Situational Analysis Report on Institutional Care for Children in Meru County

August 2023

SITUATIONAL ANALYSIS REPORT ON INSTITUTIONAL CARE FOR CHILDREN IN MERU COUNTY

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Foreword

The National Care Reform Strategy for Children in Kenya 2022- 2032, envisions that "All children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served".

To effectively achieve this, it calls for conducting of a situational analysis (SitAn) in every county to gather the data necessary to facilitate the development of a context-specific county level care reform action plan, M & E plan, budget, communications and advocacy strategy, and a resource re-direction strategy. This has informed the conducting of the Situational Analysis in Meru County.

This SitAn report presents a general overview of institutional care for children in Meru County for both privately and government run residential childcare facilities, as well as a detailed description of the children residing in them. The analysis provides a deeper understanding of the profile of children living in institutional care in the county. It also identifies strengths and potential barriers to childcare reform initiatives in the county.

It is expected that this report will be useful in informing county-level action planning and future assessments, which could include gathering child and family level data, developing frameworks for monitoring and evaluating care reform programs, and developing transition strategies and policies.

Bishop Bernard P. Njoroge Kariuki
Director, Board of Directors
National Council for Children's Services

Acknowledgement

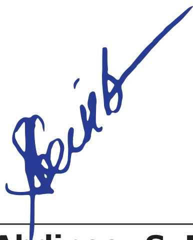
The Situational Analysis (SitAn) of childcare in Meru county is the first of such county-level analysis in Kenya since the Government launched the National Care Reform Strategy for Children In Kenya in June 2022. It also comes on the backdrop of the enactment of the Children Act 2022 that came into force on 26th July 2022. Both the Act and the Strategy outline the unequivocal commitment by the Government of Kenya to a childcare system that prioritizes family and community-based care over institutional care. Undertaking the SitAn in Meru County invariably involved concerted efforts by multiple state and non-state stakeholders at both the national and county level.

The National Council for Children's Services is indebted to everyone who made contributions towards the successful conduction of the SitAn in Meru County. The Council recognizes the critical contribution of the Directorate of Children Services. We recognize the contribution of Ms. Carren Ogoti, Ms Judy Ndung'u and Ms Olive Kamau for dedicating their time in ensuring that the process is successful.

I acknowledge the support and cooperation of the managers/founders of the Charitable Children Institutions and the Statutory Children Institution in Meru County, the enumerators, the clergy, the *Njuri Ncheke* council of elders, care leavers, caregivers, child protection volunteers, community health volunteers, and the many county level partners who have been part of this process.

This initiative would not have been possible without the timely involvement of Legatum through the Catholic Diocese of Meru, who provided the financial and technical support in undertaking the SitAn. Special thanks to Joseph Muthuri and Martin Kiandiko for their leadership and technical support. I also acknowledge the contribution of Mercy Bundi, Sarah Miriti and Jonathan Dowell.

Finally, we acknowledge the efforts of all those who played part in the SitAn and who have not been mentioned here but whose input was crucial to the process.



Abdinoor S. Mohamed
Chief Executive Officer
National Council for Children's Services

Acronyms and abbreviations

CCI	Charitable Children's Institution
CWD	Children with Disabilities
DCS	Directorate of Children Services
DSD	Department of Social Development
FGD	Focus Group Discussion
IGA	Income Generating Activity
KII	Key Informant Interview
KNBS	Kenya National Bureau of Statistics
L4C	Legacy for Children
NCCS	National Council for Children's Services
NCPWD	National Council for Persons with Disabilities
NCRS	National Care Reform Strategy
NGAO	National Government Administrative Officers
NGO	Non-Governmental Organization
NPS	National Police Service
OB	Occurrence Book
SCCO	Sub County Children Officer
SCI	Statutory Children's Institution
SGBV	Sexual and Gender-Based Violence
SITAN	Situational Analysis
UNCRC	United Nations Convention on the Rights of the Child
VAC	Violence against Children

Glossary of Key Terms

These definitions are adopted from the National Care Reform Strategy for Children in Kenya 2022-2032, the Children Act 2022, and other national policy and legislative frameworks.

Alternative Care: Alternative care is a formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary carers, or spontaneously by a care provider in the absence of parents. It includes kinship care, kafaalah, foster care, guardianship, adoption, traditional approaches to care and places of safety and temporary shelter.

Care Leaver: Anyone who spent time in alternative care as a child. Such care could be in foster care placement, institutional care (mainly children's homes), or other arrangements outside the immediate or extended family.

