

# AICS NEWSLETTER

## NOVEMBER 2021

### WORD FROM THE CHAIRPERSON, INTERNATIONAL ADVISORY BOARD

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#### CONGRATULATING CHIEF JUSTICE MARTHA KOOME

The collective work of AICS throughout Africa stands as an inspiration to all. Under the stellar leadership of Sam Munyuwiny and his capable team, AICS has stepped into the gap to provide resources for those who support the most vulnerable among us – the children.

The global pandemic has shined a bright light on the systems that have been poorly constructed and under resourced. Ultimately, those without a voice were harmed the most severely and that must be remedied by providing grassroots solutions and demanding more resources be allocated to rectify gaps in services and human potential.

Our work now, is more important than ever.

Before we step into the task of tackling our future. Let's stop for a moment to embrace those around us who have stepped up to join this collective effort. Look around. The new and old friends and colleagues are battle worn from fighting the pandemic and the injustices it unveiled. Their scars and fatigue are more beautiful than ever, and we celebrate all of you.

Thank you for walking confidently into the void. Thank you for risking your hearts and bodies to care for others. Thank you for seeking a better way to live together in this world.

There are millions of children who will never know your name. But they will find support because you helped make a system more attainable to them. There are babies being born who will learn to read because we have given their parents and teachers better books and learning materials. There are children who will never get Covid, because you cared enough to get vaccinated. There are teenagers who found a more productive path, and will never spend time in jail because you intervened.

We cannot measure what will not happen. We have to know in our hearts that the work we do together matters. It matters a lot. The love and selfless care we have for our fellow humans is unique among us, and for that let us share our gratefulness.

If no one has stopped to say thank you. I am saying it now. Thank YOU. You matter to me, you matter to all of us. You are making this world a better place.



- Sherry Sacino, MCR

## WORD FROM THE EXECUTIVE DIRECTOR



Welcome to this issue of the AICS Periodic Newsletter. It comes in the unique context of the COVID-19 global pandemic. As AICS, we take note of the various lessons learnt from managing the pandemic, including the importance of investing in good social protection systems to provide protection for the most vulnerable, especially during a crisis. We feel privileged to have contributed to knowledge on how to best respond to the crisis through communicating critical information to service providers and creating tools for mapping service delivery gaps.

While children had a lower risk of fatalities from COVID-19 infections, they bore a greater burden of the negative social impact of the pandemic.

Long periods of school closure and increased strife at home exposed the children to risks of abuse, exploitation, and violence. The pandemic has also exposed the inequities some children face in terms of access to education, especially those who are not able to afford online internet-based schooling. There was a sharp rise in mental health challenges.

COVID-19 has made it more apparent that one is not safe unless all are safe. Therefore, the discussion around vaccines and the access to them is an important conversation that nations must candidly have and allocate adequate resources to promote equity.

Another concern to the AICS fraternity is the forgotten emergencies that affect children's lives such as the war in Syria, the conflict zones in Central Africa, issues around climate change, among others. These conversations have taken a backseat, despite the invariable effect they have on children and their families. At AICS, we believe that even with the advent of COVID, these conversations must be given priority, and nations must proactively seek solutions to them.

Finally, we invite new partners as we continue implementing the strategic plan 2020 – 2025. One of the priority interventions in the strategic plan is the scholar leadership program that aims at equipping children to be leaders and problem-solvers. We are also keen on expanding partnership in investing in innovative technologies for promotion of child rights such as the Juvenile Justice Information Management System; promoting access to mental health services; access to education and youth empowerment; addressing hidden forms of violence such as girls in commercial sexual exploitation.

*- Mr. Samuel Munywiny, ED*



## INFLUENCING & IMPACTING POLICY

In this issue, we highlight some policies we are influencing in partnership with various collaborators. This is through our role in knowledge management, policy advocacy, research and AICS consulting services.

## ALTERNATIVE CARE

In collaboration with the Changing the Way We Care Consortium of the Catholic Relief Services, Maestro International and UNICEF who have partnered to work in four countries – Malawi, Rwanda, South Sudan, and Zambia, we began reviewing the situation of alternative care and identifying the priority areas of intervention.

While there is progressive growth towards embracing alternative care, one glaring gap is that countries are at different levels in terms of creating the mechanisms for directly intervening where children need alternative care. There is an opportunity in providing indigenous models. Here, we laud the progress in Rwanda where they have gone beyond simply having a policy, to implementing very responsive policies. They have reduced the number of children's homes from thirty to just four very specialised childcare institutions.

