



KAFAALAH DATA COLLECTION REPORT

Informal Kafaalah Alternative Family
Care Practice in Kilifi County

OCTOBER 27-29, 2021



MacArthur
Foundation

Changing
THE WAY WE
care

Abbreviations

CCI	Charitable Children Institutions
CICC	Coast Interfaith Council of Clerics Trust
CPV	Child Protection Volunteer
CRC	Convention on the Rights of the Child
CTWWC	Changing the Way We Care
DCS	Directorate of Children Services
NCCS	National Council for Children Services
UNICEF UNCRC	United Nations Children's Fund United Nations Convention on the Rights of the Child

Cover: Members of the Kafaalah steering committee in Kisumu County, Kenya (pictured above) hold a meeting to discuss their roles in the community.

Photo by Felix Boyd for Catholic Relief Services.

Executive Summary

Kafaalah is defined as, “the commitment to voluntarily take care of the maintenance, health, education and protection of a child in the same way a parent would.” This type of care arrangement does not sever biological family bonds or alter descent lines for the sponsor family. Kafaalah is an Islamic mode of alternative child care in which a person or family voluntarily commits himself/herself to sponsor and care for an orphan or any other child deprived of family care. This form of care is recognized in the United Nations Convention on the Rights of the Child (UNCRC), Article 20.

This data collection exercise was commissioned to assess the different types of Kafaalah care arrangements practiced by families and communities in Kilifi. It affirms that Kafaalah is a widely known and practiced form of care among the Muslim community in Kilifi County, Kenya. Over the years, Kenyan coastal communities have kept strong familial and communal ties that protect and care for children. Their traditional cultures and values placed high value on caring for children within the community. Islam was the first foreign religion introduced to East Africa with the migration of Arab immigrants from the Middle East around the 8th Century. The traditions of the coastal communities were amplified by Muslim teachings and laws, which place a moral obligation for its faithful to care for and provide for the welfare of orphans and needy children. However, socio-economic challenges, accompanied by tourism culture and volunteerism, amongst other factors, have negatively affected family unity and communal support for children without parental care. These factors enhanced Kilifi County’s over-reliance on institutions as a form of care for boys and girls.

The *Kenyan Children’s Act* (2001), the main legal framework on child protection and welfare, does not explicitly reference Kafaalah as a form of alternative care for children. The government of Kenya took a big step to recognize Kafaalah as a care practice in the *Guidelines for Alternative Family Care for Children in Kenya* (2014). However, there were no additional policies put in place to implement and monitor the wellbeing of children placed in Kafaalah.

This data collection exercise sought to understand the extent to which Kafaalah is known as a practice in Kilifi County by communities, the types of Kafaalah care being practiced, reasons for placement of children in Kafaalah and the support provided for children placed in Kafaalah.

The data was collected in 16 wards from Kilifi North, Kilifi South, Magarini and Malindi sub-counties. The study found that communities, especially practicing Muslims, are aware of Kafaalah as an alternative care option.

The data shows that women are more likely to sponsor children than men. A majority of children placed in Kafaalah are between the ages of 11 and 16 years of age. Furthermore, many children placed in Kafaalah continue to reside with the sponsors after they have attained the age of 18 years (adulthood). A kinship Kafaalah care system is the most common type of Kafaalah practiced, followed by guardianship and financial Kafaalah care.

These findings showcase that there are inherent strengths and risks within Kafaalah as a form of alternative care for children. It is crucial to build upon the strengths and resilience of children and their sponsors to ensure children live in a safe and nurturing family environment. Care reform actors can build upon the strengths identified in this report to advocate for family-based care options, including Kafaalah, and eliminate children’s entry into institutions.

It is recommended that Kafaalah be formalized as an alternative care practice in Kenya by revising and including the *Children’s Bill* as an official form of alternative care. Furthermore, the community social workforce needs to be trained to support the Muslim community to reinforce this form of care and link families to available social safety nets. There is a need to further explore the positive and negative experiences of children and sponsors in Kafaalah. Finally, the government, with support from other key stakeholders working in the community, should work with families to develop and implement a permanency plan for children placed in this form of care and regularly monitor and report on the children and families’ progress.

