



REPUBLIC OF KENYA

**MINISTRY OF LABOUR AND SOCIAL
PROTECTION**

STATE DEPARTMENT FOR SOCIAL PROTECTION
AND SENIOR CITIZEN AFFAIRS

DIRECTORATE OF SOCIAL DEVELOPMENT

**NATIONAL POSITIVE PARENTING
PROGRAMME GUIDELINES**





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Foreword

The National Positive Parenting Programme (NPPP) comes against the backdrop of and is a response to, the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of Children (ACRWC). NPPP reaffirms the significance and the leading role of the family in care, nurturing, growth and development of children. The Constitution of Kenya, 2010 further recognizes the family as a fundamental unit of society and the necessary basis for social order. The law therefore anchors the position of children within family set-up.

There is strong evidence from across the globe, including Kenya, that having -loving parents, permanent caregivers and a supportive home environment are central in supporting children's holistic growth, health and development. To align with globally accepted standards of care, the Government in collaboration with stakeholders adopted a consultative approach to develop the National Positive Parenting Programme. The programme has been developed with support from UNICEF and a multi-sectoral Technical Working Group under the leadership of the Directorate of Social Development. It seeks to promote and protect families through innovative programmes, strategies and services for a strong society. The adoption of positive parenting practices is a priority and an obligation that is shared by both state and non-state actors across technical sectors.

These Guidelines set out areas of focus for various agencies and call for collaborative effort and active coordination to achieve collective impact. I urge all of us to embrace this agenda and play our part in implementing the programme. Together we will need to mainstream positive parenting into National social protection systems and programmes to ensure holistic and integrated approaches, continuity and sustainability.

The Ministry calls upon all partners and stakeholders to forge together in complementing Government efforts to roll-out the National Positive Parenting Programme. The successful implementation of this programme will make it possible for families in Kenya to embrace loving, safe, thriving environments where children realise their full potential.

Hon. Florence Bore

Cabinet Secretary

Ministry of Labour and Social Protection





Acknowledgement

The State Department for Social Protection and Senior Citizen Affairs acknowledges with gratitude the efforts made by the multi-sectoral Technical Working Group for dedicating their time and expertise towards the development of the National Positive Parenting Programme.

We acknowledge with gratitude the contribution of Ministries, Departments, Agencies, Directorates and County Governments for their support and involvement to the process. They include; Ministry of Health (Department of Mental Health & Family Division), Kenya Institute of Curriculum Development (KICD), National Gender and Equality Commission (NGEC) and Council of Governors (C.O.G).

Further we appreciate the following non-state actors: UNICEF Kenya Country Office, Maestral International for consultancy, Prevention Collaborative, LUMOS Foundation, SOS Children Villages Kenya, World Vision, Save the Children, Kenya Conference of Catholic Bishops(KCCB), Supreme Council of Kenya Muslims (SUPKEM), National Council of Churches of Kenya (NCCCK), Interreligious Council of Kenya(IRCK), Evangelical Alliance of Kenya (EAK),Hindu Council of Kenya (HCK), National Parents Association (NPA), Transform Nations, The Navigators, Strathmore University and Investing in Children and their Societies (ICS SP) who provided Skilful Parenting curriculum for adaptation .

Special thanks goes to the entire State Department for Social Protection and Senior Citizen Affairs specifically; Directorate of Children's Services (DCS), Central Planning Project and Monitoring Department (CPPMD), Information and Communication Technology (ICT), Public Communication and Legal Units, National Council for Children's Services (NCCS) and the Directorate of Social Development for providing leadership; UNICEF Kenya Country Office for their unwavering technical expertise and financial support without which the development of the National Positive Parenting Programme would not have been possible.

In addition, we are thankful to the communities across Kenya who participated in the pre-test and piloting process.

Finally, the State Department for Social Protection and Senior Citizen Affairs reaffirms its commitment to implementing the National Positive Parenting Programme in Kenya, to build loving, safe, thriving families where children realise their full potential.

Joseph Motari, MBS

Principal Secretary

State Department for Social Protection and Senior Citizen Affairs





Definitions of Key Terms

Adolescent: Persons aged between 10 and 19 years (National Adolescent Sexual and Reproductive Health Policy, 2015).

Blended families: Can arise from various situations such as divorce, being widowed or from adoption of children into a family that had children of their own

Caregiver: A parent or guardian who is charged with the responsibility for a child's welfare (National Guidelines on the Alternative Family Care of Children in Kenya, 2014).

Child: A person who has not attained the age of eighteen years (Art 260, Constitution of Kenya, 2010, and Children's Act, 2022).

Child protection: measures and structures that prevent and respond to abuse, neglect, exploitation and violence affecting children (Framework for the National Child Protection System for Kenya, 2011).

Child-headed household: A household without an adult caregiver, which is headed by the eldest or most responsible child who assumes parental responsibility.

Child rights: A sub-section of human rights (that is, the freedoms and protections that every individual is entitled to, regardless of nationality, sex, national or ethnic origin, colour, religion, language, or any other status, Definition from United Nations Office of the High Commissioner on Human Rights). Child rights recognise that children are entitled to all human rights, and also have specific rights to provide specific protection because of their age and legal status. These rights are reflected in the Constitution of Kenya, 2010.

Corporal punishment: means the use of physical force applied on a child by the use of any means, including a cane or other object, with the intention of inflicting pain or discomfort for the purpose of corrective discipline or punishment (Children's Act, 2022).

Disability: includes any physical, sensory, mental, psychological or other impairment, condition or illness that has, or is perceived by significant sectors of the community to have, a substantial or long-term effect on an individual's ability to carry out ordinary day-to-day activities; (Art 260, CoK, 2010)

Disability inclusion: The meaningful participation of persons with disabilities in all their diversity, the promotion of their rights and the consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities (United Nations Disability Inclusion Strategy)

Early child development: Cognitive, physical, language, motor, social and emotional development from 0–8 years of age (World Health Organization, 2023).

Extended family: A multigenerational family that may or may not share the same household.

Family: The family is the natural and fundamental unit of society and the necessary basis of social order, and shall enjoy the recognition and protection of the State (Constitution of Kenya, 2010). A societal group that is related by blood (kinship), adoption, foster care, or the ties of marriage (civil, customary, or religious) of two persons of opposite sex Families may be: nuclear (both parents and





their biological or adopted children) or extended (a multigenerational family that may or may not share the same household).

Family-based care: Short-term or long-term placement of a child in a family environment with one consistent caregiver and a nurturing environment where the child is part of a supportive family and the community (National Guidelines on the Alternative Family Care of Children in Kenya, 2014).

Family protection: Support that focuses on family resilience in order to strengthen families, so as to keep families together as far as possible (Draft National Policy on Family Promotion and Protection, 2019).

Family support: A set of (service and other) activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (both formal and informal) (Daly, 2015).¹

Family resilience: The ability of families to withstand and rebound from disruptive internal and external life challenges (Draft National Policy on Family Promotion and Protection, 2019).

Gender responsive parenting: Parenting that applies key principles such as gender equality and inclusion, and that promotes positive gender norms and socialisation, in order to transform imbalanced power structures in families and future generations (UNICEF, 2023).

Gender transformative parenting: Parenting that actively seeks to examine, question and transform the gendered power imbalances within the home and the family (UNICEF, 2023).

Healthy family: A family characterised by good interpersonal relations and a good state of physical, mental, spiritual, and social well-being among all members (Draft National Policy on Family Promotion and Protection, 2019).

Intimate partner violence: Any act or behaviour by an intimate partner or ex-partner that causes psychological, physical or sexual harm or suffering (National Prevention and Response Plan on Violence Against Children in Kenya 2019 – 2023).

Kafaalah: Islamic mode of alternative child care in which a person/family voluntarily commits himself/herself to sponsor and care for an orphan or any other child deprived of family care (Guidelines for the Alternative Family Care of Children in Kenya, 2014).

Kafiiil: The person/family taking a child under the kafaalah (Guidelines for the Alternative Family Care of Children in Kenya, 2014).

Life cycle parenting approach: Parenting support that considers the age- and developmental stage of children and ensures that parenting interventions support parents and caregivers from ages 0-17 years (Source: Developed by Maestral International, drawing on WHO and UNICEF application of the life-cycle or life course approach).

Nuclear family: a family group consisting of parents with their biological or adoptive children only.

Parent: The mother or father or any person who is conferred parental rights by law (Children Act, 2022).

¹ Daly, M., R. Bray, Z. Bruckhauf, J. Byrne, A. Margaria, N. Pecnik, and M. Samms-Vaughan (2015). [Family and Parenting Support: Policy and Provision in a Global Context](#), *Innocenti Insight*, UNICEF Office of Research, Florence.





Parenting: “Interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care” (UNICEF, 2017).

Parenting interventions (or parenting programmes): A set of activities or services aimed at improving how parents approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviours, and practices (World Health Organization, 2023)

Positive parenting skills and behaviour: Parenting behaviours that promote a positive parent–child relationship. Examples of such behaviours are appropriate disciplining, praise, warmth, and nurturing behaviours (World Health Organization, 2023).

Skip-generation households: A family type where grandparents raise their grandchildren (without the grandchildren’s parents).

Violence against Children (VAC): Includes physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse (National Prevention and Response Plan on Violence Against Children in Kenya 2019 – 2023).

Youth: Collectivity of all individuals in the Republic who have attained the age of 18 years but have not attained the age of 35 years (Constitution of Kenya, 2010).

Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child (ACRWC)
BWC	Beneficiary Welfare Committees
CAC	Children Advisory Committees
CBO	Community-Based Organisation
CCI	Charitable Children’s Institutions
CDMIS	Community Development Management Information System
CHV	Community Health Volunteer
CIDP	County Integrated Development Plans
CPV	Child Protection Volunteer
DCS	Directorate of Children’s Services
DSD	Directorate of Social Development
EAC	East African Community
ECD	Early Childhood Development
FBO	Faith-Based Organisation
GBV	Gender-Based Violence
GOK	Government of Kenya
IPV	Intimate Partner Violence
LVC	Lay Volunteer Counsellor





MDA	Ministries, Departments & Agencies
MIS	Management Information System
NCCS	National Council for Children's Services
NGAO	National Government Administration Officers
NGO	Non-Government Organisation
NPFPP	National Policy on Family Promotion and Protection (Draft)
NPRP VAC	National Prevention and Response Plan on Violence Against Children
SCI	Statutory Children's Institution
TWG	Technical Working Group
UNCRC	United Nations Convention on the Rights of the Child
VAWG	Violence Against Women and Girls
VAW	Violence Against Women
VAC	Violence Against Children
VACS	Violence Against Children Survey
VAC/W	Violence Against Children and Women





Development of the National Positive Parenting Programme (NPPP)

A multi-sectoral Technical Working Group (TWG) was appointed to support the development of the National Positive Parenting Programme. The Directorate for Social Development (DSD) and UNICEF in collaboration with the TWG, initially conducted consultative meetings to review existing parenting programmes being implemented in Kenya, and global evidence applicable to the Kenyan context.

Maestral International and Prevention Collaborative were contracted by UNICEF Kenya to support the DSD and TWG to design the National Positive Parenting Programme by developing a package of essential documents and resources, leading to a nationally-owned, context specific and evidence-based positive parenting programme, with a focus on violence prevention and gender equitable relationships. The documentation package includes:

- National Positive Parenting Guidelines
- National Positive Parenting Training Manual,² Implementation Guide, and training materials for supervisors and facilitators
- An online self-guided introduction to positive parenting module for organisations interested in implementing the National Positive Parenting Programme. The module is self-paced and provides an overview of the rationale for the National Positive Parenting Programme, key positive parenting messages and guides users to access the in-person training should they wish to implement parenting education groups.
- A five-year roadmap to scale the National Positive Parenting Programme.

The National Positive Parenting Training Manual was pre-tested by the DSD and TWG members in 15 counties³, across all regions of Kenya in early 2022.

The DSD, with implementation support from the Directorate of Children's Services (DCS) and Investing in Children and Their Societies (ICS-SP; a regional NGO experienced in the delivery of positive parenting programmes) and financial support from UNICEF Kenya, piloted the National Positive Parenting Training Manual in Kilifi and Garissa counties in the second half of 2022. Findings from the pilot were integrated into the final versions of the National Positive Parenting Training Manual, Implementation Guide, training materials and these Guidelines, and guided the development of the five-year implementation roadmap.

A note about use of the National Positive Parenting Guidelines

The National Positive Parenting Guidelines explain the Government of Kenya's commitment to promoting positive parenting, why positive parenting is important, what makes positive parenting effective and how it can be delivered.

The Department of Social Development has developed a group-based curriculum that can be delivered to parents and caregivers, based on the principles in the National Positive Parenting Guidelines. The parenting education groups package is available for use by all State and Non-State actors.

² The manual significantly draws from Investing in Children and Their Societies' [Skilful Parenting curriculum](#).

³ Pre-test counties included: Nairobi, Kajiado, West Pokot, Busia, Siaya, Kakamega, Baringo, Kisumu, Uasin Gishu, Meru, Embu, Garissa, Kilifi, Kiambu and Mombasa.





Organisations that are using their own positive parenting interventions are encouraged to use their own materials, aligned with the key behaviours that these National Positive Parenting Guidelines encourage.