Another major gap in alternative care is the lack of people who are able to care for children with special needs or disabilities. There should be more incentives by government to train and educate caregivers of children with special needs. If existing healthcare educational systems do not exist, it is more challenging for people to care for children in need of special protections under their care.



Having a community-based system for child protection is the most critical and most sustainable model for child protection. AICS, in collaboration with UNICEF in Kenya, Maestro International, The African Research and Development Foundation and other partners have grappled with the question on how to separate the role of federal/central governments from that of devolved governments in child protection. Despite the demarcation of various roles, the principle of the best interest of the child must be of central importance, and we therefore need to look at how to engage more community-based organisations to engage with this role. One question that emerges is the required workers to have an effective response mechanism. That is, how many child-protection social workers are required within the population of vulnerable children.

## STRENGTHEN CHILD PROTECTION SYSTEMS

Evidence from community health systems proves that in an effective child protection model, each community health worker or social worker can only support a maximum of 250 households, which is about 1,000 people if on average one household has four people. Yet, in the Sub-Saharan region, social workers are responding to the needs of more than 10,000 people. A critical question arises: are governments able to employ more people? We at AICS are increasingly advocating for localisation of interventions where CBOs are much more able to identify the child who is most vulnerable. This is an area that requires more knowledge, and AICS encourages more research.

## JJIMS - The Information Management System

AICS stands out as an innovation centre, and in the last two years, has been working on responding to a huge gap in the information management system, which can be especially problematic where multiple agencies are involved. In collaboration with the National Council for the Administration of Justice in Kenya through the Special Taskforce on Children's Matters, we have developed the Juvenile Justice Information Management System (JJIMS), which we celebrate as a very successful pilot program. It provides the data that is necessary to fill in the gaps in child protection services. The JJIMS answers questions such as which dockets of a country, or a community are registering what type of child rights abuses or violations? Which children are violating the law? How many children can the current system positively impact or provide intervention? Where is the challenges now and in the future? Does the gap lie in the quality of services being offered, or the type of services?

In Kenya, JJIMS has enabled us to link data from the police, the children's department, the probation department, the community leaders, the chiefs, prisons, and the judiciary. Therefore, with the click of a button and with control access rights, one is able to see and count how many children are in the system on a particular day, how many require diversion programmes, how many the court should expect considering the movement of the justice chain. Once built, JJIMS can be connected to other existing systems, such as health and education systems.

AICS collaborated with Palladium, a USAID funded program, to evaluate the Child Protection Integrated Management System, and the need to design these systems from the user's perspective rather than only from a policy maker's. AICS looks forward to working with African governments to adopt these new systems.



Investment in adolescents - children and young people between 10 and 19 years old - and adolescent health is very critical.

AICS, in collaboration with the Ministry of Health in Kenya, is drafting the Adolescent Health Strategy for the period 2021 - 2026. This strategy demonstrates the need for a newer approach that does not only view adolescent health from a sexual health perspective. It appreciates the emerging issues such non-communicable diseases, and mental health issues.

## ADOLESCENT HEALTH

We need to adopt a systems approach in tackling the ever-changing issues in adolescent health. This approach calls for clarity on where the gaps lie, and for coordination mechanisms that enable various players to plug into their role without duplication. Of equal importance is the need to invest in Dashboard. Dashboard should be able to demonstrate how many adolescents are accessing what services, where the gaps are, and which partners are aware of the gaps. Dashboard therefore maps out both the situation of adolescents and the issue of resources.

The adolescents themselves were involved in the survey AICS did and one of the issues raised was on how to pay for the health services. Often, when an adolescent comes from a household that is not insured, they are unable to access some services. They often also prefer accessing some services without being accompanied by their parents. That means we need a quota system, where we put aside some resources that will enroll, and pay national insurance coverage for some adolescents from more vulnerable populations.



**A**ICS has been privileged to collaborate with the Ministry of Health Kenya and Save the Children International in doing an Investment Case. We have been able to demonstrate how much resources are required to invest in this, and the need for investment in more resources on Community health workers.