Introduction

Kafaalah is the commitment by a person or family to voluntarily sponsor and care for an orphaned, abandoned or vulnerable child. The individual (**Kafiil/Kafiilah**) sponsors the child's (**Makful/Makfula**) basic needs of health, education, protection and maintenance. Kafaalah is recognized in Article 20 of the *United Nations Convention on the Rights of the Child (CRC)*, the *Guidelines for the Alternative Care of Children* and Kenya's *Guidelines for the Alternative Family Care of Children in Kenya* (2014).

The Qur'an establishes that caring for vulnerable children is a vital component of a faithful life. Under Islam, adoption is seen as a sin and is prohibited to its congregants. Unlike adoption, Kafaalah does not sever the ties between the biological parents and the child. This is due to strong beliefs about maintaining familial relations. Therefore, the child who is taken in is not entitled to the Kafiil's family name or inheritance.

According to the *Kenya Population and Housing Census* (2019), Kilifi County has a population of 1,453,787 people with 297,990 households, out of which 17.7% are practicing Muslims. The *Situational Analysis* report also shows that 1,706 children are cared for in institutions in Kilifi County.

In Kenya, the responsibility of caring for children without parental care often falls on the extended family. This is also a common practice for the Muslim communities in Kilifi County. This system is, however, under threat due to weakening family and communal ties and the increasing economic pressures that were amplified by the COVID-19 crisis. During learning sessions with Muslim leaders, it was apparent that Kafaalah care is prevalent in their communities. Despite its prevalence, this type of care is not generally recognized by legal and regulatory frameworks. Currently, the practice is not documented or regulated by any government authority in Kenya. Furthermore, there is a lack of research and documentation relating to Kafaalah care practice. In some instances, the families involve the Mosque, but in other instances, the families come to agreement without the involvement of any religious authority.

Between July and September 2021, Changing the Way We Care (CTWWC) Kenya collaborated with the National Council for Children Services (NCCS), the Directorate of Children Services (DCS) and the United Nations Children's Fund (UNICEF) in Kilifi County and held a series of learning, orientation and consultation forums with Muslim leaders on Kafaalah practice in Kilifi. The Muslim leaders, including Sheikhs, Ustadh and Ustadhats, shared that Kafaalah is practiced in communities but is not formally recognized by the government. The partners, with leadership from DCS and the judiciary (Kadhi court), trained the Muslim leaders on data collection tools and organized an exercise to gather data on existing Kafaalah practices. The information and findings from the exercise will be utilized to inform ongoing development of Kafaalah family care guidelines and standard operating procedures. The findings and recommendations will be used to develop national- and county-level policy and practice recommendations to prevent separation of children from their families and advocate for Kafaalah alternative family care practice.

Scope of the Data Collection Exercise

The data collection exercise was carried out in Kilifi County - the coastal region of Kenya - and focused on four sub-counties: Kilifi North, Kilifi South, Malindi and Magarini. The target population came from a total of 16 wards from the four sub-counties, as indicated in the table below.

Table 1: Distribution of Children in Kafaalah Arrangements Per Sub-County and Ward

Sub-County/Ward	No. of Children in Kafaalah Care
Magarini	64
Gongoni	23
Magarini	35
Mambrui	6
Malindi	121
Ganda	22
Kakuyuni	23
Malindi Town	4
Shella	68
Kilifi North	84
Kibarani	12
Matsangoni	25
Mnarani	15
Mtangoni	1
Matsangoni	4
Sokoni	27
Kilifi South	57
Junju	4
Mtepeni	45
Shimo la tewa	8
Grand Total	326

Data Collection Objectives

Objectives of the Kafaalah data collection exercise included:

1. Provide an overview of Kafaalah in practice as an alternative family care option in the context of care reform.
2. Identify key actors (both children and caregivers) involved in Kafaalah care arrangements, current status of the practice in Kilifi and existing best practices, gaps and recommendations.
3. Use data collection findings to inform policy and practice recommendations on Kafaalah as a formal alternative family care practice in Kenya.

Methodology

The exercise adopted a mixed method approach using quantitative (survey form) and qualitative tools (observation and photography (where applicable)). Ten Muslim leaders (both men and women) were trained and acted as researchers and transcribers. The data entry process was conducted by four data clerks from the DCS. The exercise drew upon recent sensitizations by Muslim leaders and community feedback where local congregants identified themselves as beneficiaries/practitioners of Kafaalah.