SECTION ONE: GENERAL INTRODUCTION

CHAPTER ONE: BACKGROUND TO THE GUIDELINES

1.1 Background

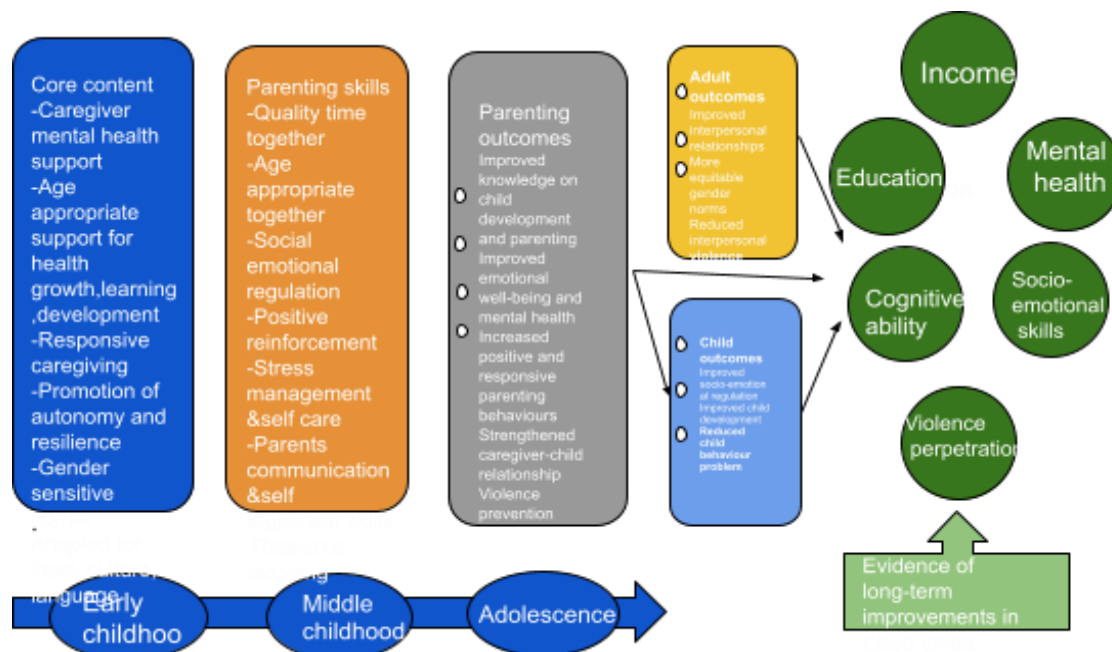
There is a strong body of evidence from across the globe, including in Kenya, that having parents or permanent, loving caregivers and a supportive home environment are central in supporting children’s health and development (Global Initiative to Support Parents, 2022).

“The aim of parenting support interventions is to provide a set of activities that strengthen how parents approach and execute their role as parents and to increase their child-rearing resources. The intent is to empower parents by increasing their level of knowledge, self-confidence and competences for child-rearing that results in positive outcomes for children,” (Global Initiative to Support Parents, 2022).

Parenting programmes focus on parents and caregivers learning to use **positive parenting: parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child.** These programmes are most effectively delivered through skill-building components that help parents and caregivers to practise the new skills they have gained, (World Health Organization, 2023).

Figure 1 below summarises the link between the basic components of parenting programmes that have a strong evidence base, the main skills that are provided in parenting programmes, and the immediate outcomes that have been shown to increase outcomes for children later in life.

Figure 1 Basic components of parenting programmes and immediate and longer-term outcomes (Global Initiative to Support Parents, 2022)



Programmes and interventions that support parents and caregivers, have achieved the results shown in Figure 1 across many countries and settings, including Kenya.

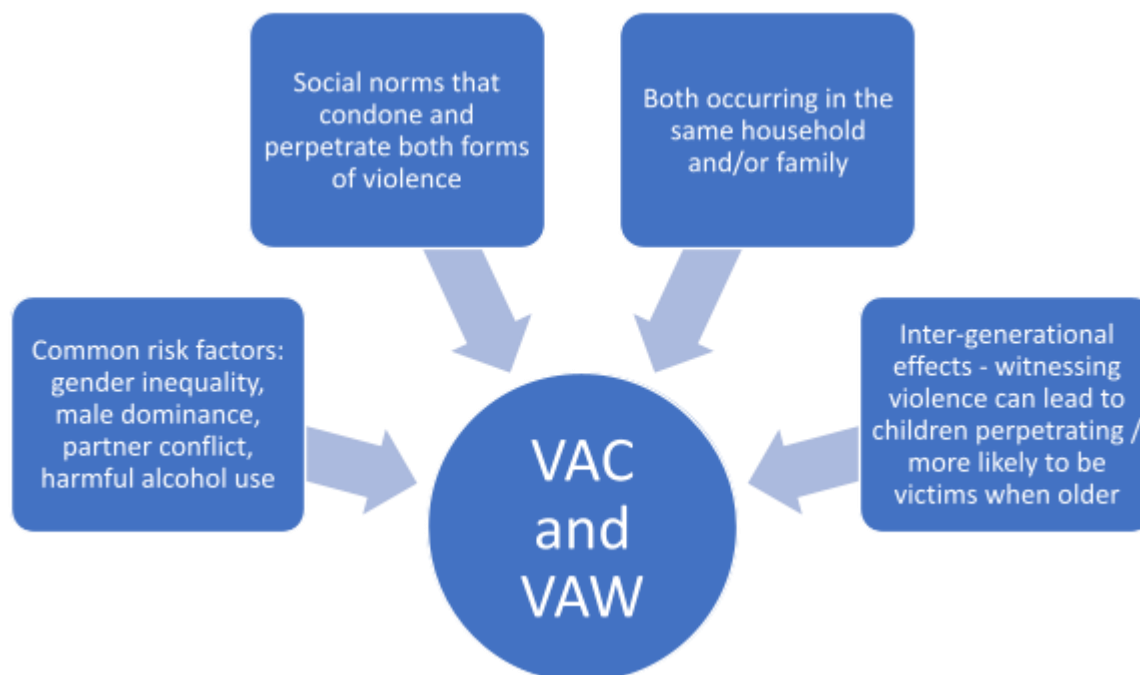


One of the most important aspects of parenting programmes has been to demonstrate that it is possible to reduce harsh treatment of children, (World Health Organization, 2023).

There is growing recognition of the importance of addressing both violence against children (VAC) and violence against women (VAW). VAC and VAW are intimately linked, see Figure 2 below.

Fortunately, parenting programmes that actively seek the involvement of fathers and male caregivers have generated many positive results for men, their spouses/co-parents, and their children.

Figure 2 Linkages between VAC and VAW (Mathews, Makola, & Megganon, 2021)



Parenting support programmes have been found to benefit all parents and caregivers with evidence showing that those who need additional support to fulfil their roles gain the most. They include families under economic or social stress, children living in families at risk of separation, or children living in alternative care and families including persons with disabilities`.

1.1 Situation analysis

Article 45 of the Constitution of Kenya, 2010 recognises the family as “the natural and fundamental unit of the society and the necessary basis of social order”. It recognises the family as central to the cultures and beliefs of the diverse communities in Kenya.

Children grow up in a wide range of families in Kenya. These include nuclear families, skip-generation or grandparent-headed, single parent, extended, supported child-headed households and blended families.

The Demographic and Health Survey (DHS), 2014 indicates that more than half (55%) of children live with both parents, (Kenya National Bureau of Statistics, Ministry of Health, 2015). Many children live in non-nuclear families. One third of households are headed by women. More than one in ten (13%) children with living parents are living with neither mother nor father, and a further 8% have either one parent dead (7%) or both parents dead (1%). Overall, one in five households is caring for orphans or foster children including informal kinship care (21%), with one in four households in rural areas (26.4%), (Kenya National Bureau of Statistics, Ministry of Health, 2015). The DHS also indicates high



rates of violence against women in the home. 25.5% of ever partnered women (aged 18-49) had experienced physical or sexual violence by an intimate partner/spouse in the last 12 months, and 40.7% of ever partnered women (aged 18-49) had experienced physical or sexual violence by an intimate partner/spouse in their lifetimes. High rates of violence against women in the home increases children's risk of experiencing violence in the home, as well as increasing their risk of perpetrating or experiencing intimate partner violence as adults.

Family structure is changing, which has an impact on how children are parented. Poverty is highlighted as the greatest challenge faced by households, especially female-headed and elderly-headed households (Kenya National Bureau of Statistics, 2018). Children and those over 65 years are more likely to be living under the poverty line, with more than two in five children (41.5%) living below the poverty line (Kenya National Bureau of Statistics, 2018). A 2020 survey by the Kenya National Bureau of Statistics found that an even greater percentage of children were "multidimensionally poor," experiencing an average of more than four basic services and rights, especially children that live in rural areas, have experienced a climactic shock in the past five years, are disabled or live in large households (Kenya National Bureau of Statistics, 2020).

Data from the recent Violence Against Children Survey (2019) shows that nearly half of females and more than half of males experienced some form of violence during childhood, with violence most commonly occurring in home and family settings, and with parents and caregivers being the most common perpetrators. Almost half of females and males between 13-17 years experienced physical discipline or verbal aggression by caregivers in the 12 months preceding the survey (Ministry of Labour and Social Protection of Kenya, Department of Children's Services, 2020).

Witnessing physical violence in the home was also common; more than half of females (52.0%) and males (51.5%) aged 18-24 observed violence in the home before age 18 (Ministry of Labour and Social Protection of Kenya, Department of Children's Services, 2020). Children who witnessed violence at home were found to be more likely to directly experience violence in childhood and young adulthood. The Survey also showed that nearly half of females and males aged 18 - 24 years (49.3% and 48.1% respectively) accepted violence against children and women, seeing it as 'normal', with nearly half justifying wife beating by a husband in certain circumstances.

The National Prevention and Response Plan on VAC notes the following challenges faced by families that could put children at risk of violence: "family disintegration, single parenting, exposure to drugs and substance abuse, the breakdown of the social support system, extreme poverty and disasters." The Plan acknowledges the challenges faced by many parents unintentionally, "as they strive to improve their economic situation and lack knowledge on positive parenting and negative impacts of violent discipline. Parental neglect also affects children as they can experience violence at the hands of neighbours, nannies and siblings in the home," (Ministry of Labour and Social Protection, 2019).

One highly vulnerable group of children and families are street-associated children and families. A 2018 census found 46,639 street persons, of whom nearly half were young adults and almost one third were children, (Ministry of Labour and Social Protection, Street Families Rehabilitation Trust Fund, 2020). The survey found a connection between children's experience of harsh punishment at home and going to the streets, as the diagrams below illustrate. Around one in four people on the streets had no living parents, but that means that three in four did have living parents, (Ministry of Labour and Social Protection, Street Families Rehabilitation Trust Fund, 2020). The main reasons for going to the streets included domestic violence (reported by 50% of girls and women surveyed), mistreatment by relatives (reported by 36% of females and 81% of males), fear of being reprimanded (92% of males), and corporal punishment (86% of males). All of these relate to parenting behaviours.





Positive parenting practices are a key factor that can protect children from violence even in the context of poverty. The VACS, 2019 report revealed that more than four out of five boys and girls and boys aged 13-17 years found it easy to talk to their mothers (Ministry of Labour and Social Protection of Kenya, Department of Children's Services, 2020). Although service seeking was low (12.5% of females and 3.2% of males who experienced sexual violence), around one third of the females and males did know where to go for services. The main reason given by females who did not seek services for sexual violence was that they did not think it was a problem (53.6%). This data suggests the potential for families to provide children with the confidence to speak out and the support to seek services, which can contribute to increasing positive social norms around violence prevention.

There is mutual support within and across generations (Andersen, 2012). One kinship care study in Kenya found that children living with grandparents and children taken care of by other relatives generally had positive experiences, including demonstration of love, care and advice, involving encouragement and support from the caregivers (Save the Children, 2015).

COVID-19 in Kenya and the implications for parenting programmes

These national guidelines have been created during the COVID-19 pandemic, which has had an often-devastating impact on children and adults, communities, and states across the world. These effects have been felt profoundly by children and families in Kenya. Around the world studies have indicated an increase in parental stress and depression; rise in orphan hood; increases in violence against children and women alongside and often connected to economic stress and increased poverty. One study in Kenya found an increase in the challenges just mentioned, but with women more likely to be skipping meals than men and at greater risk of domestic violence. Another Kenyan study has shown that children appear to be not only at increased risk of physical violence in the home, but there are increased numbers of sexual offences against children during lockdowns, curfews, and school closures, with child victims being younger, more likely to be victimised by a neighbour in a private residence, and in the daytime, compared to pre-pandemic. A study on the impact of COVID-19 on adolescents in Kenya found that adolescents experienced restricted access to education via online learning especially for girls, drop out from school after schools reopened with 8% of boys and 16% of girls not returning due to lack of school fees and adolescent pregnancy, an increase in child marriage during COVID, and an increase in mental health problems.

1.2 Policy and Legislative Framework

Kenya has a strong commitment to the promotion of nurturing and non-violent parenting through its overarching laws and the policies.

Article 45 of the Constitution of Kenya, 2010 recognises the family as the natural and fundamental unit of the society and the necessary basis of social order. It provides the Government with the mandate to promote and protect the family unit. Article 53 (1) (e) of the Constitution further provides that a child has a constitutional right – “to parental care and protection, which includes equal responsibility of the mother and father to provide for the child, whether they are married to each other or not,”

The Universal Declaration of Human Rights describes the family as the natural and fundamental unit of society (UN, 1966). Despite a distinct change of functions across the world as a result of various factors such as industrialisation, modernisation and the social changes associated with these processes, the family has displayed remarkable resilience and ability to adjust. It is still, and universally, the institution where reproduction, socialisation patterns and the organisation of roles and relations with the community are to a greater or lesser extent determined (World Health Organization, 1978).



The importance of supporting parents and caregivers is also highlighted in the United Nations Convention on the Rights of the Child (UNCRC). Article 5 requires State Parties to ‘respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community...to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights...’

