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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-fourth session

SUMMARY RECORD OF THE 1203rd MEETING

Held at the Palais Wilson, Geneva,
on Tuesday, 16 January 2007, at 3 p.m.

Chairperson: Mr. DOEK

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The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Second periodic report of Kenya (continued) (CRC/C/KEN/2 and CRC/C/KEN/Q/2 and Add.1)

1. At the invitation of the Chairperson, Mr. Afande, Ms. Ambwere, Mr. Awori, Ms. Chepngetich, Ms. Dzombo, Mr. Hussein, Mr. Kanana, Mr. Karaba, Ms. Karanu, Mr. James Kimani, Ms. Jean Kimani, Mr. Moriasi, Mr. Nyambok, Ms. Nzomo, Mr. Owade, Ms. Ragut and Ms. Wamae (Kenya) resumed places at the Committee table.
2. Mr. KRAPPMANN wished to know what measures Kenya had adopted for children under its economic recovery strategy. The delegation should clarify whether or not education was compulsory. He asked what measures the Government planned to take to include more children in pre-primary schools throughout the country, improve the rates of enrolment in primary and secondary school and address the problem of school dropouts. He wondered how children who did not attend school learned about their rights. He was concerned at the lack of vocational training opportunities, particularly for girls.
3. Ms. ORTIZ asked how the Convention on the Rights of the Child was disseminated in local communities and among traditional leaders. She wondered what measures were being taken to improve orphans' access to their inheritance, reunite child refugees and internally displaced children with their families, and prevent early marriages. She asked whether Kenya intended to ratify the 1981 Hague Convention on the Civil Aspects of International Child Abduction, which could help to resolve those issues.
4. Mr. LIWSKI asked whether Kenya's strategy to harmonize traditional and modern medical practices included measures to improve the monitoring of pregnancy and home delivery. The delegation should clarify whether the rationalization of cost-sharing in dispensaries and health centres implied additional primary health-care costs for families.
5. He enquired about the status of the refugee and displaced persons bill, which established standards and procedures for asylum-seekers and unaccompanied refugee children. He wondered whether Kenya's assistance and recovery programmes, which were being carried out in cooperation with the Office of the United Nations High Commissioner for Refugees (UNHCR), took account of child asylum-seekers and refugees, and whether efforts were being made to reunite those children with their families.
6. Ms. OUEDRAOGO asked what measures had been taken to protect and assist victims in the light of the increase in the commercial sexual exploitation of children as part of sex tourism and child pornography, particularly in the coastal region of Kenya. She wished to know whether Kenya had prepared an action plan in line with the World Congress against Sexual Exploitation of Children.

7. She requested information about investigations into reports of newborns who had been abducted from a public hospital in Nairobi, and about allegations of child trafficking involving a Kenyan evangelist. She wished to know what measures Kenya planned to take to deal more effectively with child sexual exploitation, including child trafficking and abduction.
8. The delegation should provide further information on indigenous children's access to basic social services.
9. Ms. VUCKOVIC-SAHOVIC asked how soon children had to be registered after birth, since delays in registration could be a factor in the abduction of newborns from hospitals. She wished to know whether Kenya intended to ratify the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. The delegation should provide further information on drug abuse.
10. Mr. SIDDIQUI requested information on the trend in the proportion of the population living under the poverty line.
11. The CHAIRPERSON asked if the Government was pursuing a policy to integrate refugees in Kenya or repatriate them to their country of origin, provided that repatriation was a safe option. The delegation should explain Kenya's policy towards Somali refugees, to whom the country's borders were reportedly closed.
12. Mr. AWORI (Kenya) said that, since Kenya had not been deemed eligible for debt relief under the Heavily Indebted Poor Countries Initiative, it had no information on the subject.
13. The Refugee Act, which had been approved by the President 15 days earlier, addressed the issues raised by the Committee. Under the Act, refugees would be provided with identification, which would enable professionals to work; as the Kenyan economy grew, all refugees would be allowed to work.
14. Since Kenya had to ensure the security of its citizens, Somali refugees would be allowed into the country only after a background check had been conducted. Some of the Somali refugees who attempted to cross the border into Kenya had been involved in anti-Government activities.
15. In order to combat corruption, the current Government of Kenya had hired professionals to trace the money - about 70 billion Kenyan shillings, according to some reports - that had been embezzled by officials. There were some 20 cases of serious corruption in the Government. A commission had been set up to combat corruption, and many cases had been brought to trial.
16. Ms. WAMAE (Kenya) said that demographic and health surveys conducted in 1998 and 2003 had shown that under-five child mortality had increased. Through its National Health Sector Strategic Plan 2005-2010, Kenya hoped to reverse that trend.
17. Kenya had a community-based health strategy. Clinical health workers cooperated with community health workers to promote children's access to the community health facilities. A number of such facilities had been rehabilitated or established, particularly in remote areas. In