Data Collection Tools

Two instruments were utilized to collect quantitative data from the families practicing Kafaalah: (1) a structured form (i.e., Kafaalah registration form for existing Kafaalah cases) and (2) a consent form.

The Kafaalah registration forms were administered to each of the respondents (Kafiil/Kafilah) and collected information about the family, the number and profiles of children and sponsors residing in the family under Kafaalah practice, reasons for placement in Kafaalah, duration of stay in the family and support offered to the child/children. The consent forms were administered to each respondent to seek permission to provide information about their family and Kafaalah practice situation.

Sampling

All 192 sponsors practicing Kafaalah in the 16 wards where the religious leaders reside were targeted for quantitative data collection. DCS child protection volunteers and officers at the sub-county level worked closely with religious leaders to generate a list of families known to be practicing Kafaalah in the four sub-counties of Kilifi North, Kilifi South, Malindi and Magarini. New families were discovered during the data collection process through snowball sampling and were added to the list.

The forms were administered to the Kafil responsible for care, protection and maintenance of the children in Kafaalah. However, the data collectors interacted directly with some children where applicable and triangulated the information provided by the sponsors/Kafiils.

Data Collection Process

ORIENTATION OF MUSLIM LEADERS AND CHILD PROTECTION VOLUNTEERS AS DATA ENUMERATORS

The documentation and learning exercise began with a virtual orientation session for Muslim leaders, facilitated by the DCS, the Kadhi court and CTWWC. In this meeting, the Muslim leaders representing four sub-counties in Kilifi County shared their experiences and understanding of Kafaalah. They confirmed that there are existing cases of children placed in this form of care and requested the organizers' support in collecting this information. In July 2021, the partners organized a two-day ideation workshop between DCS, Muslim clerics, the Kadhi court and CTWWC, whereby 15 Muslim leaders were oriented on the practice based on the legal framework. Subsequently, 22 additional Muslim women leaders were oriented on the practice by the initiative. A steering committee was formed with representation of male and female Muslim leaders, DCS, CTWWC and UNICEF. Subsequently, the Muslim leaders were oriented on the data collection tools, process and expected deliverables in September 2021. The exercise was conducted concurrently with other activities in the Steering Committee Plan such as continuous sensitization of community members and key stakeholders (e.g., Imams, kafiil, and Mosque committee

members) in the respective sub-counties.

The first part of data entry and cleaning was conducted by four data clerks from the DCS and supervised by the CTWWC team. The timeline of the data collection process is as shown below:

DATA COLLECTION PROCESS

- **May 2021:** The documentation and learning exercise began with a virtual orientation session for Muslim leaders, facilitated by the DCS, Kadhi court and CTWWC.
- **July 2021:** A two-day physical workshop between DCS, Muslim clerics, the Kadhi court and CTWWC was held in July whereby 15 Muslim leaders were oriented on the practice based on the legal framework.
- **September 7-8, 2021:** An additional 22 Muslim women leaders were oriented on the practice by the initiative.
- **September 9, 2021:** First steering committee meeting with representation of male and female Muslim leaders, DCS, CTWWC and UNICEF. Priority activities were discussed, including data collection.
- **September 15, 2021:** Development of first draft of Kafaalah Guidelines.
- **September 23, 2021:** Orientation of 15 Muslim leaders on the data collection process, protocols and tools.
- **October 25, 2021:** Formal request to Kilifi County Commissioner informing him of the planned data collection and seeking approval from his office.
- **July-October 2021:** Muslim communities sensitized in Mosques about Kafaalah.
- **October 27-29, 2021:** Half-day refresher sensitization on data collection tools.
- Additional information about the data collection process:
 - The data collection process took place in 16 wards from the four sub-counties of Kilifi North, Kilifi South, Magarini and Malindi.
 - It utilized data collection tools and protocols from the draft Alternative Family Care Standard Operating Procedures developed by the NCCS.
 - The exercise involved 10 (six male and four female) religious leaders (Imams, Ustadhs, Sheikhs and Ustadhats) as data collectors and documenters, and DCS child protection volunteers as data clerks.