Kenya’s development blueprint, Vision 2030, through the Medium-Term Plan (MTP) III identifies research on family as a priority area of focus during its implementation period 2018-2022. The National Positive Parenting Programme has been prioritised as a Flagship project in MTP IV (2023-2027) by the Government of Kenya. The Draft National Policy on Family Promotion and Protection, Population Policy for National Development, Draft National Population Policy and Sustainable Development of 2019 are among policy documents that propose strategies to be employed in addressing family promotion and protection.

Section 11 of the Children Act, 2022 recognises the right of children to parental care. Part III of the Act sets out parental responsibilities (including anyone who is acting as guardian for the child, including extended family and cavil), including provision of basic needs, protection from neglect, abuse and discrimination, and the duty to provide guidance (Republic of Kenya, 2022). The Act outlaws corporal punishment and states that anyone perpetrating corporal punishment commits an offence under the Act and may further be convicted under the Prevention of Torture Act (2017).

The Draft National Policy on Family Promotion and Protection articulates the key components of what the National Positive Parenting Programme should incorporate including the legal framework for its implementation. An evidence-based holistic parenting education should cover essential thematic areas like health, nutrition, hygiene, responsive care, early childhood development, adolescence, and others (Ministry of Labour and Social Protection, 2019).

The National Prevention and Response Plan on Violence against Children 2019-2023 notes that *parenting is part of family support, one of the six strategic areas of the plan, alongside economic support. The outcome is that “children have built more positive and supporting parent-child relationships,”* (Ministry of Labour and Social Protection, 2019).

Other important commitments include the National Care Reform Strategy for Children in Kenya 2022–2032 which recognises the importance of positive parenting as part of one its three strategies, for the prevention of family separation (National Council of Children’s Services, 2022). It recognises the importance of all forms of family-based care, including kinship, guardianship, foster care and kafaalah. The National Policy for Prevention and Response to Gender-Based Violence, 2014 also sets out a wide range of prevention and response actions to address gender-based violence, including intimate partner violence. This policy recognises the importance of strategies for the prevention and response to GBV including within the family set-up.(Presidency, Ministry of Devolution and Planning, 2014). Further, the National Policy on Gender and Development, 2019 sets out a range of principles across the different sectors of Kenyan society and economy that promote gender equality and equity (Ministry of Public Service, Youth and Gender, 2019).

1.3 Vision, Mission, Purpose, and Objectives of the National Positive Parenting Programme and Guidelines

The programme seeks to build and sustain a positive parenting culture and infrastructure that enables diverse families across Kenya to be loving, nurturing, respectful, supportive, and violence-free, and to promote the equal wellbeing and development of all family members.

Vision

Loving, safe and thriving families where children realise their full potential.





Mission

To promote and protect families through innovative programmes, strategies, and services for a strong society.

Purpose

To support the state and partners to implement evidence-based, gender-transformative positive parenting programmes in Kenya.

Objectives

The general objectives of the National Positive Parenting Guidelines are to:

1. Outline the roles of the state and non-state actors in the implementation of positive parenting programme;
2. Outline and provide guidance to policy makers and practitioners on core principles and approaches that underpin gender-transformative positive parenting programming and its contribution to broader family support programming;
3. Provide practical guidance to support practitioners wishing to implement positive parenting programmes in Kenya;
4. State what evidence-based positive parenting programmes in Kenya should offer to parents and caregivers and, in so doing, support them in raising their children;
5. Explain how the National Positive Parenting Programme fits into other programmes and policies in Kenya.

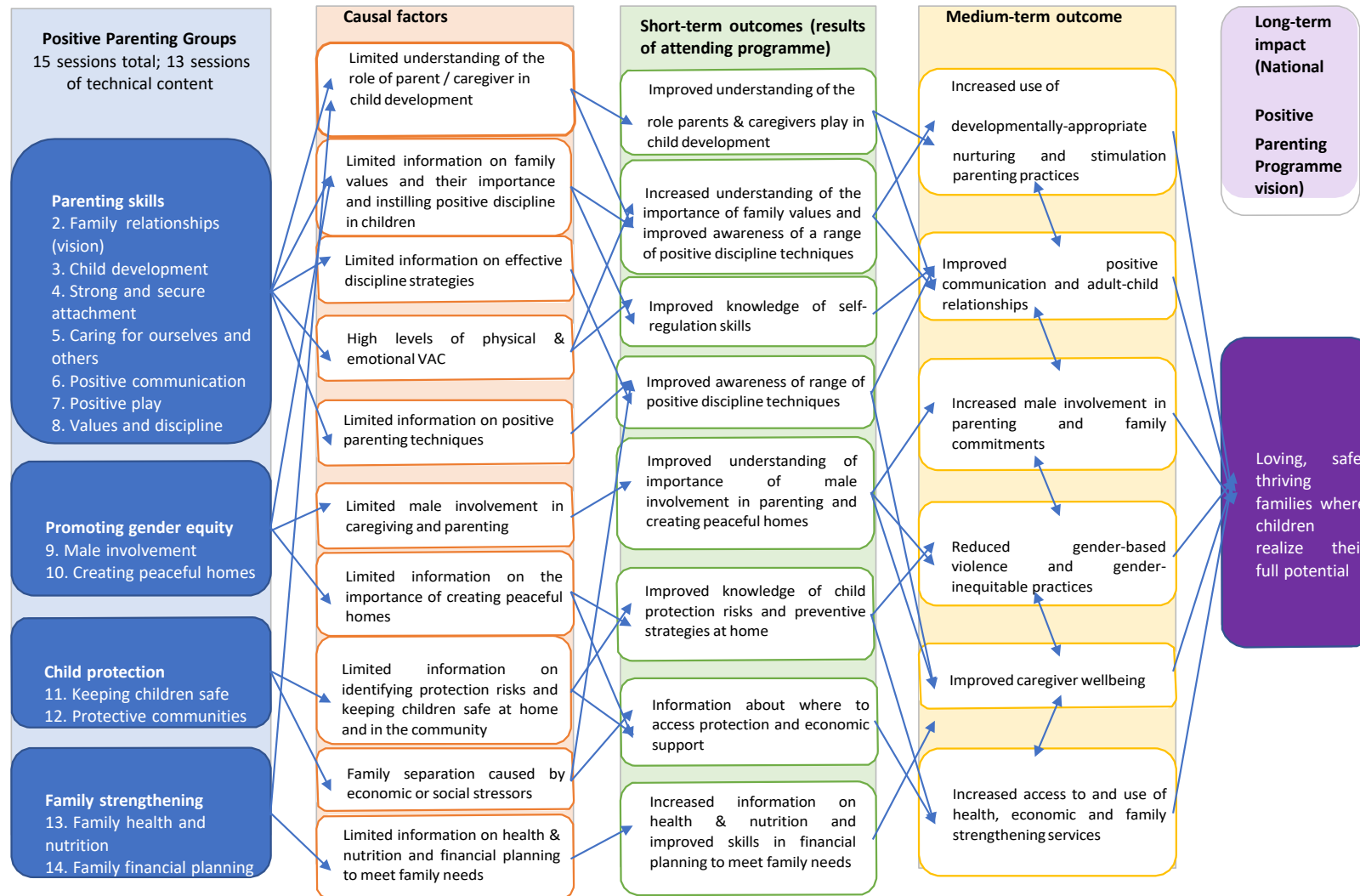
Children who grow up in these environments will be able to contribute effectively to the overall development of Kenya. Positive parenting is considered an investment in the future of Kenyan society. The adoption of such an approach is considered to be both cost-effective as well as a major support for parents as they face today's challenges.

The Guidelines apply to parenting programmes for all parents and caregivers of children under the age of 18 years living in a family unit or responsible for the parenting of that child.

The Guidelines are designed to assist and support the state and partners in the implementation of parenting programmes in Kenya. Parenting programmes are described as a set of activities or services aimed at improving how parents approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviours, and practices.⁴



1.4 Theory of Change





1.4 Intended Users and Duty-bearers

The Directorate of Social Development shall share these Guidelines with all members of the social service workforce, who have a role in family strengthening and the promotion of child wellbeing and prevention of violence. These include relevant state agencies, civil society organisations, faith based organisations, community leaders, institutions and individuals responsible for the care and protection of children.

The following are the intended key users and duty-bearers:

Government Bodies	Community
<ul style="list-style-type: none"> ▪ Ministry of Labour and Social Protection ▪ Ministry of Public Service, Gender, and Affirmative Action ▪ Ministry of Youth Affairs, Sports, and the Arts ▪ Ministry of Information, Communication and the Digital Economy ▪ Ministry of Health ▪ Ministry of Education ▪ The National Treasury and Economic Planning ▪ Juvenile Justice Agencies (Judiciary, Police, Rehabilitation Centres, Prisons, Probation) ▪ Ministry of Interior ▪ Ministry of Agriculture, Livestock and Fisheries ▪ Ministry of Industrialization, Trade and Enterprise Development ▪ Ministry of Investments, Trade, and Industry ▪ Ministry of Co-operatives and Micro, Small and Medium Enterprises (MSME) Development ▪ Council of Governors ▪ National Gender and Equality Commission (NGEC) ▪ Kenya National Commission on Human Rights (KNCHR) 	<ul style="list-style-type: none"> ▪ Children and families, including foster care providers and other primary caregivers ▪ Community elders and cultural leaders ▪ Religious leaders ▪ Children Advisory Committees (CAC), and their sub-committees ▪ Social Development Committees (SDC) ▪ Lay Volunteer Counsellors (LVCs) ▪ Community Health Promoters (CHPs) ▪ Child Protection Volunteers (CPVs)





<ul style="list-style-type: none"> ▪ Commission on Administration of Justice (CAJ) ▪ National Council for Persons with Disability (NCPWD) ▪ National Council for Population and Development (NCPD) ▪ National Council for Children’s Services (NCCS) ▪ Public academic institutions and research bodies 	
<p>Non-governmental bodies</p> <ul style="list-style-type: none"> ▪ National and international non-governmental organisations (NGOs), ▪ Faith-based organisations (FBOs) ▪ Community-based organisations (CBOs) ▪ Child Welfare Programmes 	<p>Private Sector</p> <ul style="list-style-type: none"> ▪ Legal practitioners ▪ Financial institutions ▪ Business community ▪ Media ▪ Private academic institutions and research bodies





CHAPTER TWO: GUIDING PRINCIPLES IN THE PROMOTION AND DELIVERY OF PARENTING SUPPORT SERVICES

Promote the child's best interests at all times

These guidelines promote Article 53 of the Constitution of Kenya, 2010 which recognizes that the child's best interest is paramount in every matter concerning the child including parental care and protection.

Do no harm

These guidelines promote the principle of do no harm as provided for in the Children Act No. 29 of 2022 (children rights, parental responsibility and protection) in line with the United Nations Convention on the Rights of the Child (UNCRC) and Article 53 of the Constitution of Kenya.

Recognise and promote family resilience

The guidelines recognise the sociocultural strengths of all families in Kenya and promote a nurturing and positive approach to parenting. This reinforces and values the existing strengths of all family members, and helps build resilience to thrive despite the challenges that individuals and families face.

Family-centred

A family centred approach works in partnership with families to make their own decisions and improve their well-being. It recognises that all families are different, and will have varying needs, challenges, and strengths. It builds on a family's collective strengths, and provides additional skills and resources for dealing with stress and adversity.

Child rights and human rights-based

The National Positive Parenting Programme will be guided by human rights principles, including social inclusion, respect for human dignity and non-discrimination. These guidelines recognise all families in Kenya, and particularly the most marginalised and vulnerable families (including children and women). The guidelines will be implemented using a disability inclusive approach to ensure no one is left behind.

Gender transformative

A gender transformative approach will be used in implementing these guidelines. While gender norms and inequalities profoundly influence family dynamics, interactions and decision making, these guidelines also intentionally seek to engage men particularly fathers and male caregivers.

Child participation

Children have the right to active participation and meaningful engagement in family life and decision-making. This enhances their well-being and nurtures their life-skills. The National Positive Parenting Programme encourages the proactive participation of children including those with disabilities.

Ubuntu ('I am because we are'), partnerships and collaboration

These guidelines are aligned to the African principle and philosophy of 'Ubuntu' which recognises the importance of mutual interdependence, community and cultural diversity.





The National Positive Parenting Programme promotes collaboration among individuals, families and community members to strengthen family support networks, resilience and learning .

SECTION TWO: OVERVIEW OF KENYA'S NATIONAL POSITIVE PARENTING PROGRAMME

CHAPTER THREE: POSITIVE PARENTING BEHAVIOURS

Providing love and care

Parents or caregivers provide nurturing care, love, moral and spiritual guidance. Children develop a sense of belonging, trust and security when they grow up in homes where they feel loved, supported and cared for. This love can be expressed by encouraging children through regular and positive feedback, spending quality time with them, participating in their interests, and demonstrating positive moral and spiritual guidance.

Love and care provides a strong foundation for children to build resilience to adversity, grow to their full potential and develop trusting and equitable relationships in adulthood .

Parenting through stages of development

Parents and caregivers ought to understand the basic principles of child development and respond to the specific needs at each stage of development. :

- Early years: Parents and caregivers provide nurturing care and stimulation in the first five years of life. This establishes a strong foundation for children's health, growth, cognitive, language, and psychosocial development. It also protects children against potential risks and adversity.
- Middle childhood: Parents and caregivers focus on supporting mental and behavioural well-being has been found to be effective in early to middle childhood.
- Adolescence: Parents and caregivers reinforce the positive benefits of earlier years,, by developing warm, supportive, and mutually respectful relationships with adolescent children. This helps in brain development, mental health and mitigates the impact of stress on adolescents. Parents and caregivers provide consistent supervision and positive involvement which leads to higher life expectancy for adolescents, lowers risk behaviours, substance use and violence exposure. Parents will have the skills to support effective communication between adolescents and parents, particularly on issues such as sex education and sexuality which can influence adolescents' healthy sexual behaviour.