Care reform: A change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. It strengthens duty bearers' accountability in meeting their obligations to ensure children's rights are met. It involves the meaningful participation of children and young people. It will result in more children in Kenya living safely, happily and sustainably in families and communities where their best interests are served.

Case management: The process of ensuring that an identified child has his or her needs for care, protection, and support met. Usually this is the responsibility of an allocated social worker who meets with the child, the family, any other carers and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress.

Charitable Children institution: A children's home or institution established by any person, either alone or in association with others, or by a civil society organization and which has been duly registered with the council for the purpose of managing programmes for the care, protection, rehabilitation and reintegration or control of children.

Child participation: The informed and willing involvement of children, including the most marginalized and those of different ages and abilities, in any matter or decision concerning them. Participation encompasses the opportunity to express a view, and influence decision-making and achieving change.

Child: Any person who has not attained the age of 18 years.

Community-Based Care: A range of approaches designed to enable children to remain with their own (or extended) family and prevent the need for separation, or to be placed with an alternative family within their community. It includes supported child-headed households, supported independent living, and is supported by broader prevention of separation and family strengthening services.

Community-Based Support: A range of measures to ensure the support of children and families in the community.

Family tracing: Activities undertaken by authorities, community members, relatives or other agencies for the purpose of gathering information and locating the parents or extended family of the separated or lost child.

Family-Based Care: Short-term or long-term placement of a child in a family environment with one consistent carer and a nurturing environment where the child is part of a supportive family and the community. It includes parental care, kinship care, kafaalah, foster care, guardianship, adoption, and traditional community approaches to care.

Institutional Care: The short-term or long-term placement of a child into any non-family-based care situation. Other similar terms include residential care, group care, and orphanage.

Non-state actor: Non-state organizations, groups and informal structures with a role to play in care reform. These include civil society organizations, NGOs, PBOs, faith-based organizations, traditional community structures and networks, community-based organizations and informal structures and safety nets, as well as businesses.

Prevention of separation and family strengthening services: Prevention of separation and family strengthening services is the first pillar of care reform. It includes a range of support measures and services that strengthen families and prevent children from being separated from their families. Services and support may include education, health care, social protection, food security, livelihood support, positive parenting, psychosocial support, daycare facilities, community-based rehabilitation services for children with disabilities, employment support, support for child-headed households, and so on.

Reintegration: Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

Social service workforce: A broad range of governmental and non-governmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being.

Executive Summary

The purpose of the situational analysis is to present a general overview of institutional care for children in Meru County in both privately and government-run childcare facilities, as well as to provide a detailed description of the children residing in them. The analysis provides a deeper understanding of the profile of children living in institutional care in the county. It also identifies strengths and potential barriers to childcare reform initiatives in the county.

In undertaking the analysis, a combination of quantitative and qualitative methodologies were used to collect and analyze data. The analysis borrowed from the SitAn procedural guidelines and data gathering tools contained in Kenya's National Toolkit for Residential Childcare Institutions. All known childcare institutions in the county were targeted for quantitative data collection, while qualitative data was collected from purposefully sampled respondents in both the institutions and community. The respondents to qualitative interviews included staff in childcare institutions, parents or guardians of children in institutional care, care leavers, community members, staff from the Directorate of Children Services (DCS), and such other key stakeholders as the police and national government administration officers. CCI-level data was collected between September and December 2022.

The key findings from the situational analysis include:

- Meru County has 31 childcare institutions housing 2213 children and young people. There are 1128 (51%) males and 1085 (49%) females; 134 children (61 males and 73 females) have disabilities, and 321 (142 males and 179 females) have chronic illnesses.
- Over 70% of the children in the childcare institutions do not have a court committal order that is the legally required document for the admission of any children into institutional care. Only 28% of the 520 sampled files contain a court committal order. Of these, over 60% are already expired.
- 1766 (80%) of the children in institutional care are between the ages of 7 and 17, with those between the ages of 11 and 14 accounting for 42% (927). Furthermore, 53 children (3%) are aged three years or less, while 285 youth (13%) are at least 18 years old.
- 773 (36%) of the children originate from the same sub-county in which the institution is located, while 686 (32%) of children originate from other sub-counties within Meru County. 667 (31%) of the children originate from other counties in Kenya. This means that almost 70% of the children in the institutions originate from within Meru County. There are no non-kenyan children in Meru childcare institutions.
- The most common reason given for admission into the institutions is violence, abuse, or neglect of children, which is mentioned by 22 of 31 managers (73%), followed by orphanhood (70%), abandonment (63%), and poverty (53%).