- A total of 192 (54 male and 138 female) respondents/families were interviewed and information was gathered.
- The DCS, with support from CTWWC (through Catholic Relief Services) and local implementing partners Coast Interfaith Council of Clerics (CICC) Trust and Kesho Kenya, provided technical supervision during the process. UNICEF supported the exercise by facilitating the data collectors and enumerators with transport and other logistics.

DATA ENTRY AND ANALYSIS

The data collectors took detailed notes, which were later transcribed into standard template forms. Data cleaning occurred before the data entry process. CTWWC and local implementing partners, Kesho Kenya and CICC Trust staff, reviewed the filled forms and verified data with religious leaders before they were gathered for entry. Submitted data in the filled forms were exported to a Microsoft Excel spreadsheet by child protection volunteers who were sensitized as data enumerators.

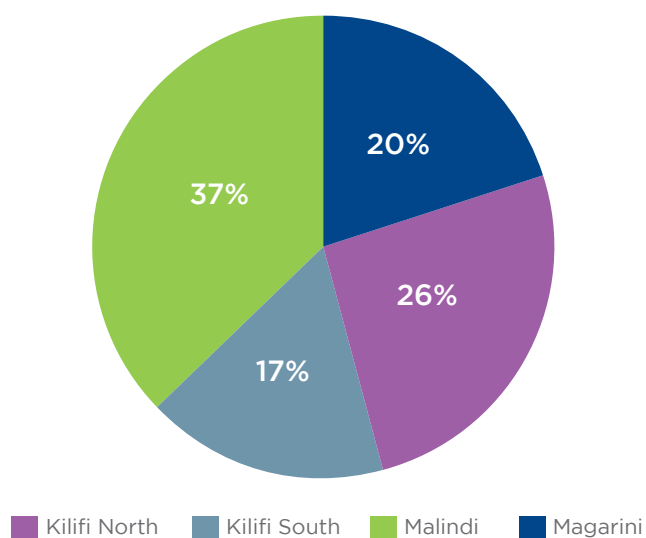
Key Findings

In October 2021, 10 (six male and four female) Muslim leaders embarked on the collection of data from 16 wards in the four sub-counties of Kilifi North, Kilifi South, Magarini and Malindi. A total of 192 (54 male and 138 female) respondents/sponsors supporting 418 (216 male and 202 female) children were interviewed. For three days, the teams were provided with a target of 100 families practicing Kafaalah, but they surpassed these numbers after finding more eligible respondents.

DISTRIBUTION OF CHILDREN PLACED IN KAFALAH

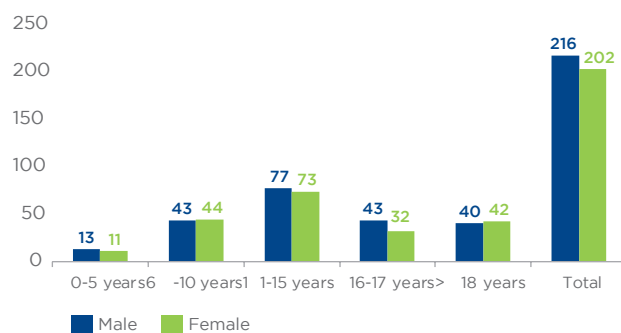
Malindi and Kilifi North sub-counties reported the highest number of children placed in Kafaalah, with 37% and 26% of all children coming from these two sub-counties, respectively. Magarini followed with 20% of the children while Kilifi South reported the least number of children with 17% of the 418 children.

Distribution of Children in Kafaalah per Sub-County



COMPARISON OF AGE AND SEX DISTRIBUTION OF CHILDREN IN KAFALAH

Out of the 418 children in Kafaalah care arrangements, 52% were male and 42% were female.

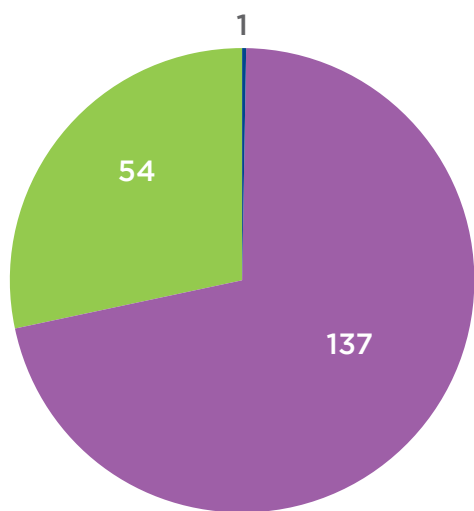


AVERAGE AGE OF CHILDREN IN KAFALAH

A majority of children in care were between 11-15 years of age, followed by 6-10-year olds and children over 18 years. It is important to note that all children over 18 years of age were still under the care of their sponsors.