Positive communication

Parents and caregivers ought to practise positive communication with their children, express empathy and support, provide positive reinforcement, develop skills for open and respectful dialogue, share decision making within the home and beyond. Parents and children are encouraged to discuss difficult topics respectfully. This provides space for empathy and curiosity, including age-appropriate discussions about sex and sexuality.

Practise equitable family relationships and share caregiving role

Families ought to critically reflect on the gender roles within the household, and share tasks, caregiving, and income generation responsibilities equitably between women, men, girls, and boys. Families are encouraged to make shared decisions on the issues that impact all members. This will





promote positive gender attitudes among girls and boys thus enabling them to holistically develop according to their interests and abilities.. Families ought to recognise and support family members with disabilities so as to fully participate within the family and society.

Supporting children to develop social and emotional learning

Parents and caregivers provide opportunities for social and emotional learning, including supporting children's emotional regulation, problem-solving skills, and goal setting. This builds the social skills that support children's self-confidence and resilience, and knowledge on age-appropriate personal safety.

Positive discipline

Discipline in the family should be non-violent. The use of positive discipline practices should be encouraged to build healthy and age-appropriate behaviours -. Discipline responds to the developmental stage and cognitive abilities of children and the use of positive guidance and advice is encouraged rather than shaming, scolding or blaming.

Well-being and mental health

Families create practices that support the well-being and mental health of all members, including ensuring they have time for relaxation and opportunities to practise self-care. They use appropriate strategies for managing anger and everyone continues to develop their capacity to 'self-regulate' challenging emotions.

Providing effective role models

Parents and caregivers are good role models for their children to have the opportunity to 'learn by example' by seeing their parents and caregivers practise positive values in the home and in the community. Families identify other role models in their extended family network and within the wider community that their children can learn from.

Violence free households

Children ought to grow in households that are violence-free. Violence in households are characterised by harm against children, men, women, boys and girls, intimate partner violence and harmful practices such as child marriage, FGM/C among others. Growing up in violence free households provides an opportunity to break the cycle of intergenerational violence, meaning girls and boys are less likely to experience or perpetrate violence in later life.

Responding to children's unique needs

All children have the opportunity to grow in a home that recognises their unique value, promotes the inclusion of all children within family life and broader social life, including those who are at risk of marginalisation and exclusion such as children with disabilities and children living with HIV.

Responding to parents and caregivers' unique needs

All parents and caregivers have the right to support and respect in their role as caregivers. This includes ensuring that parents and caregivers can access informal and formal support that enables them to fulfil their parenting roles. Parenting programmes should respond to the unique challenges faced by some parents and caregivers who require additional support.





Parents and caregivers who did not receive positive parenting experience in childhood and those who face additional challenges such as discrimination, lack of access to services and economic support require empowerment. This may include adolescent parents, care leavers, parents with disabilities, and parents and caregivers experiencing mental health challenges, substance abuse, gender based violence and parents who are incarcerated.

CHAPTER FOUR: DELIVERY OF THE NATIONAL POSITIVE PARENTING PROGRAMME

4.1 Components of the National Positive Parenting Programme

Kenya's National Positive Parenting Programme is delivered via three key components, all of which focus on delivering the same core positive parenting messages. This is aligned with global evidence showing the importance of reaching parents and caregivers at different levels (World Health Organization, 2023).

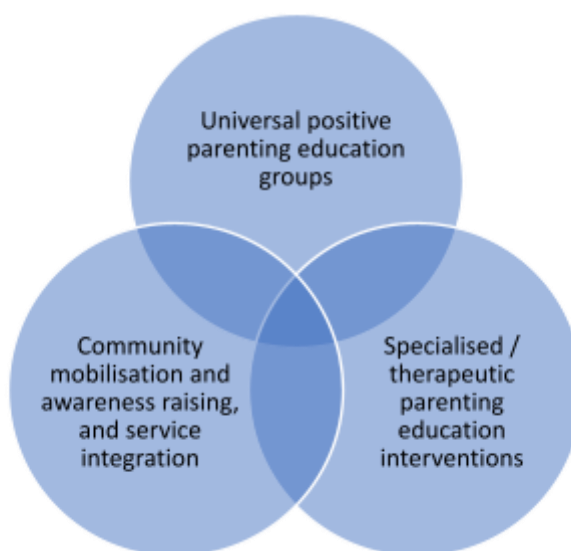


Figure Key components of the National Positive Parenting Programme

Component 1 Community mobilisation and awareness raising, and service integration

Chapter Three presents a universal set of core positive parenting behaviours, and the National Positive Parenting Training Manual captures these behaviours in key messages at the end of each session. These key messages can be delivered at national, sub-national, and local levels to reach the widest possible range of parents and caregivers. The aim is to mainstream positive parenting messages in Kenyan society. This may include through the following approaches and platforms:

- **Mass media:** TV, social media, use of sports, theatre, music, and other social media influencers through the example of Positive Parenting Champions, national and international days.
- **Integrated into existing multi-sectoral service delivery:** development of basic key messages delivered through targeted platforms, including social protection schemes and other technical sectors (health workers and volunteers, teachers, social development officers, children's officers, police, agricultural extension officers, legal officers).





- **Community mobilisation:** Delivery of promotion of positive messages through community platforms, including religious groups, youth networks, local private sector, Nyumba Kumi, council of elders, women's groups, Boda associations, chiefs (and other NGAO) and barazas.
- **Integration into pre- and in-service training for professionals:** In social service and other sectors, including social development, health, education, justice and law enforcement, child protection, labour, and employment, etc.

Community mobilisation and awareness raising activities should leverage the key positive parenting messages in the National Positive Parenting Training Manual. Additional tools which present the key messages (from the National Positive Parenting Training Manual) in simple ways may be developed for use in the above platforms, for example: brochures, pamphlets, posters, illustrated cards, flipbooks, etc.

Component 2 Positive parenting education groups

The National Positive Parenting Training Manual is an evidence-based parenting education intervention delivered by trained facilitators to groups of parents and caregivers over 15 weekly sessions combined with home visits. It aims to strengthen parents' and caregivers' knowledge and skills around evidence-based positive parenting techniques (highlighted in Chapter Three).

The parenting education groups are suitable for all Kenyan parents and caregivers parenting children of all ages and in all kinds of family structures, parents and children with a range of unique needs. It actively seeks to engage fathers and male caregivers and can be adapted to reflect local cultural and contextual factors without set parameters, to ensure delivery remains faithful to the core design.

The National Positive Parenting Training Manual can be used by any organisation that has received training and has the resources to deliver according to the core design (this includes, for example, resources to train and supervise facilitators, to provide quality control, and to refer parents and caregivers to other services). A detailed list of the resources required to implement the National Positive Parenting Training Manual can be found in the Implementation Guide.

Organisations are encouraged to use their own parenting curricula where these already exist, and to ensure that their own curricula reflect the evidence-informed approach as outlined in these Guidelines.

Potential delivery platforms may include:

- Community-based groups convened by CBOs and FBOs, linked to community development and child wellbeing programmes;
- Community-based groups convened by community-based service delivery providers identifying potential participating parents and caregivers through existing service delivery points. This includes community health volunteers, elderly caregiver support groups, adolescent parent groups through youth networks, savings and loans groups and other income generation or trading groups, farmers' groups, health facilities, schools, ECD groups, social development and children officers, lay volunteer counsellors and child protection volunteers;
- Facility-based groups, targeting users of locally provided services, e.g. through Parent Teacher Associations, HIV peer support groups, child protection networks, workplace programmes, restorative justice groups, CCIs preparing for transition to family-based alternative care.





It is proposed that a briefer version of the manual be provided in flipbook form and fewer sessions, where the full resources are not available.

Component 3 Specialised / therapeutic positive parenting education interventions

The National Positive Parenting Training Manual can also be delivered in more specialised settings and when delivered in these settings, the core content may be modified either in how it is delivered or in linkages with other specialist services and support to reflect the needs of each group. This is specifically for parents or caregivers who need additional support, beyond programmes delivered in community-based group settings. This may include those who require mental health support, receiving child protection or alcohol drug support and have additional needs due to specific disabilities. In this case, the programme contains the same core content but delivery and some specialised content may be modified. This delivery will be done only by specialised delivery agents who are trained in delivering National Positive Parenting Training Manual and either have, or are working alongside, specialised technical skills in counselling, mental health support, justice, or similar expertise.

It is anticipated that this level of parenting will be delivered at a later stage, once the National Positive Parenting Training Manual has been scaled up. Potential delivery platforms include:

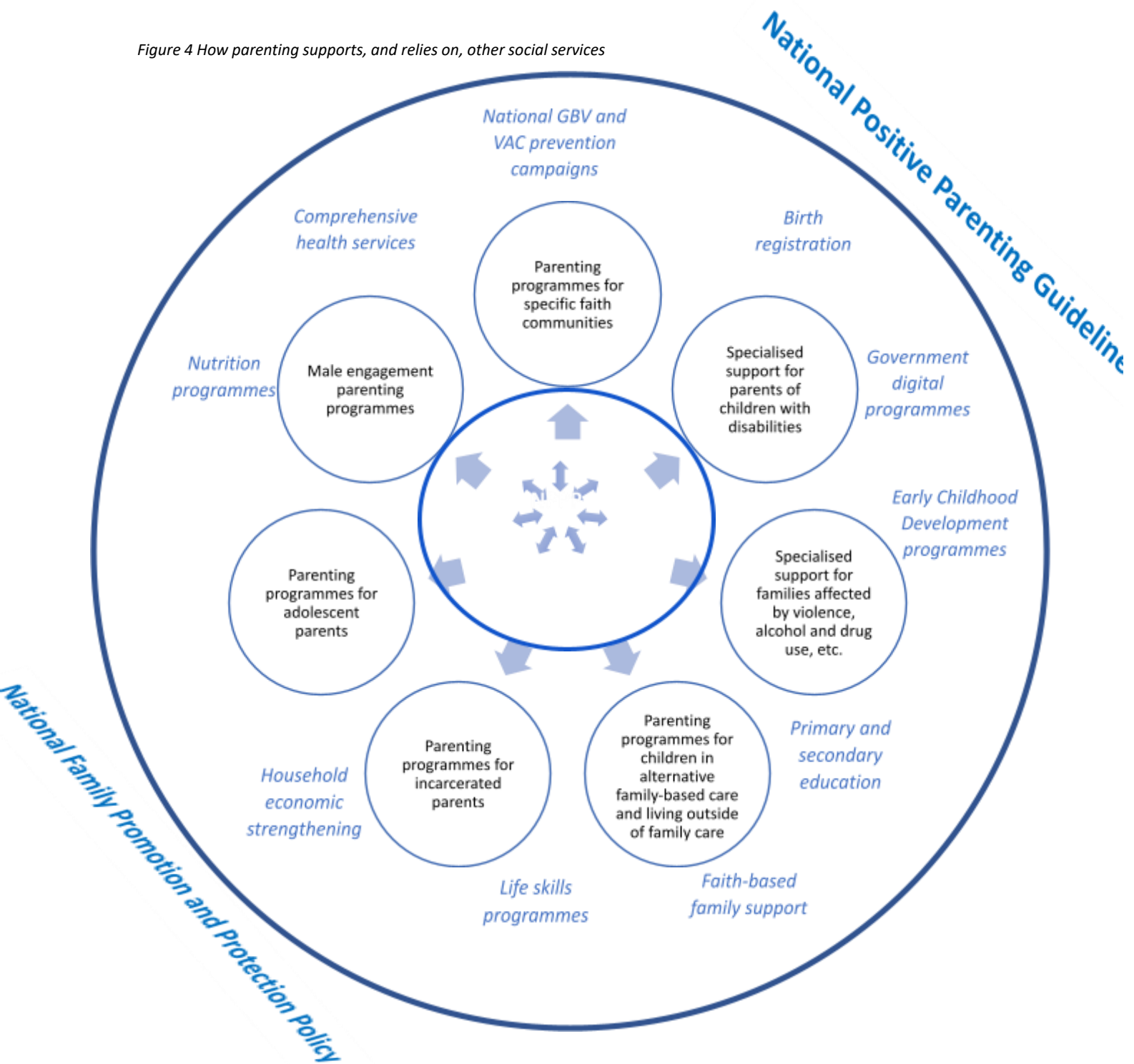
- mental health services;
- Specialised child protection and alcohol or drug services;
- specialised disability services;
- programmes that are supporting survivors of child violence, care leavers, and others who lack experience of being parented in a positive and nurturing way;
- programmes reaching parents or caregivers who are not able to access services through community outreach, including parents and caregivers who are incarcerated in juvenile detention centres (statutory children's institutions - SCIs), and parents and caregivers with children in health facilities including mental health / psychiatric care centres.

4.1 Linkages and Referrals

The National Positive Parenting Programme provides parenting education and support within a broader range of family support services, all of which are necessary to enable families to remain stable and safe for children to thrive in. Parenting education or support alone cannot meet the varied needs that families have. Families require a range of services which are provided by government, private sector and civil society actors (see Figure 4 below).



Figure 4 How parenting supports, and relies on, other social services



It is essential that the National Positive Parenting Programme is linked to multi-sectoral essential services that strengthen and support families. The need to connect with services affects how the programme is delivered (that is sectors and organisations), to ensure a coordinated response that provides parenting alongside other important services and support.

