencies. • Increase the capacity of the caregiver to protect, care and support the child during trauma and emergencies. • Support the caregiver to identify and access existing essential emergency service providers.

2.7 COMMUNITY AND SYSTEMS LEVEL
CROSS CUTTING ISSUES: 0-18 YEARS

Essential actions	Guidelines
a. Map and profile child care service providers available in the community	• Create and update an inventory of child care service providers at different community levels. • Disseminate child care service providers' inventory in the community and systems.
b. Build and/or enhance the capacity of service providers and community structures to support age appropriate and gender responsive PSS interventions	• Conduct training needs assessment within the community and for child care service providers • Train child care service providers on psychosocial support • Conduct community sensitization forums on age and gender appropriate education for children on sexual health • Support the community and child care service providers with relevant resources for PSS activities

c. Create and strengthen community based child protection systems to enhance access to PSS services at all levels	• Strengthen the coordination role of the Department of Children Services • Identify and strengthen existing community based child protection systems • Train child care service providers to integrate PSS interventions for children at all levels • Establish and/or strengthen child friendly protection centers • Sensitize child service providers on the existence and importance of child protection policies and regulations.
d. Promote community participation and resource mobilization to respond to PSS needs of children.	• Identify existing community based resources • Form and/or strengthen coordination structures at all levels to manage local resources • Train the community and/or child care service providers on resource mobilization to address children's needs • Establish and build capacity of caregivers and support groups to enhance accountability, transparency and access to essential services
e. Establish linkages and effective referral systems among child care service providers.	• Establish networks for child care service in the community • Disseminate the directory of service providers and referral tools to the child care service providers • Establish and /or strengthen an effective, accessible and affordable community based referral, rehabilitation and reintegration systems
f. Support development, rollout and implementation of a care for carers package	• Conduct a needs assessment for carers • Develop a care package for frontline PSS service providers • Disseminate, train and monitor the implementation of care for carers package

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APPENDICES

APPENDIX I:
MONITORING AND EVALUATION FRAMEWORK

Outcome/ Essential Actions	Broad Indicators	Process indicators
a. Provide the child with essential services.	Percentage of children receiving essential services.	• Number of children receiving healthcare services. • Number of children receiving education services. • Number of children receiving shelter and care. • Number of children receiving protection services. • Number of children accessing adequate food and nutrition. • Number of children aged 14-18 years protected against adolescent risks such as drugs and substance abuse, early pregnancy and negative peer influence. • Number of children aged 14 - 18 years receiving mentorship, role modeling and life skills.
b. Provide opportunities for the child with special needs to access specialized services.	Percentage of children with special needs accessing specialised services.	• Number of children with special needs accessing integrated medical care. • Number of children with special needs accessing appropriate learning facilities. • Number of children with special needs joining and participating in support groups and clubs.

Domain: COGNITIVE DEVELOPMENT

Essential Actions	Broad Indicators	Process Indicators
a. A child who has achieved age-appropriate cognitive and developmental milestones	Percentage of children aged 0-5 years who have developed communication skills.	• Number of children aged 0-5 years who have developed communication skills.
	Percentage of children aged 0-8 years that have mastery in age-appropriate tasks.	• Number of children aged 0-8 years who have mastered age appropriate tasks.
	Percentage of children aged 0-5 years who have achieved a reasonable level of intelligence.	• Number of children who have achieved a reasonable level of intelligence.

b. Enhance the child's access to early childhood development programs	Percentage of children aged 0-8 years accessing early childhood development programs.	• Number of children transitioning to the subsequent level. • Number of children with good communication skills and are attentive.
c. Promote child enrolment and regular attendance in school or other training institution	Percentage of children aged 6-18 years attending primary, secondary or tertiary education.	• Number of children enrolled. • Number of children attending school. • Number of children with special needs treated as well as other children. • Number of children transitioning to the subsequent level.
d. Promote child friendly environment for play, exploration and skills development	Percentage of children accessing spaces for play and exploration.	• Number of children accessing play spaces. • Number of children who have access to exploration opportunities.
e. Enhance inclusive learning for the child with special needs	Percentage of children aged 3-18 years with special needs accessing inclusive learning.	• Number of children with special needs assessed. • Number of children placed in relevant institution. • Number of children in inclusive learning.
f. Support the child to develop self-independence	Percentage of children aged 6-18 years who can make independent decisions and choices.	• Number of children who make individual decisions • Number of children who are assertive • Children who are able to express themselves
g. Build the capacity of caregiver to monitor and respond to the child's cognitive needs	Percentage of children supported by caregivers to realize cognitive needs.	• Number of children in mentorship programs. • Number of children supported to develop their talents.