- Only 10 of the county's 30 private childcare institutions have ever registered with the National Council for Children Services (NCCS), with 4 (16%) having a current (renewed) NCCS registration licence and 6 (24%) having expired licenses (and applied for renewal). 14 institutions are registratered by other government agencies or departments. 5 (20%) institutions housing 618 children are not registered by any government agency.

- More than one third of the institutions (12 out of 31) had been established within the previous six to ten years preceding the data collection period while two institutions had been in existence for more than 50 years.

- There are 526 staff (220 males, 306 females) employed across the 31 childcare institutions. About half of these are general operations staff (kitchen, security, groundskeepers, finance, administration, house parents) as compared to specialized staff (social workers, teachers, health personnel, counsellors). Only a few institutions have the right number of social workers and house parents and therefore most do not meet the recommended ratio outlined in the National Standards for Best Practices in CCIs (1:20 for social workers and 1:10 for house parents). Furthermore, many of the social workers lack professional training in social work or related field.

- Only one institution reported hosting three foreign volunteers at the time of data collection, while three institutions hosted 12 national volunteers. Volunteers at institutions are responsible for a variety of duties such as playing with children, assisting with cleaning the institution/clothing, counselling, providing religious instruction/guidance, and engaging in community initiatives. The foreign volunteers mostly come from the United States, Canada, and Europe.

- Religious services, counselling/psychosocial support services, life skills training and health care are the most common services provided within the institutions. Healthcare and education at all levels are the most frequently accessed services from outside the institutions.

- The main funding streams to the institutions are from international community donors, individual donors, own income generation activities, and foreign churches or other faith-based groups. The international community and grants, and foundations were identified as a major source of funding and provided over 60% of the annual funding in the respective institutions.

- More than half of the children residing in childcare institutions in Meru County have resided in those institutions for three or more years, contrary to Section 67 of the Children Act 2022. The majority of the children who were reported to have exited childcare institutions in the previous three years returned home or joined other family-based care options.

- Although the majority of the stakeholders interviewed had not, at the time of the survey, fully internalized the National Care Reform Strategy 2022-2032 or the Children Act 2022, they generally supported the government's resolve to transition from a system of institutionalization of children to that of family or community-based care.

In conclusion, this analysis revealed a number of opportunities for the implementation of the National Care Reform Strategy. It was also discovered that the majority of children in institutional care did not go through the proper legal channels before being admitted. This suggests that the gatekeeping measures have been weak, and the legal processes have not been duly followed.

Furthermore, because relatively few institutions have individualized case management processes, cases are not systematically examined, and services provided are not tailored to an individual child and family needs. This has almost certainly led to longer or needless retention of children in institutional care, as well as wasted opportunities to strengthen families and avoid family separation. The stakeholders are optimistic about the care reform process and feel that if all stakeholders work together to address the root causes of family separation, children can remain and thrive in families and communities.

Based on the findings of this analysis, the following are the general recommendations. There is need to:

- Raise public awareness on the advantages of bringing up children in families and the dangers associated with institutional care on a child's general well-being.
- Initiate and enhance county-level family-strengthening and family promotion initiatives to prevent separation.
- Sensitize CCI staff on the National Care Reform Strategy, the Children Act 2022 and related policies, legislations, guidelines and regulations anchoring the care reform agenda in Kenya.
- Train frontline CCI staff especially social workers, counsellors and house parents on effective case management practices.
- Develop holistic and systematic transition roadmaps and resource redirection strategies at the CCI level to ensure that existing financial and non-financial resources within the institutional system of childcare can be effectively re- directed to support family and community-based care.
- Strengthen alternative family and community-based care options in the country.
- Ensure regular and comprehensive inspection and monitoring of CCIs and their welfare programs to ensure alignment to the care reform agenda.
- Develop county-level contextualized donor education and information toolkits to support CCIs engaging with their donors on the need to transition financial and non-financial support to family and community-based care.
- Strengthen gatekeeping mechanisms at the community level to identify and support families at risk of child-family separation.
- Establish and operationalize a robust county-level framework to support the transition of children with disabilities to family and community-based care.