The National Positive Parenting Programme feeds into Kenya’s broader family support approaches which include:

- Economic support programmes, including employment training services, vocational training, and savings and credit services;





- Social protection support, including cash transfers and grants; ;
- Birth registration and other legal support, such as inheritance planning and access to maintenance and other grants;
- Maternal and child health programmes;
- Nutrition and child health programmes that promote infant and child health, adolescent health enabling parents and caregivers to access preventive, promote, curative and rehabilitative care;
- Comprehensive health programming and life skills education, which promote knowledge and positive attitudes towards caring for others and caring for children;
- Family-friendly employment policies, including promotion of breastfeeding (e.g. via provision of lactation rooms/stations), maternity and paternity leave and flexible working hours within the workplace;
- Child care and protection programmes, that build the capacity of parents and caregivers to develop and stay free from harms and that identify and support families and children in need of care and protection, including in emergencies;
- Policies and programmes that promote positive social and gender norms and challenge harmful practices, including child marriage and female genital mutilation;
- Policies and programmes that facilitate the active engagement of men as fathers and male caregivers in family life and parenting, for example faith-based support groups promoting positive masculinity and intentional fatherhood;
- Policies and programmes that prevent and respond to gender-based violence, that can address violence in the home (including online) and support survivors while providing the opportunity to rehabilitate for perpetrators for example rescue centres, programmes that promote safe internet, National Plan of Action to Tackle Online Sexual Exploitation and Abuse (2022-2026), Kenya Society of Care Leavers Life Skills for Care Leavers Manual;
- Mental health and psychosocial support services.

SECTION THREE: ROLES, COORDINATION AND ACCOUNTABILITY

CHAPTER FIVE: ROLES, RESPONSIBILITIES, AND COORDINATION OF MULTI-SECTORAL STAKEHOLDERS

5.1 Roles and responsibilities

The Directorate mandated with family promotion and social welfare is responsible for the management and coordination of the National Positive Parenting Programme.

The National Government operates at the national level through services and coordination mechanisms in each county. The focus of promoting positive parenting at the National level of Government is aimed at creating an enabling environment for the stakeholders below to implement





their mandate, and families to be supported and empowered to become loving, safe, thriving families where children realise their full potential.

At the National level, the Directorate mandated with family promotion and social welfare and their partners will manage, coordinate and monitor positive parenting activities. The National Positive Parenting Programme has been developed by a multi-sectoral group of stakeholders and its implementation and monitoring requires a multi-sectoral approach. Table 1 below sets out the key roles and responsibilities of all actors actively involved in the National Positive Parenting Programme.

Sector	Institution	Roles and Responsibilities
Government – national	Ministry of Labour & Social Protection - Directorate of Social Development	Coordination and visionary leadership Overall accountability at national level Resource mobilisation
	Ministry of Labour & Social Protection Directorate of Children’s Services Directorate of Social Assistance Directorate of Social Development National Social Protection Secretariat National Council for Children’s Services Child Welfare Society National Council for Persons with Disability Street Family Rehabilitation Trust Fund	Referrals between parenting programmes and family support services, e.g. social assistance, child protection, specialised disability services Integrating positive parenting messaging within programmes Delivering parenting programmes through child protection programmes, e.g. CPVs, LVCs
	Ministry of Health	Referrals between positive parenting programmes and comprehensive, preventive, promotive, curative, and rehabilitative health services Integrating positive parenting messaging within community and health facility services
	Ministry of Youth Affairs, Sports, and the Arts	Mainstream positive parenting into youth programming, including care leaver targeted
	Ministry of Public Service, Gender, and Affirmative Action Directorate Anti-Gender-based Violence and Family Protection	Mainstream positive parenting key messages into programming (in workplaces) Referrals between positive parenting
	Ministry of Education - Schools Board of Management	Referrals between parenting programmes and education Integrating positive parenting messaging within education services (including chaperones and





		Delivering parenting programmes through education sector platforms, e.g. Parents' Association Identification and referrals of adolescent parents and supported child-headed households
	Kenya Women Parliamentary Association (KEWOPA)	Lobbying and advocacy
	Council of Governors (COG) - Gender, Youth, Culture, and Social Welfare Committee - Education Committee	Parenting programme support at County-level, Mainstreaming key positive parenting messages in ECD centres, day care centres, childcare facilities Resource mobilisation for the national positive parenting programme Support adaptation of national positive parenting programme
	National Assembly Pastoralist Parliamentary Group (PPG)	Policy and legal frameworks
	The National Treasury and Economic Planning National Council for Population and Development	Budgetary allocation for the national positive parenting programme Referrals between parenting programmes and Integrating positive parenting messaging within FBOs, education and health services Delivering parenting programmes through education sector platforms, e.g. Parents' Association
	Ministry of Interior - NGAO - Kenya Police Service - Directorate for Criminal Investigation - Department for Public Prosecution	Referrals between parenting programmes and law enforcement, probation, etc. Integrating positive parenting messaging within law enforcement services
	Ministry of Information, Communications and The Digital Economy	Dissemination of positive parenting key messages (see Level 1); Support for digital dissemination of positive parenting approaches
	Ministry of Agriculture and Livestock Development	Referrals between positive parenting programmes and income generation opportunities





		in the agricultural and livestock sector Integrating positive parenting messaging within agricultural extension and related services
	Ministry of Investments, Trade, and Industry	Promoting positive parenting messaging and/or programmes within industry
	Ministry of Co-Operatives and Micro, Small and Medium Enterprises (MSME) Development	Referrals between positive parenting programmes and income generation opportunities in the MSME sector Integrating positive parenting messaging within MSME services
	Judiciary	Referrals between parenting programmes and justice programmes e.g. probation, correctional services. Integrating positive parenting messaging within judiciary workforce training
	Kenya Bureau of Statistics	Capturing positive parenting relevant data within existing initiatives
Constitutional Commissions –	National Gender & Equality Commission (NGEC) Kenya National Commission on Human Rights (KNCHR) Commission on Administrative Justice (CAJ)	Oversight, coordination, monitoring & facilitating mainstreaming of gender equality and inclusion
Government – County	County governments	Inclusion of positive parenting programme within county plans and budgets Policy and legal frameworks Delivering parenting programmes through county-level programmes, such as child protection and health
Development Partners	UNICEF, WHO, UNDP, other UN agencies Bilateral donors	Technical expertise Capacity building Funding support Policy influencing Lobbying & advocacy Research
NGOs, FBOs, CBOs		Delivering parenting programmes at all levels Capacity building Funding support Policy influencing Lobbying & advocacy Research





Academia	Local and international	Technical expertise Capacity building Funding support Policy influencing Lobbying & advocacy Research
Private sector	Local and international	Sponsoring parenting programme for their employees Funding support Enabling their employees to benefit from adequate parental leave as per legislations and beyond
Media	Local and international	Sensitisation and awareness creation of positive parenting key messages via all forms of media
Civil Society Networks and Coalitions	Consortia of CSOs working on VAC, VAW, human/child rights, disability, alternative care	Lobbying & advocacy Accountability Source of information Human rights championing Resource mobilisation

5.1 Coordination platforms

The National Positive Parenting Programme feeds into several national policies and plans of action. The Directorate of Social Development is responsible for ensuring that the National Positive Parenting Programme objectives and interventions are coordinated with other national coordination platforms.

National level

The Cabinet Secretary responsible for family promotion and protection has the overall responsibility and accountability for the National Positive Parenting Programme. The CS is the final decision-making authority on all matters concerning the NPPP and will be supported by the Principal Secretary, State Department responsible for family promotion and social protection.

The National Positive Parenting Programme **Steering Committee** will be composed of:

1. PS, State Department in charge of family promotion and protection (Chair)
2. PS, MoH (Secretariat)
3. DSD
4. PS, State Department in charge of Children's Services
5. PS, State Department in charge of Youth Affairs
6. PS, Basic Education
7. PS, Higher Education
8. PS, Interior
9. PS, National Treasury
10. PS, ICT
11. CEO NCCS
12. CEO NCPWD
13. Director General NCPD
14. Council of Governors (COG)
15. Representative of Local Academia



16. Relevant non-state actors, including:

- Representative of UNICEF
- Representative of FBOs (NCKK, KCCB, SUPKEM, Hindu Council of Kenya)
- Representative of NGOs
- Representative of CBOs

17. NPPP Technical Advisory Committee Chair

The Steering Committee has strategic leadership on positive parenting in the country. It has decision-making authority on all policy, implementation and resourcing matters concerning positive parenting. It meets every four months. It is advised by the National Positive Parenting Technical Advisory Committee.

The National Positive Parenting **Technical Advisory Committee** will be composed of:

1. Representative of the Office of the PS, State Department in charge of family promotion and protection (Chair)
2. NPPP coordination and oversight division (Family Promotion and Social Welfare Division) (Secretariat)
3. Representative relevant state and non-state actors who implement evidence based positive parenting programmes including academia (public and private). These members shall be officially appointed by the PS, State Department in charge of family promotion and protection (Chair of the Steering Committee).

Total membership of the Technical Advisory Committee shall not exceed 18 members.

The Technical Advisory Committee will be responsible for:

- Implementing decisions and recommendations made by the National Positive Parenting Steering Committee
- Strengthening national legislation, regulations and policies so they are supportive of positive parenting, including reviewing proposed new legislation, providing technical guidance and advisory support in the development of regulations and policies that include positive parenting; this will involve analysing and advocating for positive parenting approaches and keeping the Technical Committee informed of legislation, regulation and policy progress;
- Developing and implementing an effective national positive parenting communications and advocacy strategy;
- Developing and implementing an effective positive parenting resourcing and scaling up strategy
- Developing and maintaining effective national-level positive parenting programme management, coordination and monitoring structures and systems, with clear roles and responsibilities of stakeholders as outlined;



- Providing guidance and support to counties and non-state actors implementing positive parenting interventions, including ensuring that emerging evidence of effectiveness from Kenya and internationally is incorporated into ongoing strategies;
- Monitoring and evaluating positive parenting interventions and their impact on parents, caregivers and children.

Regional level

1. Regional Coordinator for Social Development
2. Regional Coordinator for Children's Services

The regional coordinators shall play an oversight role in the implementation process of the NPPP with the implementation within the counties of their respective regions and share an annual report (including data from the CDIMS) to the National Advisory Committee.

County level

1. County Commissioner (Chair)
2. County Coordinator for Social Development (Secretariat)
3. Director Department of Social Services (County Government)
4. County Coordinator for Children's Services
5. County Director of Health
6. County Director for Education
7. County Disability Service Officers (NCPWD)
8. County Director Teacher's Service Commission
9. Relevant state and non-state actors including;
 - Representative of FBOs
 - Representative of NGOs
 - Representative of CBOs

The county-level coordination committee shall meet quarterly and share a report (including data from the CDIMS) on progress made in implementing the NPPP to the regional coordinators.

The county-level coordination committee shall be responsible for:

- Contributing to county-level governance and implementation processes, through representation at Children Advisory Committee meetings, Social Development coordination meetings, and other county-level coordination meetings relevant to children, such as humanitarian relief coordination committees;
- Developing, implementing and monitoring a county-level positive parenting strategy, including a resource mobilisation and cost-sharing strategy;
- Developing and implementing an effective county-level positive parenting communications and advocacy strategy;



- Coordinating and monitoring positive parenting interventions at county level, including coordinating multi-sectoral capacity building, supervision and support mechanisms;
- Ensuring that referral and coordination occurs from positive parenting programmes to other services for the protection and wellbeing of the family;
- Preparing an annual report to the Regional Coordinators.

Sub-county level

1. Deputy County Commissioner (Chair)
2. Sub-county Social Development Officers (Secretariat)
3. Sub-county Children’s Officers
4. Social Services Officer
5. Health Officer
6. Education Officer
7. Disability Services Officer (NCPWD)
8. Teachers Service Commission Officer
9. Representative of Social Development Committees
10. Representative of FBOs
11. Representative of NGOs
12. Representative of CBOs

The sub-county-level coordination committee shall meet quarterly and share a report (including data from the CDIMS) on progress made in implementing the NPPP to the county-level committee.

The sub-county-level coordination committee shall be responsible for:

- Contributing to sub-county-level governance and implementation processes, through representation at sub-county Children Advisory Committee meetings, Social Development coordination meetings, and other coordination meetings relevant to children, such as humanitarian relief coordination committees;
- Developing and implementing a sub-county-level positive parenting communications and advocacy strategy;
- Coordinating and monitoring positive parenting interventions at sub-county level, including coordinating multi-sectoral capacity building and supervision and support mechanisms;
- Ensuring that referral and coordination occurs from positive parenting programmes to other services for the protection and wellbeing of the family;
- Preparing an annual report to the County-level committee.

Community (location) level

1. Chief (Chair)
2. Assistant Social Development Officer (Secretariat)



3. Representative of Lay Volunteer Counsellors
4. Representative of Child Protection Volunteers
5. Representative of Community Health Volunteers
6. Representative of Community Rehabilitation Volunteers
7. Representative of Beneficiary Welfare Committees
8. Representative of the Parents Association from the School Management Committee
9. Relevant state actors and non-state actors

The community-level coordination committee shall meet quarterly and share a report (including data from the CDIMS) on progress made in implementing the NPPP to the sub-county-level committee.

The community-level coordination committee shall be responsible for:

- Advocating for delivery of positive parenting messaging and interventions at community level;
- Facilitating access to technical and financial support from stakeholders;
- Awareness raising of the value of positive parenting at community level;
- Reporting to the sub-county level committee on progress, including successes and challenges.

Sub-location level

1. Sub-Chief (Chair)
2. Assistant Social Development Officer 2 (Secretariat)
3. Representative of Lay Volunteer Counsellors
4. Representative of Child Protection Volunteers
5. Representative of Community Health Volunteers
6. Representative of Community Rehabilitation Volunteers
7. Representative of Beneficiary Welfare Committees

The Sub -Location-level coordination committee shall meet quarterly and share a report (including data from the CDIMS) on progress made in implementing the NPPP to the Location-level committee.

The Sub Location-level coordination committee shall be responsible for:

- Advocating for delivery of positive parenting messaging and interventions at community level;
- Facilitating access to technical and financial support from stakeholders;
- Awareness raising of the value of positive parenting at community level;
- Reporting to Location- level committee on progress, including successes and challenges.

