



Kenya Learning Brief

Approaches for Replication of Kafaalah as an Alternative Family-Based Care Option in Kenya

Changing the Way We Care (CTWWC) is committed to promoting safe and nurturing family care for all children. The initiative works with the Kenyan national and county governments and non-government partners to promote the three core components of care reform as highlighted in Kenya’s [National Care Reform Strategy \(2022-2032\)](#): family strengthening/prevention of separation; expansion of family-based alternative care; and reintegration and transition of residential care facilities.

Alternative Family-Based Care in Kenya

In Kenya, there are a range of alternative family-based care options known as a “continuum of care” (figure 1), which includes kinship care, foster care, Kafaalah, guardianship, supported independent living and supported child-headed households. These models of care are detailed in the [Alternative Family-Based Care Standard Operating Procedures](#).

Kafaalah, an Islamic practice of caring for orphans and vulnerable children, is being formalized in Kenya to provide family-based care solutions. Since 2019, CTWWC has supported the Government of Kenya to formalize and regulate Kafaalah as a legal alternative care option for children within the Muslim family environment.

Figure 1: Continuum of care in Kenya



What We Have Learned About Kafaalah in Kenya

This learning brief draws on inputs from facilitated reflection sessions and dialogue with Kafaalah committee members, including representatives from the government (Department of Children’s Services) and Kadhis (Muslim spiritual leaders), and non-government partners.

Kafaalah is an Islamic alternative care practice wherein Muslim individuals or families voluntarily sponsor and care for orphaned, abandoned or vulnerable children.

The key focus of this brief is to outline the approaches replicating Kafaalah, determine optimal timing for introducing Kafaalah and other alternative family-based care models, and identify factors that hinder replication, highlighting the opportunities and lessons learned from replicating Kafaalah in Mombasa, Kilifi, and Kisumu counties of Kenya. The methodologies CTWWC used for gathering feedback included individual and group reflections using visual mapping, fishbone diagrams, and world café discussions.

Self-Reflection

Participants were requested to share their first reactions after being introduced to Kafaalah implementation in Kenya, indicating what they liked and what they feared. Highlights from these responses include:

- **Excitement:** Participants were excited and impressed that the government recognizes Kafaalah as a formal practice. Participants were happy that the government was taking initiatives to support children through Kafaalah.
- **Surprise and curiosity:** Some participants were unaware that the care practice they were already engaged in within their communities as guided by their Islamic faith, was similar to what the government was introducing as Kafaalah. Participants were curious about the differences between their existing practices and the formalized Kafaalah system introduced by the government.
- **Positive and supportive:** Many participants shared their excitement and relief that the government recognized the practice of Kafaalah. They also noted the unified approach of the government and Muslim community in promoting family care for children, including those with disabilities. One participant noted, *“Ilinipa Faraja”* or “I felt like a new dawn has come”.
- **Cultural and religious recognition:** Participants were happy that the government is adopting the “Muslim way” of practicing Kafaalah, noting that there were connections to Prophet Mohammed (Peace be upon Him) receiving similar care.

Overall, these reactions reflect a mix of emotions that highlight both the enthusiasm and uncertainty around key stakeholders’ introduction to Kafaalah. These valuable insights into community perceptions, concerns and expectations regarding Kafaalah implementation helped CTWWC identify areas where communication and education are needed and should be emphasized to ensure buy in and acceptance of the practice.

“I am a Madrassa teacher. When I saw the term Kafaalah in English, I could not relate to it. I became pleasantly surprised when I realized it was a direct translation from Arabic to Swahili. I practice and teach Kafaalah every day and emphasize its importance to my community. I feel proud that the government is considering the Muslim community by formalizing Kafaalah.”

Ustadh Fadhili Mwalolo - Kafaalah Committee Member

Group Reflections

Small group reflection sessions were organized and designed to explore the different strategies and approaches to Kafaalah implementation, challenges, opportunities and lessons they encountered over the years of implementing Kafaalah. Key findings of these sessions in terms of important strategies and lessons learn include:

- **Government Engagement:** Early involvement of the government was crucial for Kafaalah’s formal recognition and support. Collaboration with key institutions like the National Council for Children’s Services and the Kadhi Court integrated Kafaalah into Kenya’s child protection framework, streamlining policy development and evidence-building for scaling the model.
- **Strategic and Collaborative Partnerships:** Partnerships with organizations such as CTWWC, UNICEF, SOS Children’s Villages, and faith-based groups like Supreme Council of Kenyan Muslims (SUPKEM), the Council of Imams and Preachers of Kenya (CIPK) and the Coast Interfaith Council of Clerics Trust (CICC), played a key role in aligning Kafaalah with cultural values, enhancing acceptance, and operational capacity. This inclusive approach was essential for building trust and successfully scaling the model.
- **Inclusive and Functional Committees:** Kafaalah committees, with diverse representation including religious leaders, male and female religious leaders (Ustadh, Ustadhas, Sheikhs and Imams), community elders, and people with disabilities, ensured the model was inclusive and responsive to community needs.
- **Community Sensitization:** Sensitization efforts led by religious leaders through platforms like mosques and local radio were vital in demystifying Kafaalah, addressing misconceptions, and encouraging community participation. Sensitization sessions in mosques during Friday prayers, *madrassa*, and during religious events like *Maulid* and *darsa* were also very helpful in spreading key messages.
- **Documentation and Data Collection:** Systematic documentation and data collection provided valuable insights into Kafaalah’s application, helping refine policies and tailor interventions to community contexts.
- **Continuous Reflection and Improvement:** Regular feedback sessions during Kafaalah committee meetings and inter-county learning sessions between Kisumu, Mombasa, and Kilifi allowed for real-time adjustments, ensuring Kafaalah remained effective. These iterative sessions provided a platform to discuss challenges, share successes and refine strategies based on real-time experiences, ensuring that the model remained relevant and effective for children and families and the wider child protection system.
- **Visual and Media Engagement:** Visual aids and local media, particularly radio, were effective in promoting Kafaalah, expanding the reach of sensitization efforts.
- **Engagement of County Kafaalah Committee Members in Policy Development:** Involving religious leaders from County Kafaalah Committees in policy development ensured diverse perspectives were included, fostering collaborative policies that supported Kafaalah’s growth.