1. INTRODUCTION

1.1 Background

In June 2022, the Government of Kenya launched the National Care Reform Strategy for Children in Kenya (NCRS) 2022-2032. In contextualizing care reform, the NCRS notes that over the last few decades, global momentum towards childcare reform has grown significantly. This global movement to end the institutionalization of children and instead promote family and community-based care is informed by over 80 years of research that demonstrates the harm of institutional care. This research clearly shows that caring for children in an institutional setting harms the physical, psychological, and cognitive development of such children, increases the risk of them developing attachment problems and limits their long-term life chances.

Further, the NCRS notes that globally, an estimated 5.4 million children are living in orphanages and other harmful institutions due to poverty, discrimination, insufficient access to basic services, among other factors. Once separated from their families and communities, children in institutions are deprived of the love, attention and opportunities they need to develop and flourish. In Kenya, there are an estimated 45,000[1] children living in over 845 Charitable Children's Institutions (CCIs) popularly known as children homes or orphanages. Additionally, there are estimated 1,000–1,200 children living in 28 government-run institutions, including rehabilitation, remand, reception, and rescue centres. A lack of comprehensive data on the number of institutions means that the true scope and scale of institutionalization of children in Kenya is largely unknown.

The NCRS envisions that "All children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served". The goal is "to transition from a system of care where children and young people are living in institutional care, or are unaccompanied or separated, to a system that allows all children to live safely, happily, and sustainably in family and community-based care where their best interests are served". The strategy envisions that "by 2032 all children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served".

1 Pre-COVID 19 data from NCCS and DCS. Since many children's institutions are not registered and therefore operate outside of government monitoring frameworks, the actual number of CCIs and children residing in them is likely to be significantly higher.

Additionally, section 67 of the Children Act 2022 provides that the placement of a child in a Charitable Children's Institution shall be done as a last resort in cases where - (a) the child has no immediate access to parental care by the child's parent, guardian or relative if any; (b) no alternative family-based placement, is for the time being available to the child; or (c) the usual place of abode or home is not conducive to the well-being of the child. It further provides that unless there are compelling circumstances, a child shall not be placed in a charitable children's institution for a period exceeding three years. In harmony with the 10 years of implementing childcare reform under the NCRS, the seventh Schedule of the Act provides that Charitable Children's Institutions shall not undertake any activity after ten years from the date of the commencement of the Act. The Act came into force on 26th July 2022.

The NCRS provides that the focus on care reform at the county level is provision of family and community-based services for children and families, and the transition of children and young people to family and community-based care. County level of implementation also includes undertaking a detailed situational analysis to gather county data on institutionalized children and unaccompanied and separated children; supporting children at risk of institutionalization or family separation; propping family and community-based services and systems including gatekeeping, case management, alternative care and the workforce; enacting and enforcing county legislation, regulations, policies and procedures; and financing of the county level care and child protection systems.

1.2 Purpose of the Situational Analysis

For proper grounding of care reform, the NCRS envisages that every county in Kenya will undertake a situation analysis to gather the data necessary to facilitate the development of a context-specific county level care reform action plan, M&E plan, budget, communications and advocacy strategy, and a resource redirection strategy. As such, guided the NCRS, this situational analysis seeks to provide a general overview of the institutional childcare facilities in Meru County, whether privately or publicly owned, as well as a description of the children residing in them. The aim is to provide a good comprehension of the current state of affairs for institutional care in the county and to pinpoint strengths and potential barriers that might affect care reform efforts in the county. The situational analysis specifically aimed to gather information on the following:

1. The characteristics of the county's institutional childcare facilities including their number, size, location, staffing, financing sources, services offered, case management procedures, exit plans, and connections to community-based support systems.

2. The demographics of children residing in childcare facilities, including their numbers and details such as age, sex, disability, home locations, reasons for admission, exit means, and length of stay.

3. The experiences of staff currently working in CCIs and care leavers from the institutions in the county.

4. Knowledge, attitudes and practices of CCI staff, government authorities, community members, care leavers, and other stakeholders regarding institutional, family and community-based childcare.

This situational analysis is the first of many steps to gather and use data for childcare reform planning and implementation at the national, county, sub-county, and even at childcare facility levels. It is expected that this report will be useful in informing county-level action planning and future assessments, which could include gathering child and family data, developing frameworks for monitoring and evaluating care reform programs, and developing transition strategies and policies.

A consultation Forum attended by Chiefs

Enumerators and supervisors trained to undertake the SITAN

2. METHODOLOGY

The situational analysis used a combination of quantitative and qualitative methodologies to collect and analyze data. The study's procedural guidelines and data-gathering tools for both quantitative and qualitative techniques were derived mostly from Kenya's National toolkit for situational analysis in residential childcare institutions published by the NCCS and the DCS in 2020.