Domain: SOCIAL DEVELOPMENT

Outcome/ Essential Actions	Broad Indicators	Process Indicators
a. Provide the child with relevant guidance, counseling and life skills according to age and gender	• Percentage of children provided with guidance and counselling services.	• Number of children who have received guidance and counseling services.

	Percentage of children able to cope with demands of life.	• Number of children equipped with life skills. • Number of adolescent children connected to suitable mentors and positive role models for learning, sharing, accountability and skills development.
b. Link the child with special needs to appropriate care services	Percentage of children with special needs accessing specialized care services for their condition.	• Number of children with special needs accessing care services. • Number of children with special needs supported to cope with social stigma.
c. Promote child friendly activities that foster social development	Percentage of children participating in social activities.	• Number of children supported and participating in age and gender-appropriate social activities. • Number of children supported to develop their capacity to discover and explore their talent.
d. Provide the child with appropriate sexual reproductive health education and services	Percentage of children aged 6-18 years provided with a sexual reproductive health education and services.	• Number of children provided with sexual reproductive health education and services. • Number of children referred and linked to sexual reproductive health services.
e. Develop the capacity of the caregiver on parenting skills	Percentage of children accessing quality parental care.	• Number of children accessing quality parental care. • Number of caregivers trained on parenting skills. • Number of parents in relevant support groups.

Domain: SPIRITUAL DEVELOPMENT

Essential Actions	Broad Indicators	Process Indicators
a. Build the capacity of the child to understand and internalize a spiritual foundation	Percentage of children who make decisions based on a value system.	• Number of children assessed. • Number of children attending and accessing religious gatherings. • Number of children accessing religious materials.
b. Support 6-18 year old child to search, identify and associate with the Higher Being	Percentage of 6-18 years old children who associate with a Higher Being.	• Number of children receiving support to search for association with a Higher Being. • Number of children who can identify and associate with a higher being.

Build the capacity of the caregiver to understand and internalize a spiritual foundation	Percentage of children who make decisions based on a value system.	• Number of children attending religious gatherings through the caregiver. • Number of children accessing religious materials through the caregiver. • Number of children able to articulate their spiritual foundation.

Domain: EMOTIONAL DEVELOPMENT

Outcome/ Essential Actions	Broad Indicators	Process Indicators
a. Provide the child with relevant care and protection services	Percentage of children with special needs accessing relevant care and protection services Percentage of children accessing care and protection services.	• Number of children with special needs assessed. • Number of children with special needs enrolled for guidance and counseling and in support groups. • Number of children assessed for emotional needs.
b. Protect the child against emotional abuse, neglect and exploitation	Percentage of children who are confident and have a hopeful outlook in life.	• Number of children sensitized on forms of emotional abuse and reporting mechanisms. • Number of children who have been successfully rehabilitated and reintegrated into the family and community. • Number of children aged 6-18 years who have been sensitized on their legal rights and responsibilities. • Number of children who have been sensitized on the negative effects of drugs, substance abuse and other addictive behaviors.
c. Build the care giver's capacity to respond to the child's and own emotional needs	Percentage of children whose emotional needs are catered for by the caregiver.	• Number of caregivers sensitized on child protection and parenting skills. • Number of caregivers who have joined support groups and seek counseling services when needed. • Number of caregivers preserving and sharing memories with their children. • Number of caregivers who have been sensitized on the emotional effects of drug and substance abuse on children.
d. Sensitize the caregiver to accept and provide care to the child with special needs	Percentage of children with special needs receiving love, care and protection from their caregiver.	• Number of caregivers trained to identify and refer children with special needs. • Number of care givers who have joined support groups.

COMMUNITY AND SYSTEMS

Outcome/ Essential Actions	Broad Indicators	Process Indicators
a. Build the capacity of the community to provide PSS services to the children	Percentage of children getting comprehensive PSS services.	• Number PSS providers and services mapped and profiled. • Number of service providers and community members trained and equipped on gender responsive PSS interventions. • Number of community-based child protection systems created and strengthened. • Number of community groups participating in resource mobilization for PSS services. • Number of operational referral mechanisms. • Number of community emergency response teams trained on emergency drills.