CHAPTER SIX: MONITORING, EVALUATION AND REPORTING

6.1 Monitoring and evaluation

Monitoring and evaluation is central to the effective delivery of parenting programmes. Positive parenting programmes should be accompanied by a robust Monitoring Framework.





Monitoring refers to the routine collection, analysis, and use of data to track the performance of the individual interventions being implemented within the National Positive Parenting Programme. It will usually be conducted by programme staff for the purposes of reporting, quality control and improvement.

Standard indicators should be developed, and integrated into the Community Development Management Information System (CDMIS). Ideally, the CDMIS should have interoperability with the CPIMS and HIS.

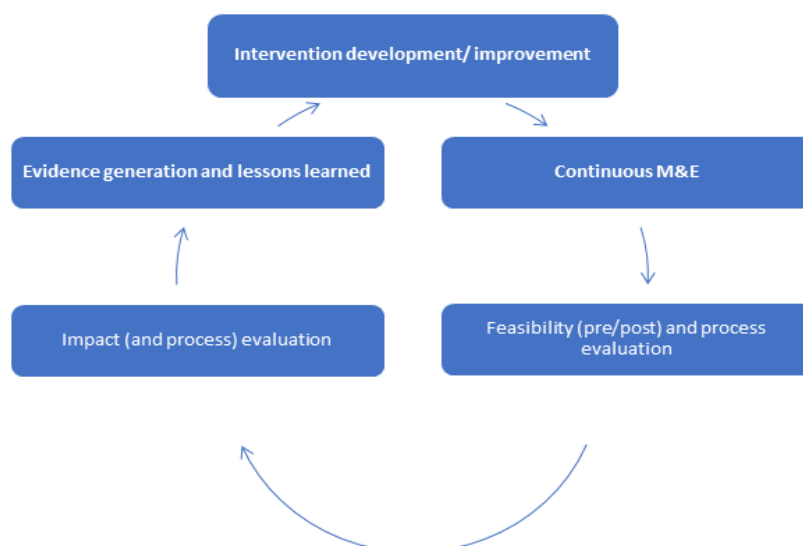
Evaluation refers to a more occasional and resource-intensive exercise that addresses either programme implementation (that is, strengths and challenges of implementation, also called a process evaluation), programme outcomes (that is, whether the programme is achieving the desired outcomes, or impact evaluation) or both.

Implementation of the National Positive Parenting Training Programme intends to ensure loving, safe, thriving families where children realise their full potential. The evaluation process aims to determine whether changes in the positive parenting outcomes can be attributed to the implementation of the National Positive Parenting Training Programme.

For effective evaluation of the training programme there is a need to have clear evaluation questions. Evaluators will analyse the relevance, efficiency, effectiveness, sustainability and impact of the training programme. A midterm review and an end term evaluation will be undertaken to determine the extent to which the objectives of the training programme have been met.

Both monitoring and evaluation are central to positive parenting programmes. The figure below reflects a proposed M&E process.

Figure 5: Proposed M&E process for National Positive Parenting Programme



Parenting interventions require a culture and system of using data for reflection, learning, and continuous quality improvement through continuous quality control and performance management. Data collection and recording must always follow ethical processes, given the highly sensitive nature of the information recorded about individual parenting experiences. The National Positive Parenting Programme will apply the same protocols and procedures for data collection, storage and use as they do for child protection and similar interventions.





6.2 Quality assurance

It is important to monitor the quality with which the programme is delivered, as this will impact on the success of the programme on reaching desired outcomes. Quality training and supportive supervision of facilitators is vital, because the success of parenting groups depends on delivering the key information and skills-building approaches. The National Positive Parenting Training Manual Implementation Guide provides the information and tools for ensuring quality training and delivery of the groups.

The National Positive Parenting Guidelines encourage actors to be flexible in their delivery, but the following criteria will be used to ensure quality delivery:

- Content and approach: Positive Parenting Programmes should apply content and approach that is known to be effective based on the core positive parenting behaviours and delivery methods included in these guidelines, or as evidenced by new and emerging evidence;
- Delivery modes should adhere to national laws and policies, including workforce standards;
- Implementing agencies should monitor and share findings with the Directorate of Social Development (DSD) at County level and are encouraged to participate in coordinating forums that promote linkages between their Positive Parenting Programme and other relevant services and support.

Robust and regular monitoring is essential for measuring both quantity and quality of positive parenting interventions. Actors at all levels should therefore invest in consistent monitoring, with oversight by DSD at County and National levels.

Parenting data should be collected by all actors implementing the National Positive Parenting Programme (whether government or non-state actors) and stored within existing National Information Management Systems so that parenting interventions delivered across Kenya can be consolidated.

CHAPTER SEVEN: ADOPTION, SCALABILITY AND SUSTAINABILITY STRATEGIES

The National Positive Parenting Programme has been designed with scalability and sustainability at the core of its design.

The key elements already implemented and must be adhered to include:

- Leadership and engagement by the Directorate of Social Development mandated with Family Promotion and Social Welfare.
- Active engagement of key Government Departments within the Technical Working Group, notably the National Council for Children's Services, Directorate of Children's Services, Ministry of Education and Ministry of Health.
- Linkages with other National plans of action, notably the National Prevention and Response Plan on Violence Against Children.
- Delivery of the programme through existing delivery platforms and programmes.
- Collaboration and coordination of multi-sectoral design and delivery.





The Monitoring and Evaluation design (Chapter six) highlights the importance of collection, analysis, and use of data to demonstrate the credibility and cost effectiveness of the programme.

Additional key strategies include:

Resource mobilisation: Identify sources of financial support to facilitate the programme. This should include public finance as well as the development of innovative private financing mechanisms as an adjunct support strategy.

Workforce strengthening approach: Includes mapping and capacity building of service delivery agents.





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ANNEX 1: NATIONAL POSITIVE PARENTING PROGRAMME FIVE-YEAR ROADMAP (2023 – 2027)

Short-term: Y1-Y2 (2023 – 2024)

Thematic area 1: Legal, policy, and administrative framework						
	Target output	Indicators	Key activities	Responsible (lead + collaborators)	Required budget inputs	Budget source
1.1	National Policy on Family Promotion and Protection (NPFPP) approved	-NPFPP approved by Cabinet -Policy -Cabinet memo	-Forward policy to Cabinet. -Lobby with relevant stakeholders for approval of the Policy. -Lobby for the Policy to move to National Assembly as a matter of urgency	DSD	-Fora -Media -IEC materials	GOK Partners
1.2	National Policy on Family Promotion and Protection disseminated and Implementation Plan developed	-No. of sensitization fora. -No. of dissemination fora. -Implementation Plan	-Hold stakeholder fora -Awareness creation / sensitisation fora. -Dissemination of policy	DSD, partners	-Fora -Media -IEC materials	GOK Partners
1.3	Implementation frameworks to guide NPPP developed and disseminated	-National Parenting Guidelines. -National Parenting Training Manual. -Social Behaviour Change. -Strategy Manual for Parents of Children	-Develop / finalise / review / adapt documentation (disability manual and SBCC strategy). -Launch and disseminate documents on International Family Day. -Update on the State	DSD DCS KICD NCPWDs NCCS	-Printing of manuals. -Workshops Media / IEC materials	GOK Partners





		with Disabilities. -No. of sensitisation fora / webinars	Department website. -Regional forums			
1.4	Increased understanding of the legal provisions of NPPP	-No. of dissemination forums, trainings, sensitisations	-Launch policy, dissemination -Sensitise/ trainings on policy & relevant legislation e.g. Children Act 2022	DSD, DCS, CoG, partners	-Print user-friendly /summary policies -Dissemination workshops IEC/SBCC	GOK Partners
1.5	Advocacy for adaptation to laws which complement the NPPP	-No. of advocacy engagements -No. of changes to legal framework, supportive of NPPP	-Advocate for the review of Succession Management Act, Matrimonial Property Act and Breast-feeding Bills to ensure alignment with Positive Parenting guiding principles	DSD, DCS, MoH, NCCS, CoG	-Advocacy forums	GoK Partners
Thematic area 2: Delivery						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
NPPTP Manual						
2.1	Key concepts translated into Kiswahili and other local languages as required	-No. of translated versions	-Identify and engage translators	DSD	-Translators, -Printing of translated manuals	GoK Partners
2.2	NPPTP mainstreamed/layered into other strategic/sectoral training programmes e.g Inua Jamii, BFCI, CHS, UCB, nurturing care framework, BWC, national parental	-No. of strategic engagements with different sectors No. of trainings with	-Sensitisation meetings and trainings to guide on how to mainstream and layer parenting groups into existing	DSD, DCS, MoH, MOE	-Workshops	GOK Partners





	engagement/empowerment guidelines, ECD training manual, National Parents Association	strategic programmes -No. of sectoral adaptations	multi-sectoral services			
2.3	Illustrative tools developed	-No. of illustrative tools developed	-Recruit designer -Develop and review materials -Disseminate materials	DSD	-Designer Printing -Dissemination	GoK, partners
2.4	National Positive Parenting Training Manual adapted	-No. of religious supplementary materials developed -No. of consultation meetings held	-Consultation meetings among specific religious and/or cultural groups	DSD, FBOs, partners in priority counties	Workshops	FBOs
2.5	New delivery platforms mapped (e.g., faith institutions, clinics, CBOs, schools)	No. of new platforms mapped No. of individuals sensitised	-Conduct national and targeted county sensitisation meetings as first step to mapping potential delivery platforms -Conduct county-level mapping for priority counties	DSD, DCS, MoH, CoG, partners	Meetings Mapping	DSD, sectoral ministries, partners
2.6	Male involvement strategy developed	Male engagement strategy	-Identify male parenting champions -Conduct male parenting champion forums -Develop a male engagement draft strategy	DSD Partners FBOs CSOs	Meetings IEC, media Printing, dissemination	GoK Partners





2.7	Online Self-Guided Introductory Parenting Module developed	No. of users who complete module -No. of users who contact DSD for more information to implement NPPTP	Online adaptation and integration	SDSP, DSD, UNICEF, partners	-Consultant -Workshops	Gok Partners
2.8	Additional online content / modules developed	-No. of additional online modules developed	-Develop additional online modules if/as new issues emerge in MEL data	DSD, partners	Development costs (writing, design)	GoK Partners
SBCC						
2.9	Social Behaviour Change Communication Strategy developed	-No. of consultation meetings held -Validation forum	-Consultation meetings to review existing draft of Social Behaviour Change Communication Strategy Finalisation and validation of Strategy	DSD, ICS, Partners	Meetings and workshops	GoK Partners
Specialised/therapeutic adaptations						
2.10	Adapted NPPTP manual for parents/caregivers of children with disability/ies developed, or development of highly specialised content as needed	-Specialised content/booklet -No. of consultation meetings -No. of engagement forums	-Consultation meetings with parents/caregivers of children with disability/ies to better understand their unique needs -Identify and recruit disability specialist -Continued engagement of	NCPWD, DSD, DCS, MoH, MoE (KISE), partners	-Disability consultant -Workshops -Writing/design/printing/dissemination	GOK Partners





			parents/caregivers of CWD throughout adaptation and review process			
2.1 1	NPPTP manual for adolescent parents/caregivers developed	-Specialised content/booklet -No. of Consultation Meetings -No. of engagements Forums	-Consultation meetings with adolescent parents/caregivers to better understand their unique needs -Identify and recruit adolescence and positive parenting specialist -Continued engagement of adolescent parents/caregiver throughout adaptation and review process	DSD, DCS, MoH, partners	-Adolescence and positive parenting consultant -Workshops -Writing/design/printing/dissemination	GOK Partners
Thematic area 3: Collaboration, coordination, linkages, and networking						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
3.1	Collaborative delivery of the NPPP between DSD, DCS, MoH, MoE, and other relevant government agencies	-MOUs implemented -No. of joint proposals / concepts submitted -Referral protocol in place	-Joint TORs -Joint work plans -Joint stakeholder engagement forums -Joint concept notes and proposals -Joint advocacy and lobbying	SDSP DSD	-Forums -Technical expertise -Conferences / venues -Media	GOK Partners





3.2	National stakeholders database developed	<ul style="list-style-type: none"> -NPPP stakeholders database -No. of sensitization forums -Workshop reports 	<ul style="list-style-type: none"> -Identify relevant Ministries (DSD, MOH, DCS, Interior) and other relevant stakeholders, including, PS, CS, other relevant ministries, FBOs, CSOs, NGOs, academia, COG County, MCA, Steering Committee & Advisory Committee members, Parliament - Senate & NA, County Children Advisory Committees Sensitise state & non-state actors on the NPPP -Invite key collaborators and organise workshops -Signing of MOU with relevant partners 	DSD, non-state actors	Forums Database development costs	GOK Partners
3.3	Centralised coordination & oversight of National Positive Parenting Training Manual	<ul style="list-style-type: none"> -Balanced distribution & representation of actors -National coordination mechanisms (NPPP Steering Committee and 	<ul style="list-style-type: none"> -Mapping and registration of different actors implementing NPPP at National and County levels) -Coordination of members as per the NPPP Guidelines -Sensitisation 	-DSD, -DCS, -MoH, partners	-Mapping Coordination meetings	GoK Partners





		Advisory Committee) operationalized	of members on the NPPP and their roles as committee members			
3.4	Referrals and linkages strengthened	-Service capacity gap and readiness assessment report -Referral and linkages system (referral protocol, county-level services directories disaggregated by sub-county and local levels, referral forms)	-Collate and analyse pilot referral learnings -Service mapping in NPPP implementing National Counties levels -Develop cross-sectoral referral form (must be acceptable for use across DSD, DCS, MoH in particular)	DSD, MOH, DCS ICS Partners	-Assessment costs (consultant) -Design Printing/development of electronic referrals, including integration with other IMS systems	GoK Partners
3.5	Strengthened collaboration between State and Non-State Actors	-No. of sensitization forums -No. of MOUs	-Outreach activities through sensitisation, advocacy to State and Non-State Actors MOUs with State and Non-State Actors (e.g. workplace parenting activities, corporate social investment, e.g. staff involvement as delivery agents)	SDSP DSD	-Workshops	GoK Partners
Thematic area 4: Workforce planning, investment, capacity strengthening, and support						