2.1 Preliminary Steps

A number of preliminary activities were carried out to ensure that all essential stakeholders involved in the situational analysis effectively participated in the exercise.

a. The DCS, NCCS staff and L4C Kenya program technical team reviewed the data collection tools from the national toolkit and made the necessary revisions to reflect the current situation, particularly following the SITAN guidelines encapsulated in the NCRS.

b. A one-day workshop was held on 14th July 2022 to sensitize the County Area Advisory Council (renamed County Children Advisory Committee under the Children Act 2022) on the NCRS and the objectives, methodology and roles of diverse stakeholders in undertaking the situational analysis.

c. A two-day sensitization workshop was held for CCI managers/directors/founders and their social workers. The workshop held on the 21st and 22nd of July 2022, was attended by 49 participants from 25 CCIs. The workshop, which was co-facilitated by the NCCS and DCS, aimed to enlighten participants about childcare reform in general., It was also meant to and the NCRS as well as to familiarize them with situational analysis, its methodology, and data gathering tools.

d. A three-day training of 10 enumerators and DCS supervisors to undertake the situational analysis. The training held on 29th-31st August 2022 aimed at equipping the research team with knowledge on childcare reform and the NCRS, core principles and approaches for situational analysis, interviewing and documentation skills. Participants also familiarized themselves with the data collection tools through a half-day field practical data collection exercise in one of the CCIs.

e. A four-day workshop to sensitize National Government Administration Officers (NGAO) especially chiefs on the NCRS and gather insights on different aspects of childcare was held on October 25–28, 2022 involving 160 chiefs from across the county.

f. A two-day countywide inter-religious forum to sensitize religious leaders from different faiths on the NCRS and their roles in its implementation was held on October 18th–19th 2022 and attended by 94 religious leaders.

g. A one-day forum bringing together 20 elders constituting the leadership of the Njuri Ncheke Council of elders held on 16th March 2023 to gain further insights on childcare especially from a socio-cultural perspective.

h. A one-day consultative forum bringing together 26 children from various CCIs in the county was held on 17th March 2023 to garner children's views on the care reform agenda.

A stakeholders Consultative Forum

2.2 Data collection tools

Quantitative: A standardized survey questionnaire and a case file review checklist were used to collect quantitative data from childcare institutions. The director/manager of each targeted institution responded to the questionnaire. The questions asked sought to gather information about the institution, the number and profile of children residing in the institution, staffing, services offered, case management practices, and sources of finances.

The case file checklist examined the information in the children's files to identify the extent to which the institution was using standardized case management practices, the completeness of data, and the accessibility of the child's information. The checklist was informed by documents expected to form part of the child's file as encapsulated in the National Standards of Best Practices in Charitable Children's Institutions (e.g. referral documentation, admission forms, copy of a birth certificate, child photo, child and family assessments, individual care plan, medical and education records etc.).

Qualitative data: Qualitative data was collected through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and semi-structured interviews with target persons and groups such as the clergy and local administration. Different interview guides were developed for various categories of respondents. The interviews and discussions were conducted to explore community opinions, knowledge, attitudes, and practices regarding institutional care, reunification, reintegration, alternative family-based care and the general care reform agenda.

2.3 Sampling Strategy

Quantitative data

The study used a census design to target all known childcare facilities in the county. The county level DCS worked closely with the diverse stakeholders to compile a list of institutions known to be operating in each sub-county. The list was prepared before training the research team to facilitate effective planning for data collection. The institutional survey questionnaire and the case file checklist were administered in all institutions. Before the proposed interview dates, the sub-county children officers contacted the institution managers and arranged appointments. For the case files, random sampling method was used to review 25% of the children's case files in each institution based on the number of children in the institution at the time of the study.