TRAUMATIC AND EMERGENCY SITUATIONS

Outcome/ Essential Actions	Broad Indicators	Process Indicators
a. Identify and rescue traumatized children	Percentage of children who have been rescued.	• Number of reported cases of children in need of rescue. • Number of children removed from traumatizing environment. • Number of children assisted to live normal lives after rescue.
b. Provide guidance and counseling	Percentage of children exposed to trauma and counselled.	• Number of traumatized children in need of guidance and counselling. • Number of children provided with guidance and counselling.
c. Enhance the child's preparedness to emergency situations	Percentage of children who have undergone emergency preparedness drills.	• Number of children trained in basic first aid skills. • Number of children who have access to first aid kits. • Number of children sensitized on risks and dangers related to emergencies such as possible separation, attacks, abduction and associated stress among others. • Number of children provided with continuous learning and drills on emergency preparedness.
	Percentage of children who can identify disasters within their environment.	• Number of children who can identify types of disasters in their environment.

APPENDIX II:
IMPLEMENTATION FRAMEWORK

Domain: PHYSICAL DEVELOPMENT

Outcome/ Essential Actions	Indicators	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
1. Outcome A child whose physical needs are met and is able to perform physical tasks appropriate to his/her developmental stage.	Percentage of children able to perform physical tasks appropriate to their developmental stage.	*Num:* Number of children able to perform physical tasks appropriate to their developmental stage. *Den:* Number of children assessed.	XX	100%	Developmental stages versus tasks tool Minimum stan- dards for essential services Service standards for persons with special needs	Annually	Implementing agency	Department of Children Services Project Donor agency
2. Provide the child with essential services.	Percentage of children receiv- ing essential services.	*Num:* Number of children receiving essential services. *Den:* Number of children assessed.	XX	YY	Minimum standards for essential services	Annually	Implementing agency	Department of Children Services Project Donor agency
3. Provide opportunities for the child with special needs to access specialized services.	Percentage of children with special needs accessing specialised services.	*Num:* Number of children accessing specialised services. *Den:* Number of children assessed	XX	YY	Service standards for persons with special needs	Annually	Implementing agency	Department of Children Services Project Donor agency

Domain: SOCIAL DEVELOPMENT

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
1. A child who is able to build positive social relationships and participates in appropriate activities (social-cultural, economic and religious) with adults and other children.	Percentage of children who build positive social relationships.	*Num;* Number of children with positive social relationships. *Den:* Number of children assessed.	XX	YY	Child Status Index (CSI), program reports	Quarterly Semi annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
	Percentage of children participating in social activities.	*Num:* Number of children who participate in social activities. *Den:* Number of children assessed.	XX	YY	CSI, program reports, Regional Psychosocial Support Initiative (REPSSI) tools	Quarterly, Semi annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
2. Provide the child with relevant guidance, counseling and life skills according to age and gender.	Percentage of children provided with guidance and counselling services.	*Num:* Number of children provided with age and gender- specific guidance and counselling services. *Den:* Number of children assessed.	XX	YY	CSI, program reports	Monthly, Quarterly and semi-annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
	Percentage of children able to cope with demands of life.	*Num:* Number of children provided with life skills. *Den:* Number of children assessed.	XX	YY	Program reports, session attendance lists	Monthly, Quarterly	Children Officers, Implementing agencies	Department of Children Services Project Donor agency

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibil- ity Who will measure it?	Reporting Where will it be reported?
3. Conduct need based assessment on children with special needs and link them	Percentage of children with special needs whose needs have been assessed.	*Num:* Number of children with special needs whose needs have been assessed. *Den:* Number of children with special needs assessed.	XX	100%	Assessment reports, referrals lists/ forms	Semi-annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
	Percentage of children with special needs accessing specialized care services for their condition.	*Num:* Number of children with special needs who access care services. *Den:* Number of children with special needs assessed.	XX	100%	Assessment reports, referral lists/forms	Semi-annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
4. Promote child friendly activities that foster social development.	Percentage of children partici- pating in social activities.	Num: Number of children participating in social activities. *Den:* Number of children assessed.	XX	YY	CSI, program reports	Quarterly, semi annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
5. Identify a consistent primary caregiver who is able to positively communicate, nurture and support the child.	Percentage of children who have a primary caregiver.	*Num:* Number of children with a primary caregiver. *Den:* Number of children in need of a primary caregiver.	XX	YY	CSI, routine household assessment reports, program reports	Monthly, Quarterly, semi annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
6. Provide the child with appropriate sexual reproductive health education and services.	Percentage of children aged 6-18 years provided with sexual reproductive health education and services.	*Num:* Number of children reached with sexual reproductive health education and services. *Den:* Number of children aged 6-18 years assessed.	XX	YY	Reports, MOH tools,	Monthly, Quarterly, semi annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
7. Support the child to develop self-identity.	Percentage of children aged 6-18 years who are aware of themselves.	*Num:* Number of children who are aware of themselves. *Den:* Number of children assessed.	XX	YY	Session attendance lists, Program reports,	Quarterly	Children Officers, Implementing agencies	Department of Children Services Project Donor agency
8. Develop the capacity of the caregiver on parenting skills.	Percentage of children accessing quality parental care.	*Num:* Number of children accessing parental care. *Den:* Number of children assessed.	XX	YY	Assessment reports, program reports	Quarterly and semi-annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency

Domain: SPIRITUAL DEVELOPMENT

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
1. A child with a positive relationship with self, others and Higher Being.	Percentage of children having a positive relationship with self, others and Higher Being.	*Num*: Number of children with positive relationships with self ,others and higher being *Den*: Number children assessed.	XX	YY	Adopt REPSSI/ UNICEF tools (qualitative)	Quarterly	Project frontline staff	Department of Children Services Project Donor agency
	Percentage of children who have a value system.	*Num*: Number of children who have a value system. *Den*: Number of children assessed.	XX	YY	Adopt REPSSI/ UNICEF tools (qualitative)	Quarterly	Project frontline staff	Department of Children Services Project Donor agency
2. Build the capacity of the child and ensure the child is supported to understand and internalize a spiritual foundation.	Percentage of children who have a spiritual foundation.	*Num*: Number of children who have a spiritual foundation. *Den*: Number of children assessed.	XX	YY	Adopt REPSSI/ UNICEF tools (qualitative)	Quarterly	Project frontline staff	Project Department of Children Services - Counties OVC secretariat
3. Conduct a spiritual needs assessment of the child.	Percentage of children whose spiritual needs have been assessed.	*Num*: Number of children whose spiritual needs have been assessed. *Den*: Number of children assessed.	XX	YY	Adopt REPSSI/ UNICEF tools (qualitative)	Quarterly	Project frontline staff	Project Department of Children Services - Counties OVC secretariat

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
4. Support the 6-18 year old to search, identify and associate with the Higher Being.	Percentage of children aged 6-18 years who associate with the Higher Being.	*Num:* Number of children aged 6-18 years who associate with the Higher Being. *Den:* Number of children aged 6-18 years who have been assessed.	XX	YY	Adopt REPSSI UNICEF tools (	Quarterly	Project front-line staff	Project Department of Children Services -Counties OVC secretariat
5. Build the capacity of the caregiver to help the child build, understand and internalize a spiritual foundation.	Percentage of 6-18 year old children with a spiritual foundation.	*Num:* number of 6-18 year old children with a spiritual foundation. *Den:* Number of children assessed.	XX	YY	Adopt REPSSI/ UNICEF tools (qualitative)	Quarterly	Project front-line staff	Department of Children Services Project Donor agency

Domain: EMOTIONAL DEVELOPMENT

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
1. A child who has the ability to deal with his or her feelings and reactions in diverse situations.	Percentage of children who are able to deal with their feelings.	*Num:* Number of children who are able to deal with their feelings. *Den:* Number of children assessed.	XX	100%	CSI	Semi-annually	DCS and Implementing Agencies	Department of Children Services Project Donor agency
2. Provide the child with who has special needs with relevant care and protection services.	Percentage of children whose emotional needs have been assessed.	*Num:* Number of children whose emotional needs have been assessed. *Den:* Number of children assessed.	XX	100%	CSI	Semi-annually	DCS and Implementing Agencies	Department of Children Services Project Donor agency
	Percentage of children with special needs who have been provided with relevant care and protection services.	*Num:* Number of children with special needs who have been provided with relevant care and protection services. *Den:* Number of children with special needs.	XX	100%	CSI	Semi-annually	DCS and Implementing Agencies	Department of Children Services Project Donor agency
3. Build the child's capacity to confidently express themselves.	Percentage of children who are able to express themselves and their emotional needs confidently.	*Num:* Number of children who are able to confidently express their emotional needs. *Den:* Number of children assessed.	XX	YY	CSI	Semi-annually	Department of Children Services and Implementing Agencies	Department of Children Services Project Donor agency