the area of reproductive health, Kenya had taken measures to increase the availability of contraceptives and to ensure that birth deliveries were attended by skilled health workers. It had stepped up its immunization campaign and provided antiretroviral therapy to persons, including children, living with HIV/AIDS. In order to reduce the high maternal and infant mortality rates, Kenya intended to train skilled health workers, draw on the services of midwives and traditional birth attendants and provide the necessary funding to communities.

18. Malnutrition rates had not declined significantly between 1998 and 2003. In order to combat malnutrition, Kenya was drafting an infant and young child feeding strategy, which was based on the Global Strategy for Infant and Young Child Feeding of the World Health Organization (WHO), and a food and nutrition policy. Moreover, Kenya had adapted the WHO guidelines on management of severe malnutrition and was implementing them in a number of inpatient facilities. The Government was preparing guidelines on severe malnutrition for use by communities, particularly communities in drought-prone areas.

19. As part of malaria prevention campaigns, some 3.4 million insecticide-treated nets were being distributed free of charge. Nets were provided free of charge to pregnant women and children under 5 at mother and child health clinics. In addition, nets were sold in communities as an income-generating activity.

20. In 2003, Kenya had developed an adolescent and reproductive health policy. A simplified version of the policy, and of portions of the Kenya Demographic and Health Survey 2003, had been prepared for young people. Youth-friendly centres had been established both within health centres and as stand-alone facilities. Guidelines for the medical management of rape and sexual violence had been prepared; the guidelines provided for counselling and the distribution of contraceptives to prevent HIV/AIDS. A school health policy had also been developed.

21. Parliament was currently considering a tobacco bill that addressed the problem of tobacco and drug addiction among young people. The sale of alcohol to children was prohibited by law. Kenya had a number of drug rehabilitation centres, most of which were located in provincial hospitals, although some were community-based. Schools provided counselling services for children with drug addictions. Medicines were distributed to children free of charge for malaria, HIV/AIDS and tuberculosis. Ongoing sensitization campaigns conducted by the Office of the President through the National AIDS Control Council had reduced the social stigma of being HIV-positive.

22. Implementation of the Water Act 2002 had provided access to safe drinking water to 89 per cent of the population in urban areas and 49 per cent in rural areas. Sanitation facilities were available to 94.8 per cent of the urban population and 76.6 per cent of the rural population. Measures undertaken to improve access to water in rural areas included the digging of boreholes, dam construction and roof catchment systems. Kenya was confident of its ability to achieve the Millennium Development Goal of providing safe drinking water and hygienic sanitation to its population.

23. The National Coordinating Agency for Population and Development was working with other partners, including the Kenya Medical Research Institute and universities, to harmonize traditional and modern medicine. It had been decided that qualified health workers were preferable to traditional birth attendants for handling deliveries. During the transition period, traditional birth attendants would continue to perform deliveries; thereafter, they would work with mothers only in connection with prenatal care.
24. A fee of 10 Kenyan shillings was charged by dispensaries and 20 shillings by health centres, which was less than the charges in effect when Kenya had submitted its initial report to the Committee. However, 10 shillings was still a lot of money for some poor people. The Government was working towards providing free health care, particularly for childbirth. Currently, children under 5 received free health care, and a fee waiver system existed for persons who could not afford to pay health fees.
25. Ms. SMITH asked what percentage of young women had access to youth-friendly centres. She enquired whether confidentiality was respected in such centres and whether young people could seek such services on their own.
26. Ms. AL-THANI said that outlawing the sale of alcohol to children might not be sufficient to deal with the problem of alcohol abuse among children since there was an increasing trend towards the home brewing of alcoholic beverages.
27. The CHAIRPERSON asked the delegation to clarify the Government's abortion policy.
28. Ms. WAMAE (Kenya) said that confidentiality was respected at youth-friendly health centres. Most older children were not accompanied by their parents when they sought treatment. Although young people did not wait in the same lines as adults in health centres offering youth-friendly services, the Government planned to provide such services in a separate location for additional privacy. Abortion was illegal in Kenya. In adopting that policy, the Government had taken into consideration the needs of both the pregnant woman or girl and the unborn child. However, girls who had been raped could obtain emergency contraceptive drugs.
29. Mr. LIWSKI asked whether the delegation had any information about the adolescent suicide rate and its causes. He enquired whether a strategy had been developed to deal with that problem.
30. Ms. WAMAE (Kenya) said that a health study had been conducted in schools; the study would be submitted to the Committee in due course. Efforts to prevent suicide focused on the provision of counselling and guidance in schools, and family counselling in communities. The Government hoped that improvements in family relations and a decrease in the poverty level would help to reduce teenage suicide.
31. Mr. AWORI (Kenya) said that for religious, cultural and other reasons, abortion would remain illegal in Kenya.
32. Ms. RAGUT (Kenya) said that her replies would be based solely on data from the Nairobi Children's Court, since there was no centralized data collection system for gathering data from other courts. With regard to pretrial detention, the law stipulated that a child could not