Qualitative data

Qualitative data was collected from managers and other staff in purposively sampled childcare institutions. The institutions chosen for qualitative data collection were a mix of statutory, registered, and unregistered private childcare institutions. Geographical distribution was also taken into account, with institutions chosen from various sub-counties. Once an institution was purposively selected, three interviews were held with various members of the institution's staff. It means the selected institutions had to have at least one staff member in each of the required categories (i.e., director/manager, social worker, and house parent). The community groups were targeted in sub-counties with a larger concentration of reported institutional care facilities. DCS and L4C staff collaborated to prepare a data collection schedule for all targeted interviews in a sub-county prior to data collection. The SCCOs contacted potential interviewees ahead of time and scheduled appointments based on their availability. The stakeholders targeted for qualitative interviews included:

- Childcare institution staff: Managers/directors, social workers and house parents.
- Parents or guardians of children living in institutional care.
- Young people who spent time as children in institutional care (referred to as care leavers).
- Community members including opinion leaders as well as people in positions of community leadership such as village elders, religious leaders, child protection committee members, and so on.
- DCS staff: County coordinator for children's services and sub-county children's officers.
- Other key stakeholders, including the police, national government administration officers, health personnel and representatives from NGOs providing child protection services.

2.4 Data Collection

Data collection at the institution level was conducted between 7th-20th September 2022 under the supervision of SCCOs and L4C Program staff. Data collection from key informant interviews and focus group discussions with various stakeholders continued in October-December 2022. Further conversations and discussions with members of the *Njuri Ncheke*[2] council of elders and children in CCIs were done in response to stakeholder comments made during the validation workshop in February 2023. Data was collected using printed-paper forms that were then reviewed for completeness by the SCCOs and forwarded to the data entry team for analysis.

Data Collection at Hanifa Children's Home

2.5 Data Cleaning, Analysis, and Reporting

Quantitative data: The data from the institutional survey questionnaires and case file checklists were entered into a Kobo-toolkit data entry system. The Kobo data entry templates contained built-in verification checks to ensure data accuracy and impose necessary skip logic. Any gaps discovered during entry were corrected in collaboration with the SCCOs and institution managers. The completed data was then exported to Microsoft Excel and SPSS for additional cleaning and analysis. The cleaned data was processed to compute univariate descriptive statistics such as counts, means, percentages, ranges, and frequency distributions. The findings were then summarized in tables or illustrated with charts.

2 *Njuri Ncheke* is the supreme governing council of elders for the Meru people of Kenya and it is the apex of the Meru traditional judicial system.

Qualitative data: A team of trained and experienced data clerks transcribed handwritten notes from KIIs and FGDs into Microsoft Word documents. To guarantee that data analysts obtained an accurate understanding of respondents' views and viewpoints, the transcription captured the notes verbatim. In addition, to understand how different respondents spoke about each issue, during analysis data was coded thematically using an agreed-upon codebook. The qualitative data findings were utilized to triangulate the quantitative data findings and to better comprehend the viewpoints on topical issues as assessed by the situational analysis.

2.6 Scope and Limitations

The situational analysis findings should be considered in light of the following limitations:

- The situational analysis does not seek to provide a comprehensive assessment of the operations or care environments of the institutional care facilities in accordance with the National Standards for Best Practices in Charitable Children's Institutions. Additionally, it does not evaluate specific child and family cases.
- Quantitative findings only represent a snapshot as of the time of data collection. It means children may have entered or exited facilities, and case files may have been updated after the process of data collection was concluded.
- The institutions targeted for data collection were identified based on the knowledge of DCS staff and local administration. It is likely that certain institutions operate without the knowledge of DCS or the other stakeholders consulted, and hence are not included in this study. However, every effort was made to link with a wide cross-section of stakeholders to ensure the study covered every institution across the county.
- The study did not gather quantitative data from children residing in the targeted institutions. However, the team sought their views, experiences and opinions on institutional care and care reform agenda during a consultative forum. Additionally, to gather in-depth experiential data, interviews and focus group discussions were conducted with care leavers.
- In some institutions, there were concerns with the quality and completeness of records, particularly about children's ages and origins where the facility did not have proper filing and record keeping. As a result, the totals for that indicator may not match the total number of children in care at the time of data collection. Whenever possible, follow-up calls were made to institutions during data cleaning to provide explanation on missing or conflicting data.

3. FINDINGS AND DISCUSSIONS

This section presents the findings and discussions of the situational analysis, which are organized into four key sections based on the study objectives:

1. The characteristics of the county's institutional care facilities.
2. The demographics of children residing in childcare facilities.
3. The experiences of staff currently working in institutional childcare facilities and care leavers in the county.
4. Knowledge, attitudes and practices of staff in the institutional care facilities, key stakeholders, and community members regarding institutional, family and community-based childcare.