4. Provide the child with relevant care and protection services.	Percentage of children with special needs accessing relevant care and protection services.	Num: Number of children with special needs receiving relevant protection and care. Den: Number of children who have been assessed.	XX	YY	CSI	Semi-annually	Department of Children Services Implementing Agencies	Department of Children Services Project Donor agency
	Percentage of children accessing care and protection services.	Num: Number of children receiving care and protection services. Den: Number of children who have been assessed.	XX	YY	CSI	Semi annually	DCS and Implementing Agencies	Department of Children Services Project Donor agency
5. Sensitize the care giver to accept and provide care to the child with special needs.	Percentage of caregivers sensitized to accept and provide care to the child with special needs	Num: Number of caregivers sensitized to accept and provide care to the child with special needs Den: Number of care givers assessed.	XX	YY	Assessment reports	Semi-annually	Children Officers, Implementing agencies	Department of Children Services Project Donor agency

Domain: COGNITIVE DEVELOPMENT

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
1. A child who has achieved aged appropriate cognitive and developmental milestones.	Percentage of children aged 0-5 who have developed communication skills.	*Num*: Number of children aged 0-5 who have developed communication skills. *Den*: Number of children aged 0-5 assessed.	XX	100%	REPSSI Tool	Annually	PSS implementers	Department of Children Services Project Donor agency
	Percentage of children aged 0-8 who have mastery in age appropriate tasks.	*Num*: Number of children aged 0-8 who have mastery in age appropriate tasks. *Den*: Number of children aged 0-8 assessed.	x	100%		Annually	PSS implementers	Department of Children Services Project Donor agency
	Percentage of children aged 0-5 years who have achieved a reasonable level of intelligence.	*Num*: Number of children aged 0-5 years who have achieved a reasonable level of intelligence. *Den*: Number of children aged 0-5 assessed.	XX	90	Mental health measures	Annually	PSS implementers	Department of Children Services Project Donor agency
2. Enhance inclusive early learning for the child with disabilities and/or in need of care and protection.	Percentage of children with special needs and aged 3-18 accessing inclusive learning.	*Num*: Number of children with special needs aged 3-18 in inclusive education centres. *Den*: Number of children with disability.			National Commission of Persons with Disability	Annually	PSS implementers	Department of Children Services Project Donor agency

Objective	Indicator	Definition	Baseline	Target	Means of verification	Frequency	Responsible	Agencies
3. Enhance child's access to early childhood development programs.	Percentage of children aged 0-8 years accessing early childhood development programs.	*Num:* Number of children aged 0-5 years attending ECDE. *Den:* Number of children aged 0-5 years assessed.				Annually	PSS implementers	Department of Children Services / Project / Donor agency
4. Promote child enrolment and regular attendance in school or other training institution.	Percentage of children aged 6-18 years, attending primary, secondary or tertiary education.	*Num:* Number of children aged 6-18 years attending primary, secondary or tertiary education. *Den:* Number of children assessed.			Ministry of Education Reports	Annually	PSS implementers	Department of Children Services / Project / Donor agency
5. Promote a child-friendly environment for play, exploration and skills development.	Percentage of children accessing spaces for play and exploration.	*Num:* Number of children accessing spaces for play and exploration. *Den:* Number of children assessed.				Annually	PSS implementers	Department of Children Services / Project / Donor agency
6. Support child to develop self-independence.	Percentage of children aged 6-18 in who can make in-dependent decisions and choices.	*Num:* Number of children aged 6-18 making independent decisions and choices. *Den:* Number of children assessed.			REPPSI tool: Are we making a difference	Annually	PSS implementers	Department of Children Services / Project / Donor agency
7. Build the capacity of caregiver to monitor and respond to the child's cognitive needs.	% of children supported by caregivers to realise cognitive needs.	*Num:* Number of children supported by caregivers to realise cognitive needs *Den:* Number of children assessed	XX	YY		Annually	PSS implementers	Sub County Children Officer

COMMUNITY AND SYSTEMS

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
1. Build and/ or enhance the capacity of the community to provide PSS services to the children.	Percentage of children getting comprehensive PSS services.	*Num:* Number of children getting comprehensive PSS services. *Den:* Number of children who have been assessed.	XX	YY	Assessment reports, lists and forms	Semi-annually	Project frontline staff	Project Department of Children Services-Counties OVC secretariat
	Percentage of children service providers who have integrated PSS into their care package.	*Num:* Number of children service providers who have integrated PSS into their care package. *Den:* Number of children service providers iden-tified.	XX	YY	Assessment reports, lists and forms	Semi-annually	Project frontline staff	Project Department of Children Services - Counties OVC secretariat