“The Kenyan experience highlights the need for substantial investments in relationship-building, time allocation and expertise to effectively promote Kafaalah as a formal alternative family care option. Building and maintaining relationships requires collaboration at various levels, particularly among religious leaders, state and non-state agencies, and within families and communities, with trust in Islamic leaders being crucial. A comprehensive timeline is necessary, not only for data collection and the development of procedures and frameworks, but also for these key aspects of community development, awareness-raising and validation to secure local buy-in.”

Changing the Way We Care: Year 5 Evaluation

Participants in the reflections also shared insights on factors which they see to be hindering the replication of the Kafaalah model, these include:

- **Regulatory Delays:** The slow pace of finalizing and disseminating Kafaalah regulations impeded smooth implementation. Delays in policy approval and a lack of clear guidelines created uncertainty and hindered scaling efforts.

- **Community Resistance:** Resistance from some community members, stemming from fear and misconceptions about the transition from institutional to family-based care, posed significant challenges. Addressing these concerns required intensive sensitization and trust-building efforts.
- **Cultural Barriers:** Misunderstandings and resistance from some community members who did not understand Kafaalah’s intent hindered acceptance. Addressing cultural sensitivities and fostering inclusive dialogue helped to overcome some of these barriers.

“My fear is that Kafaalah is not practiced widely across the country. In every county, there is a Muslim population who have a right to access information about Kafaalah and practice it. Since the government of Kenya has allocated time and resources to ensure Kafaalah is recognized in law, it should allocate funds to ensure it is implemented across the 47 counties of Kenya.”

Ustadh Sabur Juma- Kafaalah Committee Member

In addition, participants noted that there is a lack of evidence/data on families practicing Kafaalah, on Child Care Institutions (CCI) supported by Muslim organizations and on individuals in Mombasa to form a baseline of Kafaalah practice.

Recommendations

Other countries and contexts can learn valuable lessons from Kenya’s experience with Kafaalah to enhance their own child protection systems. Kafaalah cannot operate in isolation. It must be integrated into a broader system that supports preservation of the family unit, family strengthening and facilitates the transition of the care of children from institutions to families. Key recommendations to actors interested in enhancing the practice of Kafaalah, based on CTWWC implementation experience and reflection with Kenyan stakeholders, include:

- **Build a Coalition:** Form a collaborative coalition of stakeholders, including government agencies, non-governmental organizations and faith-based organizations to align efforts and create a common vision for Kafaalah implementation.
- **Strengthen the System:** Prioritize strengthening the existing child protection system by integrating Kafaalah within it and ensuring structures supporting Kafaalah at the national and sub-national levels are functional and operational. This involves enhancing coordination, capacity-building and resource allocation for effective implementation.
- **Consensus on Priority Interventions:** Engage stakeholders to identify and prioritize specific interventions that support children and families. These may include direct services to strengthen families, awareness campaigns, training programs for community workforces and Kafiils (caregivers) and community mobilization efforts.



Sheikh Mohammed, a Kafaalah Committee Member from Mombasa County, during the reflection meeting in Mombasa. (Photo by Clara Mwanthi/CRS)

- **Continuous Learning and Adaptation:** Embrace an iterative approach by continually strategizing, planning, monitoring and adapting interventions across different counties and over time. Learning from successes and challenges is crucial for sustainable scaling.
- **Address Social Norms and Practices:** Recognize that Kafaalah operates within complex social contexts and engage a diverse array of child protection actors including religious leaders, communities and families to promote understanding

and acceptance of Kafaalah as a viable care option. Ensure that Muslim religious leaders are taking the lead in the implementation of Kafaalah with support from the government.

- **Leverage Kafaalah Policies:** Highlight Kafaalah’s recognition as an alternative care option under the United Nations Convention on the Rights of the Child (UNCRC) Article 20, Children Act, 2022, Kafaalah Regulations and other policy frameworks. Use these legal frameworks to advocate for its adoption across the country and beyond Kenya.
- **Resource Mobilization:** Government, non-government partners and faith-based organizations should collaborate to secure funding, provide technical assistance and offer capacity-building support for scaling Kafaalah effectively.

Conclusion

This learning brief provides essential insights into the replication of Kafaalah as an alternative family-based care model in Kenya. The process of formalizing Kafaalah involved significant collaboration among government entities, non-governmental organizations, and Muslim community and religious leaders, demonstrating the importance of strategic partnerships, community engagement, and continuous reflection. The success of Kafaalah in counties like Mombasa, Kilifi, and Kisumu highlights its potential as a sustainable care option for orphaned and vulnerable children. However, challenges such as regulatory delays and community resistance underline the need for ongoing education, trust-building, and a supportive policy framework to ensure the model's effective scaling. The lessons learned from Kenya’s experience with Kafaalah offer valuable guidance for other contexts seeking to enhance their child protection systems by integrating culturally relevant care practices.

Need to know more? Contact *Changing the Way We Care* at, info@ctwwc.org or visit changingthewaywecare.org.

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