3.1 CHARACTERISTICS OF INSTITUTIONAL CHILDCARE FACILITIES

3.1.1. Distribution and capacity

The county level DCS leadership identified 31 institutions in eight of the eleven sub-counties for participation in the situational analysis. Data was collected from all the targeted institutions, which included 30 private childcare facilities and one statutory institution (Meru children's remand home), see Table 1

Table 1: Distribution of childcare facilities by sub-county

No.	Sub-county	Private	Statutory	Total
1	Buuri East	3	0	3
2	Buuri West	2	0	2
3	Igembe Central	1	0	1
4	Igembe North	0	0	0
5	Igembe South	1	0	1
6	Imenti Central	1	0	1
7	Imenti North	10	1	11
8	Imenti South	7	0	7
9	Tigania East	0	0	0
10	Tigania Central	0	0	0
11	Tigania West	5	0	5
	Grand Total	**30**	**1**	**31**

The distribution of institutions across the sub-counties is uneven, with the majority of institutions located in Imenti North (11), Imenti South (7), and Tigania West (5). Buuri East has three institutions, Buuri West has two, while Igembe Central Igembe South, and Imenti Central have one each. There were no institutional care facilities in three sub-counties: Igembe North, Tigania East, and Tigania Central. Although these three sub-counties have no institutional care facilities, it is likely that the children therefrom are placed in institutions in the other sub-counties.

Table 2: Distribution of institutions and children population in care by sub-county

Sub-county	Number of institu-tions	No. of Males	No. of Females	Total in institu-tional care	Proportion in care by sub-county
Buuri East	3	22	117	139	6.3%
Buuri West	2	21	27	48	2.2%
Igembe Central	1	30	46	76	3.4%
Igembe North	0	0	0	0	0%
Igembe South	1	16	0	16	0.7%
Imenti Central	1	5	5	10	0.5%
Imenti North	11	358	274	632	28.6%
Imenti South	7	110	173	283	12.8%
Tigania East	0	0	0	0	0%
Tigania Central	0	0	0	0	0%
Tigania West	5	566	443	1009	45.6%
Grand Total	**31**	**1128**	**1085**	**2213**	**100%**

There were 2213 children and young adults in institutional care at the time of data collection. Though Tigania West has fewer institutions it has the most children (46%) because it hosts two large institutions, one exclusively for girls (368) and the other exclusively for boys (484). Almost 90% of children in institutional care are concentrated in three sub-counties: Imenti North (29%), Imenti South (13%), and Tigania West (46%). It is also worth noting that the only institution in Igembe Central specializes in children with disabilities and had 30 boys and 46 girls at the time of the study.

In addition, the institution in Imenti Central Sub County provides specialized services for children with disabilities. Ten (10) of the children are on institutional care while an additional 23 are brought to the facility on a daily basis for therapy purposes.

3.1.2. Type of registration

From the 25 privately-ran institutions that indicated to have some form of registration, 15 (63%) reported that they were registered as charitable children's institution, 8 (33%) were registered as community-based organizations, 3 (13%) as trusts or NGOs and 3 (13%) as education centres. In some instances, some institutions reported more than one type of registration.

3.1.3. Registration status

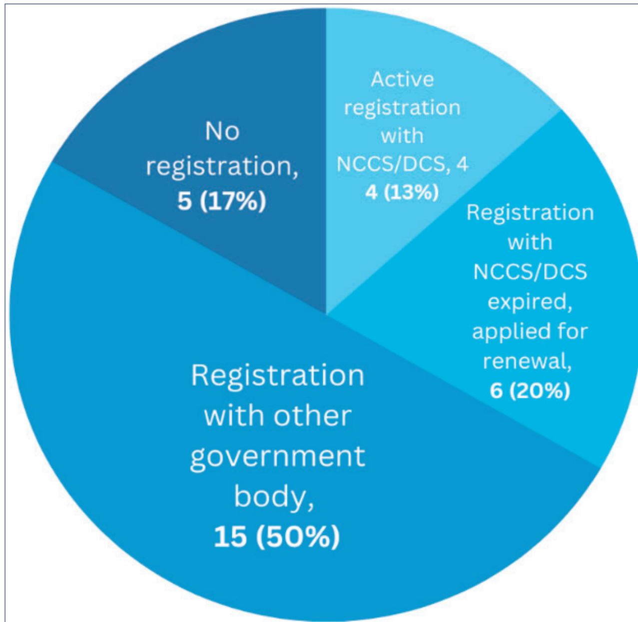


Figure 1: Institutions registration status

Section 65 of the Children Act 2022 is emphatic that NCCS is the only agency responsible for registering CCIs. It is only the NCCS that is legally mandated to "prescribe the minimum standards and conditions for operation of existing Charitable Children's Institutions".