TRAUMATIC AND EMERGENCY SITUATIONS

Outcome/ Essential Action	Indicator	Definition How is it calculated?	Base-line What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsibility Who will measure it?	Reporting Where will it be reported?
1. A resilient child who is able to cope with traumatic situations.	Percentage of children who have been exposed to and are coping with traumatic situations.	Num: Number of children who have been exposed to and are coping with traumatic situations. Den: Number of children exposed to traumatic situations.	XX	YY	Adopt REPSSI and Red Cross tools	Annual	Implementing agencies, frontline workers	Department of Children Services.
2. Identify and rescue traumatized children.	Percentage of children who have been rescued	Num: Number of children rescued Dem: Number of children identified ,reported and in need of rescue	XX	YY	Adopt REPSSI and Red Cross tools	Semi-annual	Implementing agencies, frontline workers	Department of Children Services.
3. Provide guidance and counseling.	Percentage of children exposed to trauma and counselled	Num: Number of children who have been exposed to traumatic situations and have been counselled. Den: Number of children who have been exposed to traumatic situations.	XX	YY	Adopt REPSSI and Red Cross tools	Semi-annual	Implementing agencies, frontline workers	Department of Children Services.
4. A resilient child who is able to cope in emergency situations.	Percentage of children exposed to emergencies and are coping.	Num: Number of children exposed to emergencies and are coping. Den: Number of children exposed to emergency situations.	XX	YY	Adopt REPSSI and Red Cross tools	Semi-annual	Implementing agencies, frontline workers	Department of Children Services.

| **5. Enhance the child's preparedness to emergency situations.** | Percentage of children who have undergone emergency preparedness drills. | Num: Number of children who have undergone emergency preparedness drills.

Den: Number of children assessed. | XX | YY | Adopt REPSSI and Red Cross tools | Semi-annual | Implementing agencies, frontline workers | Department of Children Services. |
| | Percentage of children who can identify disasters within their environment. | Num: Number of children who can identify disasters within their environment

Den: Number of children assessed. | XX | YY | Adopt REPSSI and Red Cross tools | Semi-annual | Implementing agencies, frontline workers | Department of Children Services. |

APPENDIX III: List of organizations that took part in the pre-test

1. AIC Kisumu Ndogo
2. Ampath Plus
3. Ananda Marga Universal Relief Team (AMURT)
4. Anglican Church Kenya- Embu
5. Caritas -Embu
6. Carlo Liviero
7. Catholic Diocese of Nakuru
8. Family AIDS Initiative Response (FAIR)
9. Family Life Education Programme (FLEP)
10. Kenya National Outreach, Counselling and Training Program (K-NOTE)
11. SOS Children's Villages Kenya
12. SWAK - Embu
13. World Vision

APPENDIX IV: Members of the PSS Technical Working Group

Name	Organization
1. Eunice Kilundo	Child Fund Kenya
2. Mirriam Musyoka	SOS Children's Villages Kenya
3. Pauline Sisa Kiptoo	Education Development Centre Inc (EDC)
4. Divina James	REPSSI
5. Jeniffer Wasianga	USAID
6. Irene Mutea	URC/USAID ASSIST
7. Jemimah Owande	URC/USAID ASSIST
8. Roselyn Were	URC/USAID ASSIST
9. Charles Kimani	URC/USAID ASSIST
10. Stanley Masamo	URC/USAID ASSIST
11. Judy Tuda	DCS
12. Carren Ogoti	DCS
13. Jacinta Murgor	DCS
14. Peterson Ndwiga	DCS
15. Jane Muyanga	DCS
16. Abdi Sheikh Yusuf	DCS
17. Daniel Musembi	DCS
18. Muhammed	Akulima Aphia Plus Kamili
19. Nancy Wanza	APHIA plus Western
20. Ann Gachanja	WEZESHA
21. Roseline Olumbe	Daystar University
22. Elizabeth Chelimo	AMPATH plus
23. Gerald Ngaruiya	Transformative Global Solutions
24. Jennifer Kaberi	African Institute of Child Studies
25. Rachel Maina	Danche Consultancy