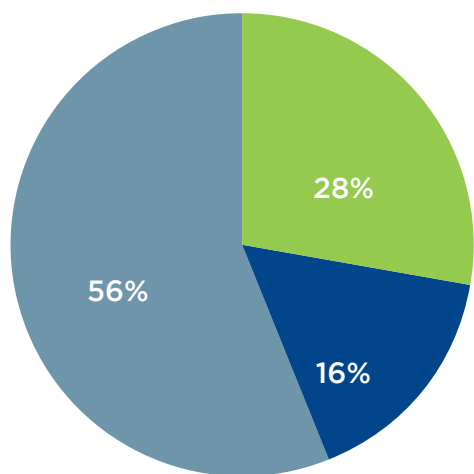
GENDER AND AGE DISTRIBUTION OF SPONSORS (KAFIILS/KAFILAH)

- A majority of Kafiil are women, with 71% of total sponsors being women, 28% being men and 1% of the sponsors institutional (i.e., Malindi Islamic Centre of Orphans, which provides support to orphaned children while they remain in the family/community).
- The average age of a sponsor was found to be 46 years, with the oldest being 86 and the youngest 21.



Female Male Other-Institution

MARITAL STATUS OF SPONSORS



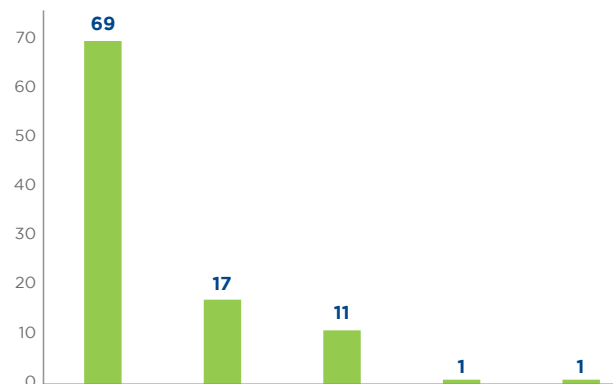
Married Widowed Single

STAKEHOLDERS INVOLVEMENT IN KAFALAH CARE ARRANGEMENT PROCESS

The care arrangement is traditionally discussed and determined by family members or community elders, and in some instances, there is involvement from respective Mosque committee members. Often, there is no involvement of the DCS or external authorities in the care arrangement process. From all respondents, none had reported or registered themselves as Kafiils/Kafilah with the DCS.

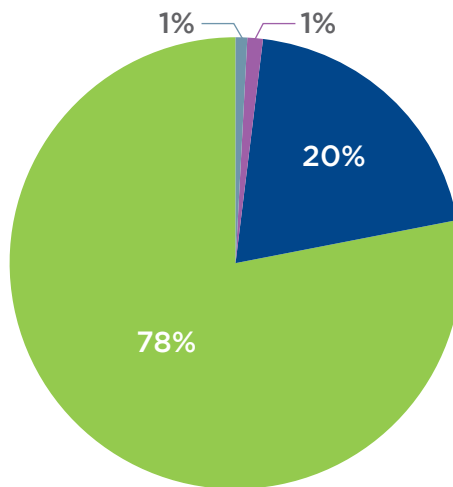
REASONS FOR PLACEMENT IN KAFALAH

A majority (69%) of the children placed in Kafaalah are placed due to the death of one parent (mostly a father), 11% due to total orphanhood and 20% due to terminal illness.



TYPES OF KAFALAH CARE ARRANGEMENTS

A majority of the Kafaalah care arrangements are familial, with kinship Kafaalah taking the lead with 78%, followed by Guardianship Kafaalah at 21% and Financial and Institutional Kafaalah at 1%, respectively.