be held in police custody for longer than 24 hours. Efforts had been made to ensure that children had the possibility of being released on bail; in practice, however, many children were not released on bail because of poverty or because they did not have anyone to vouch that they would appear in court. In all cases, the courts were obliged to ensure that cases involving children were adjudicated without delay.

33. Records from the Nairobi Children's Court showed that, at the end of 2006, the only cases pending were those that had been filed in 2006. Nearly half of all children's cases were settled at the first hearing; the rest were settled within three to six months. Cases of children who had been charged with capital offences might take longer because they required expert evidence and were not heard in children's courts. Efforts were currently under way to bring children charged with capital offences under the protection of the children's courts.

34. Children who appeared in court as victims had previously been required to testify in the same manner as adults. However, pursuant to the Sexual Offences Act 2006, children testifying against sexual offenders were treated as vulnerable witnesses and were given the option of speaking through an intermediary. In the Nairobi Children's Court, a witness protection box was available to separate accused persons during children's testimony. Steps were being taken to provide all Kenyan courts with similar facilities. The Sexual Offences Act 2006 provided adequate protection for child victims in cases involving prostitution, trafficking and pornography.

35. As a result of the training of magistrates and judges who tried children's cases, there was a growing trend towards the non-custodial sentencing of children. In 2005, 35 of the children convicted of criminal offences by the Nairobi Children's Court had received non-custodial sentences, and 23 had been committed to institutions. The figures for 2006 were 45 and 22, respectively. Children who had committed capital offences in Kenya were detained at the discretion of the President, but did not receive the death penalty. The Penal Code prohibited the imposition of the death penalty on children. There were no records of a child in Kenya having been sentenced to death. Restorative justice was a new concept in Kenya and was not yet widely practised.

36. Under the Children's Act, every child was entitled to legal representation before the law. In practice, however, no government legal aid scheme had yet been established. One measure that was being considered was to make it compulsory for lawyers to donate a specified number of hours to providing legal aid to children before they could renew their practising certificates.

37. The Diversion Programme for Children in Conflict with the Law was being carried out with various stakeholders, not only the police. A national team, comprised of representatives of the Children's Department, the police, the judiciary, NGOs and other stakeholders, had been set up. Among the measures included in the Diversion Programme was the assignment of a social worker to each police station desk to ensure that children's views were taken into account and that their rights were not overlooked in efforts to settle disputes out of court. Since the judiciary and other legal officers were also involved in the diversion process, they could provide advice to the police on how to safeguard children's rights.

38. The Family Division of the High Court had helped to bring children's issues into focus. Magistrates throughout Kenya had received training in the provisions of the Children's Act and their responsibilities in connection with the adjudication of cases involving children. All persons who dealt with children's issues, particularly those working in government agencies, were obliged to protect the best interests of the child. The principle of the best interests of the child had made it possible to achieve a great deal of progress in promoting children's rights in Kenya.

39. Mr. KOTRANE asked what measures were being taken to ensure that judges respected the legal safeguards provided under the Children's Act. He wished to know what was the status of a child whose mother was Kenyan but whose father was a foreigner. He asked what types of assistance, such as maternity leave, were provided to mothers to enable them to care for their children.