	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
4.1	Mapping, profiling and assessment of existing DSD, DCS, and MoH community workforce cadre	-No. of counties mapped -No. of community volunteers and supervisors mapped and assessed	-Mapping and assessment of workforce in priority counties (and their supervisors, including understanding their current capacity, current workload, and redistribution of responsibilities which would need to occur to free up capacity to deliver/supervise NPPP)	DSD, DCS, MoH, CoG, partners	-Workforce specialist consultant -Data collectors for mapping exercise	GoK Partners
4.2	Increased numbers of delivery agents and supervisors	-No. of delivery agents and supervisors identified -No. of operational delivery agents and supervisors	Identify and mobilise new delivery agents (e.g., CBOs, religious leaders, LVCs, BWCs, CHVs, CPV, chiefs) and their supervisors	DSD, DCS, MoH, partners	-Recruitment -Stipends -Salaries	GOK partners
4.3	Capacity of delivery agents and supervisors enhanced	-No. of delivery agents and supervisors graduated from training -No. of supportive supervision sessions for delivery agents -No. of performance appraisals	-Provide training and refresher training-Provide monthly supportive supervision -Establish peer-to-peer learning WhatsApp groups for delivery agents to share experiences	DSD, DCS, MoH, partners	-Trainings Transport for supervision -Stationary/electronic reporting systems	GoK Partners





		and performance improvement plans developed	and learn from one another -Capture and document learnings of promising practices and share among delivery agents and supervisors -Performance appraisals			
4.4	Community volunteer delivery agents supported and retained	-No. of community volunteer delivery agents supported -No. of community volunteer delivery agents retained and operational after 12 months	-Facilitate community delivery agents through provision of stipends, incentives and required materials/tools (e.g., ID) to deliver NPPP	DSD, DCS, MoH, partners	-Stipends -Incentives -Materials	GoK Partners
4.5	Increased number of national master trainers	-No. of new master trainers identified and graduated from ToT	-Identify and train prospective master trainers, based on priority counties for NPPP rollout	DSD, DCS, MoH, partners	-Workshops -Allowances for master trainers to train at -County levels	GoK Partners
4.6	Capacity of national master trainers enhanced	-No. of refresher trainings -Increased capacity of master trainers to deliver training (assessed via pre/post-test)	-Train new prospective master trainers -Certify new graduate master trainers -Provide annual refresher trainings to new and existing master trainers	DSD, DCS, MoH, partners	-Training costs -Workshops	GoK Partners





			<ul style="list-style-type: none"> -Provide opportunities for master trainers to implement/observe parenting groups -Share documented best practices with master trainers 			
4.7	Capacity of DSD and DCS workforce to deliver NPPP enhanced	<ul style="list-style-type: none"> -No. of SDOs, Children Officers and Social Assistant Officers recruited -No. of DSD/DCS staff at all levels trained to implement and coordinate NPPP 	<ul style="list-style-type: none"> -Recruit, orient, and train NPPP staff at national and county (SDOs and Children Officers) and location levels (Social Assistant Officers) -Train DSD and DCS staff at all levels on NPPP implementation, M&E and reporting, and MIS -Train Social Development Officers and Children's Officers to sensitise community on NPPP -Recruit, orient, and train NPPP M&E Officer 	DSD, DCS, PSC	<ul style="list-style-type: none"> -Recruitment -Training -Salaries 	GoK Partners





4.8	NPPP responsibilities and outputs incorporated into performance contract for SDSP (for quality assurance and sustainability)	-Revised performance contract -Revised Scheme of Service	-Review existing job descriptions of delivery agents, supervisors, and those who have NPPP coordination responsibilities within DSD and DCS -Assess level of effort (time) required to be committed to NPPP -Include NPPP responsibilities in scheme of service and reallocate other responsibilities as needed -Integrate relevant NPPP outputs into performance Contract	DSD, DCS, Relevant MDAs	-Workshops -Consultant	GoK Partners
Thematic area 5: Monitoring, evaluation, learning and reporting						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
5.1	NPPP outputs and outcomes incorporated into performance contracting	-Signed Performance Contract	-Conduct planning meetings -Develop annual work plan, Identify performance targets to fit in -Cabinet Secretary PC & cascaded downwards	DSD	-Meetings -Workshops	GoK
5.2	Positive parenting indicators are included in State of the Family	-Reports	-Conduct meetings to determine positive	DSD	-Meeting costs	GoK Partners





	Assessment design, with plans to collect positive parenting impact data from Y3		parenting indicators for inclusion in assessment design			
5.3	NPPP MEL framework and supporting MEL tools developed and operationalised	<ul style="list-style-type: none"> -Log frame designed MEL plan developed -No. of facilitators, supervisors trained -Monitoring tools in use -Evaluation tools in use -Learning tools in use 	<ul style="list-style-type: none"> -Conduct multi-stakeholder planning workshops to develop log frame, MEL plan, MEL tools -Pre-test MEL tools (ideally e-tools so large data sets can be efficiently managed, and monitoring tools linked to CDMIS) -Train facilitators, supervisors, and coordinating staff on MEL system 	DSD, DCS, MOH	<ul style="list-style-type: none"> -Development workshops -Pre-test Trainings 	GoK Partners
5.4	Baseline survey conducted	Baseline report	<ul style="list-style-type: none"> -Consultative meetings to design baseline survey -Develop pre-test survey tools -Conduct data collection -Analyse data -Extract findings -Draft and validate report -Disseminate learnings 	DSD, DCS	<ul style="list-style-type: none"> -Research consultant -Data enumerators workshops 	GoK Partners
5.5	Periodic monitoring reports for data-informed decision-making to guide NPPP and key learnings disseminated	<ul style="list-style-type: none"> -No. of monitoring visits conducted -No. of reports available 	<ul style="list-style-type: none"> -Data regularly input into CDMIS -Reports periodically extracted from CDMIS 	DSD, DCS	<ul style="list-style-type: none"> -MIS developer, -Monitoring 	GoK Partners





		<ul style="list-style-type: none"> -No. of reports used in NPPP decision-making platforms -No. of learning events -No. of participants 	<ul style="list-style-type: none"> -Reports used in coordination mechanism meetings (i.e., NPPP Steering Committee, Advisory Committee, etc.) -Conduct regular monitoring visits 			
5.6	Data management system (CDMIS) established, (including NPPP module, and is interoperable with existing MIS (e.g. CPMIS, HMIS)	-CDMIS created and operational	<ul style="list-style-type: none"> -Review existing HMIS and CPMIS to understand functionality and assess entry points for interoperability -Conduct consultative workshops to attain input for CDMIS user needs (i.e., data disaggregation needs, standard indicators to be included, report extraction capabilities, quality assurance controls, tiered user rights, etc.) -Develop CDMIS and pre-test to evaluate if/how system meets users' needs 	DSD, DCS, MOH	<ul style="list-style-type: none"> -MIS developer -Workshops 	GoK Partners
Thematic area 6: Resource mobilisation						





	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
6.1	Resource mobilisation strategy and plan developed	-Resource mobilisation strategy and plan -No. of trained staff on resource mobilisation	-Multi-sectoral consultative workshops to develop strategy -Staff capacity strengthening on resource mobilisation	DSD, NPPP Technical Advisory Committee	-Workshop costs	GoK Partners
6.2	Communications and branding strategy developed	-Communications and branding strategy	-Identify communications and branding specialist to spearhead strategy development -Develop website and social media platforms -Identify and recruit influential champions and advocates (e.g., the First Lady)	SDSP, DSD, NPPP Technical Advisory Committee	-Communications and branding specialist -IEC costs - incl. social media, mainstream, print and electronic	GoK Partners
6.3	Costing model for NPPP	-Costing model	-Review existing DCS costing models -Recruit public costing consultant-Develop costing model, build on existing models	DSD NCCS DCS MoH	-Public costing consultant -Workshops	GOK Partners
6.4	Costed NPPP annual work plans developed	-Costed work plan	-Prepare costed annual work plan for Y1-5 aligned to NPPP implementation plan & annual available resources for	DSD Partners	-Public costing consultant -Workshops	GoK Partners





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Medium-term: Y3-Y4 (2025 – 2026)

Thematic area 1: Legal, policy, and administrative framework						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
1.1	National Family Promotion and Protection Policy implemented	No. of sensitisation fora No. of stakeholders No. of Copies disseminated No of thematic areas implemented	Lobby with relevant stakeholders Awareness creation / sensitisation Dissemination of policy Training programmes development	DSD, partners	Printing Dissemination Awareness Creation	GoK Partners
1.2	Continued advocacy for adaptations to laws which complement the NPPP	No. of advocacy engagements	Advocate for the review of Succession Management Act, Matrimonial Property Act and Breastfeeding Bills to ensure alignment with positive parenting guiding principles	DSD, DCS, MoH, NCCS, Judiciary, State Law Office	Advocacy	GoK Partners
Thematic area 2: Delivery						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
2.1	NPPP scaled to 10 new counties (prioritised based on existing data, and aligned with Care	No. of counties where NPPP is operational No. of parents/caregivers reached	Counties assessed for need and prioritised Priority County sensitisation and buy-in meetings	DSD, CoG, delivery partners	Sensitization Awareness creation Training materials Trainers	GoK, partners





	Reform Strategy rollout), reaching 2,000 parents/caregivers per county		Priority sub-county sensitisation meetings (see NPPTM Implementation Guide) Preparation as per NPPTM Implementation Guide			
NPTP Manual						
2.2	NPPTM key messages incorporated into CSR/wellness activities for private sector	No. of private organisations hosting NPPP sensitisation engagements No. of individuals reached with key messages in workplace settings	Identify priority sectors Sensitization meetings Awareness creation Media engagement	DSD Private sector	Meetings Awareness Media	GoK Partners
2.3	Continue mainstreaming / layering NPPP into other strategic programmes (BWC, ECD, nurturing care)	No. of programmes NPPP mainstreamed into	Sensitisation meetings and trainings to guide on how to mainstream and layer parenting groups into existing multi-sectoral services	DSD, DCS, MoH, MoE, County Governments	Sensitization Awareness creation Training materials Trainers	GoK Partners
2.4	Male engagement strategy operationalised	No. of male participants in parenting groups	Roll out strategy and further contextualise to areas of operation Sensitization of male involvement in parenting Awareness creation about the NPPP	All NPPP implementing actors	Sensitization Awareness creation Incentives	GoK Partners





2.5	E-content operationalised	No. of people accessing e-content	Upload e-content to publicly available platform/s	SDSP-ICT Communication Authority of Kenya	Website hosting and maintenance	GoK Partners
SBCC						
2.6	National Social Behaviour Change Strategy operationalised	No. of people reached via SBCC No. of copies of SBCC Strategy disseminated	Disseminate positive parenting key messages as per the channels outlined in the SBCC strategy	All NPPP implementing actors	IEC expenses (social media, TV, radio, print media, etc.)	GoK Partners
Specialised / therapeutic adaptations						
2.7	Adaptations for parents/caregivers of children with disability/ies and adolescent parents/caregivers operationalised	No. of parents/caregivers of CWD supported No. of adolescent parents supported	Implementation as per NPPTP implementation guide	All NPPP implementing partners	Trainings Workshops	GoK Partners
2.8	Universal design of manual and key messages (e.g., audiobook, braille) for parents/caregivers with disabilities	No. of adaptations	Consultative meetings with parents/caregivers with disabilities Recruit translators	NCPWD, DSD, DCS, KISE	Meetings, Translators	GoK Partners
Thematic area 3: Collaboration, coordination, linkages, and networking						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source





		SOP for NPPP referrals	committees at sub-county & community levels			
		No. of SOP for referrals developed and adopted	Development and adoption of NPPP SoPs for community referrals			
3.3	County and Sub-county level coordination committees established and capacity strengthened	No. of functional County Coordination Committees No. of capacity building / trainings for committees No. of reports / minutes	Quarterly County Coordination meetings Monthly Sub-County Coordination Committees Capacity needs assessment Training on capacity building gaps	DSD at National and County level & partners	Trainings, Meetings, Committee	GoK Partners
Thematic area 4: Workforce planning, investment, capacity strengthening, and support						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
4.1	Workforce numbers increased	No. of delivery agents trained No. of supervisors trained No. of SDOs trained No. of COs trained	Identify, recruit, induct, on-board new delivery agents, supervisors, NPPP coordinators Map and secure workforce related funding	DSD, DCS, MoH, partners	Recruitment Salaries Stipends	GoK Partners





4. 2	Workforce capacity enhanced	No. of delivery agents and supervisors graduated from training No. of supportive supervision sessions for delivery agents No. of performance appraisals and performance improvement plans developed	Continued training and refresher training of new and existing National master trainers Continued training and refresher training of new and existing delivery agents and supervisors Continued supportive supervision to delivery agents and peer-to-peer learning Capture and document learnings of best practices and share among delivery agents and supervisors Performance appraisals	DSD, DCS, MoH, partners	Trainings Supportive supervision	GoK Partners
4. 3	Guidelines for Lay Volunteer Counsellors updated and LVCs trained	Updated LVC guidelines No. of LVCs trained	Consultative meetings with existing LVCs Review and update Guidelines for LVCs Train LVCs on updated Guidelines	DSD	Meetings Workshops Trainings LVC facilitation to attend training	GoK Partners
4. 4	Workforce retained	No. of delivery agents and supervisors supported No. of delivery agents and supervisors retained	Facilitate provision of stipends, incentives, and required materials/tools (e.g., ID) to deliver NPPP	DSD, partners	Incentives Stipends Materials/tools	GoK Partners