Financial Kafala Guardianship Kafala Kinship Kafala Institutional Kafala

Conclusion and Recommendations

This data collection exercise confirms that Kafaalah is a widely practiced form of alternative care in the Kilifi Muslim community. Muslim community members are aware of the practice. The Islamic religion places high value and moral obligation to its Muslim congregants to practice Kafaalah and keep familial and religious identities alive.

The exercise found that there are positive outcomes for children living in Kafaalah. Children without parental care are placed in Kafaalah arrangements where they have access to health, protection and education and have their basic needs met. Furthermore, these children are accorded a home where they can feel a sense of belonging while still maintaining biological familial ties.

It is crucial to build upon the strengths and resilience of children and caregivers in Kafaalah care and to reduce the risks they face. There is a need to focus on some of the strengths identified in these types of arrangements, such as institutions sponsoring a child to be placed in a family rather than in residential care. These opportunities are crucial for strengthening and advocating for family-based care.

The data collection exercise noted some gaps in information available to communities about Kafaalah as a form of practice. Many religious leaders and their congregants were not aware of the details concerning this form of care prior to engagement with the DCS and its partners. For example, they were not aware that the DCS is expected to spearhead the case management of a child placed in this type of care. Further sensitizations and awareness for communities are critical to making this practice standardized. Sensitization and awareness-raising can occur through media, congregational messages and local administration meetings at the village level (*baraza*), amongst other ways.

It was noted that a majority of the sponsors are women over 40 years old who are either married or widowed. Many of the children maintain familial ties with their sponsors as a majority of the children are placed in a Kinship Kafaalah care system. This means that children have access to their names, language, identity and culture and most often are not separated from the communities where their biological parents raised them.

The data collection exercise noted that there is a need to reinforce family strengthening strategies, such as skillful parenting, economic strengthening and psychosocial support services to support families that are practicing Kafaalah. Linkages to ongoing social protection initiatives such as government cash transfer programs, county government bursaries and social safety net programs are also important to enable these families to provide a safe and nurturing environment for children to grow.

There are opportunities for organizations and individuals to promote family strengthening service models by sponsoring families who are taking care of children under Kafaalah care. One example of this type of arrangement was identified in Malindi Town through the Malindi Islamic Centre for Orphans, which provides financial support to Muslim families taking care of orphans. This is known as Institutional Kafaalah. Care reform actors led by the DCS can promote more residential institutions transforming to this form of community-based service model.

Finally, the government, through the NCCS and DCS, needs to create and mainstream community mechanisms for identifying, registering and matching children and sponsors in Kafaalah (e.g., working with the Mosque committee representatives to identify, place and monitor children and families in Kafaalah care). This will further improve community child protection mechanisms by linking the Muslim faith community with formal child protection structures in the area, such as the Area Advisory Council.

Some of the key learning concepts recommended for further exploration to inform policy and practice include:

- Social support mechanisms available for families practicing Kafaalah.
- Level of understanding of persons involved in care decisions for families practicing Kafaalah.
- Level of participation of children of different ages, genders and abilities in care decisions.
- Extent to which children with disabilities are placed in Kafaalah, and the type of support available and offered to these children and their families.
- Perceptions of biological families, children, sponsors and sponsors' family in Kafaalah care arrangements.
- Factors contributing to risks within different Kafaalah care options and how communities mitigate these risks.



Need to know more?

Contact Changing the Way We Care at, info@ctwwc.org
or visit changingthewaywecare.org



Changing the Way We Care™ (CTWWC) is implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are the Better Care Network and Faith to Action. CTWWC is funded in part by a Global Development Alliance of USAID, the MacArthur Foundation and the GHR Foundation.

This product is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Changing the Way We Care™ (CTWWC) and do not necessarily reflect the views of USAID or the United States Government.

©2023 Catholic Relief Services. All Rights Reserved. This material may not be reproduced, displayed, modified or distributed without the express prior written permission of the copyright holder. For permission, write to info@ctwwc.org. The photographs in this publication are used for illustrative purposes only; they do not imply any particular health, orphanhood, or residential care status on the part of any person who appears in the photographs. 21MK-328766M

Catholic Relief Services | 228 W. Lexington Street, Baltimore, MD, 21201, USA | crs.org | crspanol.org