40. Mr. FILALI requested additional information on proceedings involving children who had committed crimes with adults. He wondered whether such proceedings were in conformity with the provisions of the Convention on the Rights of the Child and the Children's Act. He enquired whether children who were tried in criminal courts were sentenced in the same way as adults. He wished to know whether any children had been born in prisons and, if so, what measures were taken to care for them.

41. Mr. ZERMATTEN asked whether status offences existed in Kenyan legislation. He had heard that street children who created a minor public disturbance but who had not committed a crime were often held in preventive detention. He wished to know who prosecuted such children and how often audio and video evidence was admitted in court. Since children who had committed capital offences often came from troubled backgrounds, to deprive such children of specialized criminal justice was a violation of article 3 of the Convention. It was in the best interests of children who had committed capital offences to have access to a system of specialized justice that took into account both the nature of the offence and the personality of the perpetrator.

42. Ms. WAMAE (Kenya) said that the Child Offender Rules on preventive detention had been deemed unconstitutional and could not therefore be upheld. Moreover, the current regulations on maximum detention periods for children were not reflected in the Children's Act. The forthcoming review of the Children's Act would address those issues.

43. Kenyan courts had the right to order non-Kenyan fathers to pay maintenance for non-Kenyan children, even if those children did not reside in Kenya.

44. Babies born to inmates in prison stayed with their mothers until they were weaned. After weaning, they were placed in protective custody until the mother was released from prison. If a mother was unable to breastfeed or care for her baby in prison, the baby was placed in protective custody immediately after birth.

45. Children tried for crimes committed with adults were not protected under the Children's Act. The Act would be reviewed and amended to ensure that such children were tried by juvenile courts. Efforts would be made to make sure that children charged with petty crimes did not suffer any negative effects as a result of appearing before the same courts as children charged for crimes committed with adults.

46. The Children's Act defined children in need of care and protection as children who had not committed an offence but whose parents had abandoned them or were unable to care for them. In order to prevent those children from coming into conflict with the law, the courts either placed the children in the care of a fit person or ensured that the parents received counselling on adequate parenting.

47. The Sexual Offences Act provided the legislative framework for protecting child victims and witnesses. In the light of a visit to South Africa, sponsored by the United Nations Children's Fund (UNICEF), government officials and NGOs were considering the introduction of audio-visual technology in courts to enable children to give testimony by video recording.

48. The CHAIRPERSON asked whether there were any regulations on which juvenile justice cases came under the Diversion Programme for Children in Conflict with the Law. He enquired whether there was a time limit on the period children in need of care and protection spent in remand homes or rehabilitation schools. He wished to know how long a child could be deprived of liberty in a detention centre or rehabilitation school under the juvenile justice system. He asked whether the Government had considered extending the juvenile justice system to include children who committed serious crimes.

49. Mr. KOTRANE asked who decided whether children in need of care and protection were placed in a family or sent to a detention centre.

50. Mr. HUSSEIN (Kenya) said that children were placed in rehabilitation schools for a maximum of three years. All children attended school during their stay in such institutions. There was the possibility of early release for good behaviour.

51. Children in pretrial detention were placed in children's remand homes, which were staffed by social workers. Such children were therefore not held together with adults in pretrial detention. The children were transported to and from court in "child-friendly vans".

52. The Diversion Programme for Children in Conflict with the Law was currently being implemented in 14 districts, where children received counselling in child protection units from trained plain-cloths police officers. There were plans to establish child protection units in other districts.

53. About 60 per cent of cases of sexual exploitation of children were committed by foreigners and 40 per cent by Kenyan nationals. Sexual exploitation of children was particularly prevalent on the coast. The action plan established to address the problem included a code of conduct for hotel staff and measures to raise public awareness.

54. Official statistics on the number of children placed in institutions had risen from 13,000 in 2003 to 25,000 in 2005 owing to new regulations on the collection of such data. The most recent data were more accurate than those from previous years.

55. Ms. WAMAE (Kenya) said that children could be deprived of liberty in rehabilitation schools or Borstal institutions for a maximum of three years. Children were sent to youth correction centres for a maximum of four months. All decisions to place children in detention centres were taken by judges or magistrates.

56. Judges or magistrates who were obliged to sentence a child to death under the criminal justice system sent their recommendations on the child's future treatment to the President. The President decided whether the child should be released or detained on the basis of those recommendations and the recommendations of the head of the prison at which the child was being held.