Thematic area 5: Monitoring, evaluation, learning and reporting						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
5.1	MEL framework and plan implemented	No. of organisations utilising MEL tools monitoring reports submitted monitoring reports used by coordination mechanisms	Continued sensitisation and technical support to partners to use MEL framework and plan	DSD, NPPP Technical Advisory Committee	Sensitisation and trainings	GoK Partners
5.2	Mid-term evaluation report completed	Mid-term evaluation report Mid-term reporting completed	Recruit evaluation consultant to spearhead mid-term evaluation	DSD, NPPP Technical Advisory Committee	Independent evaluation consultant	GoK Partners
5.3	State of the Family report includes Positive Parenting indicators	Parenting indicators included in State of the Family Report	Soft data collection design, analysis to include positive parenting content	DSD	Independent research consultant Data collectors	GoK Partners
5.3	NPPTP module in the CDMIS operationalised	NPPP module	pre-test and update the database Data in CDMIS is securely stored, regularly updated, analysed and used to inform decision making	DSD ICT, IMS specialist,	IMS specialist	GoK Partners
5.4	Sharing of evidence and learning continues	No. of participants at learning activities No. of reports from learning activities	Conduct sharing and learning activities	DSD, DCS NPPP Technical Advisory Committee	Workshops	GoK Partners





5.5	Use baseline report findings to inform decision making and prioritise Counties for scaling up (aligning where possible with Care Reform Strategy roll-out)	No. of prioritised counties and categories of vulnerabilities	Meetings to review and understand baseline report, to support appropriate prioritisation of counties for scale	DSD, DCS, NCCS, National Care Reform TWG	meeting costs	GoK Partners
5.6	Execution of research framework	Approval of research ethics (NACOSTI) Outcome evaluation study report	Source critical research consultant, data analysis of baseline data	DSD and NACOSTI Kenya National Bureau of Statistics National Council for Population and Development Academia	Research staff costs analysis costs	GoK Partners
Thematic area 6: Resource mobilisation						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
6.1	Approved concept note (for national treasury and prospective partners), including success stories	No. of concept notes approved by Treasury No. of prospective partners receive concept note Amount of external funding secured	Development of concept notes Present concept notes to National Treasury through MTEF process Meeting with donors to share success stories	DSD	Meetings	GoK Partners
6.2	Resource mobilisation plan implemented	No. of advocacy/ engagement with potential donors No. of new and repeat partners incl.	NPPP Technical Advisory Committee meetings Implementation meetings (i.e., meeting partners)	DSD, NPPP Technical Advisory Committee	Meetings Stakeholder Forum	GoK Partners





		resource organisations No. of joint programmes No. of new MoUs	Proposal writing			
6.3	County Governments committed to a joint programming	No. of county Governments committed to joint programming	County buy-in meetings, discussing types of partnerships Signing of new MoUs Include County Governments in parenting meeting at county and national level	DSD, CoG	Meetings Workshops	GoK Partners
6.4	Communication and branding strategy implemented	Engagements with social media posts Champions/advocates active No. of copies disseminated Social media platforms established	Communication and branding strategy implemented Dissemination of communication and branding strategy with key partners Champions / advocates identified / recruited Ongoing communication activities implemented	DSD, NPPP Technical Advisory Committee	Meetings IEC / social media materials Workshops	GoK Partners
6.5	Adequate and sustainable GoK financing secured	GoK Treasury allocation to NPPP No. of Lobby Meetings	Requests made by DSD and DCS to treasury Lobby the Parliamentary Social Welfare Committee budgetary allocation	DSD and DCS planning	Meetings Workshops	GoK Partners





6.6	Adequate and sustainable partner financing secured	Catalogue of prospective partners including areas of interest No. of concept notes submitted No. of MoUs signed with funding partners Amount of funding secured	Promote NPPP on international day of the family Map prospective partners Media engagement Identify 'resource champions' Stakeholder, roundtable, consultative, and pitch meetings (including with private sector) Concept note drafting and submission Secure buy in from potential partners	DSD, Finance, NPPP Technical Advisory Committee	Consultative meetings Consultant fees	GoK Partners
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Long-term: Y5 (2027)

Thematic area 1: Legal, policy, and administrative framework						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
1.1	Reviewed policies and guidelines	Number of policies and Guidelines reviewed	Review policies and Guideline associated with NPPP implementation	DSD Stakeholders National Technical Advisory Committee	Workshops Stakeholder engagements Validation forums	GoK Partners
Thematic area 2: Delivery						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
2.1	NPPP scaled up to new Counties (prioritised based on	No. of Counties where NPPP is operational	Training, support, Roll out activities	DSD, DCS, MoH, partners	NPPTP implementation costs	GoK Partners





	existing data and aligning with Care Reform Strategy where possible), reaching 2,000 parents/caregivers per County	No. of parents/caregivers reached	Implementation of NPPTP			
2.2	NPPP documents updated (based on evidence built over first five years of implementation)	No. of NPPP documents updated	Collate and analyse existing data Update NPPP Guidelines Update NPPTP Manual and any adaptations Update NPPTP Implementation Guide Update NPPTP facilitator training packages Update Social Behaviour Change Strategy	DSD, partners	Review & analysis Printing Dissemination	GoK Partners
NPPTP Manual						
2.3	NPPTP integrated into higher learning institutional courses on community development, social development family studies, etc.	No. of higher learning institutions providing positive parenting content aligned to NPPP	Advocacy with higher education institutions for integration of NPPTP Development & review of academic courses to	DSD, Public and Private higher learning institutions	Advocacy meetings, Workshops	DSD, public and private higher learning institutions, partners





			incorporate NPPP			
SBCC						
2.4	Mainstream media channels and community-based in-person platforms regularly airing / disseminating positive parenting key messages, for continued advocacy and positive behaviour change	No. of contracts secured No. of key messages being aired per channel per quarter No. of individuals reached	Script key messages Secure contracts	DSD, media houses	Media engagement	GoK Partners
Thematic area 3: Collaboration, coordination, linkages, and networking						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
3.1	Strengthened collaboration (new and existing stakeholders)	No. of stakeholder forums	Hold stakeholder forums	DSD Partners	Stakeholder meetings Forums	GoK Partners
3.2	Directorate of Family Promotion and Protection established	Approved Cabinet memo Reviewed organisation and institutional structure	Development of Cabinet memo to establish NPP directorate / department Review the organisation and Institutional Structure of SDSP&SCA	SDSP DSD	Meetings Workshops	GoK Partners
Thematic area 4: Workforce planning, investment, capacity strengthening, and support						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source





4.1	Facilitator and supervisor training packages updated based on evidence built over first five years of implementation (and to align with any changes made to NPPP Guidelines, NPPTP Manual, and NPPTP Implementation Guide)	Number of Facilitator and Supervisor Training Packages updated	Collate and analyse existing workforce related data Update facilitator and supervisor training packages	DSD, DCS, NCCS, MoH, MoE, NCPWD, partners	Meetings Workshops	GoK Partners
4.2	Workforce capacity enhanced	No. of trainings and refresher trainings No. of trainees No. of Counties No. of supportive supervision sessions No. of facilitators received supportive supervision No. of facilitators participated in peer-to-peer learning	Continued training and refresher training of new and existing national master trainers Continued training and refresher training of new and existing delivery agents and supervisors Continued supportive supervision to delivery agents and peer-to-peer learning	DSD, DCS, MoH, MoE, partners	Training costs Meetings Workshops	GoK Partners
4.3	Government NPPP staffing structure operationalised	No. of recruited staff No. of NPPP-related vacancies	Recruitment, induction, on-boarding of all required NPPP-related Government	DSD, DCS, relevant MDAs, Public Service	Vacancies advertisement Salaries & stipends	GoK Partners





			staffing positions	Commission		
Thematic area 5: Monitoring, evaluation, learning and reporting						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
5.1	MEL framework and plan implemented and reviewed	No. of monitoring and evaluation reports No. of monitoring visits Number of MEL tools reviewed	Conduct Monitoring and evaluation visits Review MEL tools	DSD, Planning unit, DCS	Meetings Workshops Monitoring visits	GoK Partners
5.2	Positive parenting indicators included in State of the Family Report	State of the Family report with Positive Parenting indicators	Soft data collection design, analysis to include positive parenting content	DSD	Independent research consultants Data enumerators	GoK Partners
5.3	End line evaluation completed	End line evaluation report	carry out endline evaluation	DSD, KNBS, NCPD, Academia	Evaluation team costs Data collection costs	GoK Partners
5.4	CDMIS fully operational and integrated with other existing MIS	CDMIS available	Operationalize the CDMIS dashboard of national standard indicators Automatic data analysis and extraction capabilities, for automated reporting	DSD, DCS, MoH, MoE, Partners	MIS developer	GoK Partners
5.5	National Positive Parenting Conference held	Conference report List of participants attendance	Organise the National Positive Parenting Conference Document the scaling	DSD, DCS, relevant MDAs, NPPP implementing partners, National	Conference costs	GoK Partners





			process and other positive parenting evidence for dissemination during conference (documentaries, articles, other publications)	Technical Advisory Committee		
5.6	Scale up plan developed	Scale up plan available	Conduct multi-sectoral consultative processes to plan for 10-year national scale up	DSD	Workshops	GoK Partners
Thematic area 6: Resource mobilisation						
	Target output	Indicators	Key activities	Responsible (lead + collab)	Required budget inputs	Budget source
6.1	Adequate budgetary allocation for implementation of NPPP programmes and activities	Budget line for NPPP programmes and activities	Budgeting for NPPP activities within DSD budget vote head	SDSP, DSD	Meetings cost Workshops cost	GoK Partners
6.2	Costed annual work plan reviewed	costed annual work plan	Review of costed annual work plan	DSD, DCS, Partners	workshop costs	GoK Partners
6.3	Resource Mobilisation strategy reviewed	resource mobilisation strategy	Review of resource mobilisation strategy	DSD, NPPP Technical Advisory Committee	Meetings Costs Workshops costs	GoK Partners
6.4	Updated communication and branding strategy (with new success stories)	communication strategy	Document and update communication strategy with new success stories	DSD, NPPP Technical Advisory Committee	Meeting costs Workshop costs	GoK Partners
6.5	Updated partner/donor mapping catalogue	Partner mapping catalogue	Review and update existing partner /	DSD, NPPP Technical Advisory Committee	Meeting costs Workshop costs	GoK Partners





			donor mapping catalogue			
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ANNEX 2: TECHNICAL WORKING GROUP MEMBERS

The members who participated in development of the National Positive Parenting Programme include the following;

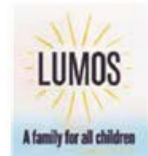
No.	NAME	ORGANIZATION
1.	Nicholas Kitua	State Department for Social Protection and Senior Citizen Affairs (Central Planning Projects & Monitoring Department)
2.	Mary Thiong'o	State Department for Social Protection and Senior Citizens affairs(National Council for Children's Services)
3.	Peter Kabuagi	State Department for Social Protection and Senior Citizens affairs (Directorate of Children's Services)
4.	Grace Ngugi	Kenya Institute of Curriculum Development
5.	George Wanyonyi	National Gender and Equality Commission
6.	Dr. Caroline Mwangi	Ministry of Health(Family Division)
7.	Naomi Anyango	Ministry of Health(Department of Mental Health)
8.	Caroline Odandi	Council of Governors
9.	Grace Mwangi	LUMOS Foundation
10.	Beatrice Ogutu	Investing in Children and their societies
11.	Henry Bineah	SOS Children's Services Kenya
12.	Alex Kariuki	World Vision
13.	Yoko Kobayashi	UNICEF Kenya
14.	Dr. Stanley Mukolwe	The Navigators
15.	Raymond Mutura	Strathmore University
16.	Simon Mbevi	Transform Nations
17.	Fr. Joseph Mutie	Inter-religious Council of Kenya
18.	Sujata Kotamraju	Hindu council of Kenya
19.	Elizabeth Ngami	Kenya Conference of Catholic Bishops





20.	Sheikh Yusuf Nasur	Supreme Council of Kenya Muslims
21.	Job Arani	National Parents Association
22.	Irene Wali	Save the Children
23.	Rev. Obwanda	National Council of Churches of Kenya
24.	Bishop Oginde	Evangelical Alliance of Kenya
25.	Fidelis Muthoni	Changing the way we care
26.	Dr. Lina Digolo	Prevention Collaborative
27.	Mr. Lissel Mogaka	Directorate of Social Development(Secretariat)
28.	Grace Kenduiywa	Directorate of Social Development(Secretariat)
29.	Jane Ongachi	Directorate of Social Development(Secretariat)
30.	Jacinta Mwende	Directorate of Social Development(Secretariat)
31.	Mercy Kuria	Directorate of Social Development(Secretariat)
32.	Mary Mordecai	Directorate of Social Development(Secretariat)
33.	Diana Mageria	Directorate of Social Development(Secretariat)
34.	Isaac Nyagaka	Directorate of Social Development(Secretariat)
35.	Geofrey Yegon	Directorate of Social Development(Secretariat)
36.	Christopher Muriithi	Directorate of Social Development(Secretariat)
37.	Brian Chepchieng	Directorate of Social Development
37.	Josiah Munyua	State Department for Social Protection and Senior Citizens Affairs (Central Planning Projects & Monitoring Department)
38.	George Muhoro	State Department for Social Protection and Senior Citizens affairs-Information and Communication Technology
39.	Odhiambo M. Omondi	Ministry of Labour & Social Protection-Public Communications Unit





MINISTRY OF LABOUR AND SOCIAL PROTECTION

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