It is difficult to replace a good health facility. Therefore, even as we work on community-based systems, they must be accompanied by a greater investment in the health facilities and trained medical professionals. That way, we will be able to sustain and make effective the linkage between the household and the health facility. So, while the quantum on Integrated Community Case



Management (iCCM) is critical, we also need to work on reducing the distance between our health facilities and every household. There must be clear targets of growth, and we can borrow from counties such as Turkana that previously had very underdeveloped health systems. However, with devolution and more decentralised financing, Turkana has successfully reduced the distance between health facilities and households from about 200 kilometres per household to just about 10 kilometres. Evidently, improvement is possible and there should be more research into developing health systems that are accessible, available, and are responsive to the needs of the population.

iCCM

**C**hild labour remains a threat both from deliberate people who are out to exploit others, and countries where systems, especially education system and protection systems, are not effective in identifying vulnerable children and removing them from danger. In our work with (International Labor Organisation) ILO project on strengthening the capacity of agencies that have responsibility for child labour, AICS helped identify the growing risk of children who are being trafficked within the East Africa region and believe this is a critical area that needs to be addressed more directly.

CHILD LABOUR

Children from northern Uganda and South Sudan are finding themselves on the streets of Nairobi more and more. AICS is concerned about their welfare. Children like this often fall between the cracks in our systems everywhere. We are committed to increasing the capacity of those who may encounter these children by chance – the shop owners, drivers of public transportation, etc. to identify likely victims of child labour, child trafficking and forced labour. This begins by raising awareness and ensuring children have access to education. Greater deterrence can also be achieved by having a stronger surveillance system and strengthening our legal system to respond to child labor and child exploitation.

**E**dTech has come as a priority area especially in the context of COVID. While many children were able to continue their education during the pandemic, there were also just as many who were unable to continue their education. AICS, in collaboration with Save the Children and EIDU, a German Tech Company that is trying to provide solutions to a classroom, was able to demonstrate the importance of online education and the gaps that lie in having this EdTech included as part of the funding for education.

EdTech should not be considered as luxury or as a perk only meant for privileged children. Rather, it should be made accessible to everyone. There is an opportunity to collaborate between private sector and community schools to be able to provide access to technology and then work with the experts, such as AICS associates, to work with the existing government agencies and jointly develop relevant content. Currently, a lot of content is still being picked from a global space. While that is good, it limits the responsiveness of the content and the ability of the children to learn how they access it.

EDTECH

**W**e have collaborated with the Intergovernmental Authority on Development (IGAD) in eight countries in the east and horn of Africa and the focus was children on the move. Pre-COVID and during COVID, there have been more populations trying to migrate to Europe, and the Middle East for work. AICS and IGAD are working to build capacity for persons who are working in service delivery in the border sites. It is very important that they have the capacity to identify cases, to respond and to refer accordingly.

This has to be linked with the national child protection systems. It requires the Constitutions of these countries to clearly articulate the legal steps to take when one has a child in the legal system. Its mechanism of response must prioritise protection of children and young people who find themselves on the move for various reasons - whether economic or humanitarian. They must, first and foremost, be accorded protection. Therefore, the governance system and those responsible for service delivery should provide it.



IGAD

## CONGRATULATIONS !! CHIEF JUSTICE MARTHA KOOME

**W**e at AICS are very honoured to celebrate the appointment of Justice Martha Koome as the Chief Justice of Kenya. Chief Justice Martha Koome is a Human Rights Defender and a Child's Rights Advocate who has served in the International Advisory Board of AICS since 2015. She kicked off her legal career as an associate at Mathenge and Muchemi Advocates in 1986, after which she opened her own law firm where she served as managing partner until 2003. Between 1993 and 1996, she served as a council member of the Law Society of Kenya. She was also the first treasurer of the East African Law Society between 1994 and 1996. She has also held Chairperson positions in FIDA and in the National Council on the Administration of Justice special Taskforce on children matters. In January 2012, she was appointed a judge in the Court of Appeal. She has also served as a commissioner on the African Union's Committee on the Rights and Welfare of Children. In 2020, Chief Justice Koome was a runner-up for the United Nations Kenya Person of the Year Award "for her advocacy of the rights of children in the justice system".

Between 12 - 23 April 2021, Judge Martha Koome, alongside nine other candidates, faced the Judicial Service Commission's panel of interviewers, for the position of Chief Justice. She gave an impressive interview and was unanimously nominated for the position of Chief Justice by the JSC who then forwarded her name to President Uhuru Kenyatta for appointment. On 19th May 2021, she made history by being the first woman in Kenya to be appointed as Chief Justice by President Uhuru Kenyatta. She then took her Oath of Office on 21 May 2021 at State House, Nairobi, after which she assumed office on 24 May 2021. AICS congratulates her on her new appointment and wishes her the best.



- Anita Wambui -



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Kenya

Kampala,  
Uganda

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Zimbabwe

Juba,  
South Sudan

Geneva,  
Switzerland

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