57. The Children's Department was concerned at the lack of support within the juvenile justice system for children who committed serious offences. With the aid of the Japan International Cooperation Agency, staff from the Children's Department and the judiciary had visited Japan to observe how the emotional needs of juvenile offenders who had committed serious crimes were being met in that country.

58. Mr. HUSSEIN (Kenya) said that children in need of care and protection were sent to institutions different from those where juvenile offenders were held. Kenya also had an institution for children who had been abandoned at birth. National guidelines for the care of children had been issued to all those institutions.

59. Ms. KARANU (Kenya) said that the number of children placed in detention facilities had fallen as a result of the increased use of community rehabilitation measures.

60. The CHAIRPERSON requested clarification on whether the death sentence was mandatory for a child who had committed a serious crime. It was unclear whether the death sentence was replaced by imprisonment at the President's discretion. He wished to know whether judges who handed down such sentences could recommend that the President should limit the child's imprisonment to a specific period of time.

61. Ms. AMBWERE (Kenya) said that children sentenced to death for committing a serious crime were imprisoned at the President's discretion. Judges could not make recommendations to the President regarding the length of imprisonment.

62. Mr. KARABA (Kenya) said that Kenyan legislation criminalized all forms of torture and cruel treatment and punishment. The Ministry of Education had given teachers in-service training to minimize conflict between teachers and pupils and to raise teachers' awareness of legislation concerning the treatment of pupils. Monitoring of punishment in schools had increased, and alternatives to corporal punishment had been introduced in schools. Teachers were given paid leave to attend guidance and counselling courses. It was more difficult to monitor corporal punishment in homes; efforts were being made to raise awareness of the problem and help parents to find alternative methods of punishment.

63. The number of primary school children who went on to secondary education had increased from 52 per cent in 2004 to 60 per cent in 2006. In most schools, pupils had been divided into three categories according to ability. Bursaries were granted to gifted children from poor families to ensure that they attended secondary school. Guidelines issued to all secondary schools indicated that fees should be affordable and that under no circumstances should children be denied access to secondary education because of their parents' inability to pay.

64. Several measures, including increased monitoring of teaching and learning in schools, had been taken to improve the quality of education. The Kenya Education Sector Support Programme had identified 35 poor districts that would receive grants to make structural improvements to classrooms and other resources. In order to improve special needs education, a programme had been introduced to ensure that by 2008 all primary schools had a special needs specialist on the teaching staff. Several private schools focused on special education needs.

65. The Ministry of Education had taken measures to ensure that all children could be enrolled in school. However, pupils might not necessarily be taught in a classroom.

66. In Kenya, non-formal education was regarded as a full-fledged alternative. Curricula had been developed for non-formal education at both the primary and secondary levels. Although teachers at most non-formal schools were not professionally trained, efforts were being made to ensure that such teachers had basic teaching skills.

67. The Ministry of Education had taken action to ensure that funds were earmarked for the purchase of teaching materials and that such funds did not end up in the wrong hands.

68. Ms. LEE asked what percentage of the budget was allocated to education and health-care services for children. She asked why the number of child victims of neglect had nearly doubled between 2004 and 2005.

69. Mr. KRAPPMANN enquired how many years of schooling were free and compulsory and whether school dropouts were ever allowed to go back to school.

70. Mr. KARABA (Kenya) said that he did not know what percentage of the national budget was earmarked for each level of schooling. The delegation would provide the relevant information to the Committee at a later date. Schooling was compulsory for the first eight grades.

71. Schoolgirls who became pregnant were allowed to take maternity leave, and they could return to school later in the same grade. Wherever possible, such girls were placed in different schools after their maternity leave.

72. Mr. MORIASI (Kenya) said that Parliament was considering a bill that would set the minimum age for child labour at 16, in keeping with ILO Convention No. 138 concerning Minimum Age for Admission to Employment and ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. The bill also defined the notion of light work, which must not exceed six hours a day, and listed the worst forms of child labour; it also contained a chapter on the protection of children. The bill, also increased maternity leave from 60 to 90 days. Annual leave was not forfeited when maternity leave was taken. The bill provided for five days of paternity leave.

73. The Industrial Training Act identified areas in which children aged 14 and older could begin vocational or industrial training or be employed; the Act also regulated wage questions. The minimum wage for minors had been abolished in order to prevent employers from exploiting children. A monitoring body ensured that working children were treated properly.

74. Kenya had a number of polytechnical schools for vocational training. Many polytechnical schools had been reopened and expanded in order to accommodate children who were not qualified to go on to secondary school. The goal was to enable children to remain in school until the age of 18.

75. Mr. NYAMBOK (Kenya) said that the Ministry of Health, the Ministry of Education and Kenya's social services did not have specific budgets for children. Kenya's current budget stood at 550 billion Kenyan shillings, of which 155 billion Kenyan shillings, or about 30 per cent, went to ministries that provided social services to the population as a whole. That was a considerable improvement over the 2000 figure of 63 billion Kenyan shillings. Allocations for children's services had increased from 255 million Kenyan shillings in 2002 to 663 million Kenyan shillings in 2005.

76. Kenya had taken steps to reduce corruption. It had increased its auditing services to ensure that the resources allocated were used for the intended purposes. Every effort was being made to ensure that budget allocations took account of regional imbalances.

77. While Kenya had sought to provide all available disaggregated data, such data had been difficult to obtain. Attempts had been made to collect data on children's issues. In order to improve reporting, Kenya intended to centralize its data collection system. Together with UNICEF, the Central Bureau of Statistics had set up the KenInfo database to provide a picture of the situation of children in Kenya. Unfortunately, the database had proved to be inadequate.

78. Kenya had completed its annual integrated household budget survey, which would update the information provided in the multiple indicator cluster survey. In April 2007, a major survey would be conducted to address the lack of data on disabled children. The plan to carry out a census of all refugees in Kenya in December 2006 had been postponed until the first quarter of 2007 owing to bad weather and flooding in refugee camps.

79. The Economic Recovery Strategy for Wealth and Employment Creation had been launched in 2003 to confront the problem of poverty. The Strategy promoted economic growth by strengthening the macroeconomic framework and encouraging the involvement of the private sector. It focused on achieving universal primary education, improving access to basic health care, expanding productive capacity in agriculture, developing arid areas and upgrading the living conditions of urban dwellers. The Strategy had had a considerable impact: Kenya's economic growth had increased from 1.8 per cent in 2003 to 5.8 per cent in 2004. The integrated household budget survey would provide insight into the extent to which living standards had improved as a result of economic growth.

80. Ms. CHEPNGETICH (Kenya) said that the Kakuma refugee camp had initially been intended for boys, which was why more boys than girls were enrolled in school there; there had been no discrimination against girls. The Government was working closely with UNHCR, the International Organization for Migration and the relevant foreign embassies to help reunite refugee children with their families. The authorities issued travel documents to refugees to facilitate their departure, and the Ministry of Immigration provided refugees with work permits to enable them to earn a living.

81. Ms. DZOMBO (Kenya) said that all Kenyan schools had sports facilities. Playing sports at school was regarded as a child's right. In the current fiscal year, 57 million Kenyan shillings had been spent to rehabilitate a major sports facility with a gymnasium, a swimming pool, a football pitch and running tracks. Well-known athletes had established sports academies to train young sportsmen and sportswomen.

82. Female genital mutilation was a cultural practice that was deeply rooted and quite prevalent in a number of communities in Kenya. Although the Children's Act had outlawed female genital mutilation, the practice continued. Kenya had launched a national plan of action to eliminate female genital mutilation and to improve the health, quality of life and well-being of women and girls. The goal of the plan of action was to reduce the number of women and girls subjected to female genital mutilation by 40 per cent by 2050, and to increase the number of communities in which such issues were openly discussed. The plan of action would be disseminated at the national, district and village levels. A needs assessment would be conducted to prepare community-specific plans. The plan of action was coordinated by a national steering committee made up of representatives of various government ministries and members of civil society.

83. Mr. KOTRANE (Country Rapporteur) said that the situation of children in Kenya had improved considerably in the five years since the Committee had considered the country's initial report. Economic growth had accelerated and important political reforms had been introduced. In its concluding observations, the Committee would make a number of recommendations concerning non-discrimination, civil liberties and violence against children. It would recommend that children should be placed in families rather than institutions, draw attention to the efforts that still needed to be made in the areas of health care and education, and focus on child labour, refugee children and children in conflict with the law.

84. Mr. AWORI (Kenya) said that the exchange of views between the Committee and his delegation had been very useful. The Committee should bear in mind that, while Kenya was endeavouring to implement the Convention, it was sometimes difficult to eradicate customs and practices that were not in conformity with the Convention.

The meeting rose at 6.05 p.m.