Only 10 of the county's 30 private childcare institutions have ever registered with NCCS[3] at the time of data collection.

Only four (13%) had an active NCCS registration, while six (20%) had expired licences and had applied for renewal. Fifteen institutions (50%) had registrations with other government agencies or departments. Five (17%) institutions with a child population of 618 had never registered with any government entity. The institutional managers who cited registration by other government registration entities apart from the NCCS mentioned the Social Services Department, the NGO Coordination Board, and the Ministry of Education.

3 NCCS is the only government body with the legal mandate to register Charitable Children's Institutions. Also, note that there has been an active moratorium for registration of new CCIs since 2017.

3.1.4. Property ownership

25 (81%) institutions stated that they own the land on which the institution is located, 5 (16%) are on leased land, while 1 (3%) is on rented property. It is worth noting that in a number of institutions, the land was registered (owned) in the name of an individual rather than an organization. Noteworthy the NCCS regulations require that the title deed to the land on which a CCI is built should be registered in the name of the institution or trustees. In the case of leasing, the leasehold should be for a period of at least five years.

3.1.5. Duration of operation

Twelve institutions (39%) had been in existence for between 6-10 years; eight institutions (26%) for between 11-20 years; nine institutions (29%) between 21- 40 years; and two institutions (6%) had been in existence for more than 40 years. It is worth noting that no new institutions had been established within five years[4] preceding the study (2018–2022).

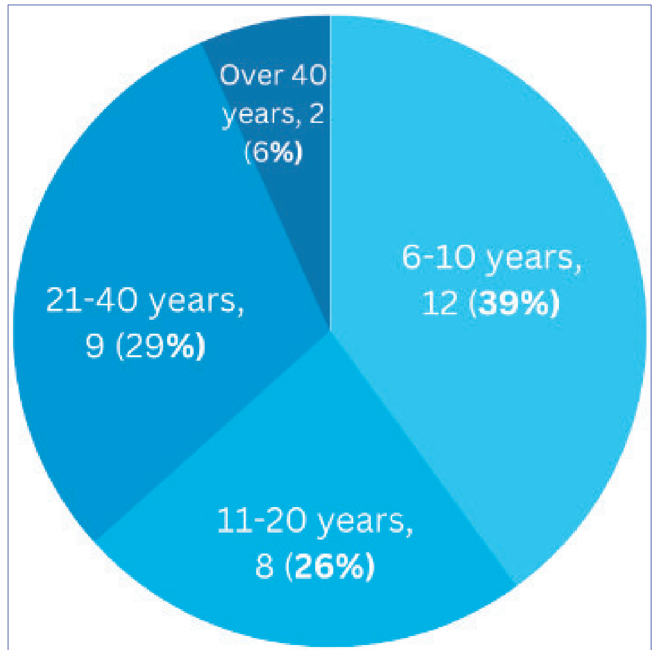


Figure 2: Institutions duration of operation

4 In 2017, the government issued a moratorium on the registration of new CCIs, signaling a move away from such institutions.

3.2 CHILDREN LIVING IN INSTITUTIONAL CARE

3.2.1. Number, profile and origin of children

Of the 2213 children and young people in institutional care in the County, 1128 (51%) were males and 1085 (49%) were females. 2193 (99%) were living in private care institutions with only 20 children residing at the state-run Meru children's remand home. The managers also reported that 134 children (61 boys and 73 girls) were living with disabilities with the majority (84%) having intellectual impairments, 21% with physical impairments, and 10% having sensory impairments. Notably, some children were reported to have multiple disabilities. Three of the institutions[5] only admit children with disabilities and had a combined 101 children.

5 Tuuru Children's Home (76 children), Jawa (10) and Mercy Heart Children's Home (15 children).

321 children (179 females and 142 males) were reported to have chronic illnesses in ten institutions.

The study established that the population of children in most institutions was less than 100, with just six institutions exceeding this number. Six institutions cared for 51-100 children, ten institutions for 21-50 children, and nine institutions housing fewer than 20 children.

The study also assessed the origins of the children in institutional care in the county. Of those children whose origin was known to the managers of the institutions, 773 (36%) originated from the same sub-county in which the institution is located, 686 (32%) of children originated from other sub-counties of Meru county, and 667 (31%) of children originated from other counties in Kenya. This means that almost 70% of the children originate from within Meru County and therefore processes of family tracing and case management can easily be conducted. It was not possible to clearly establish the origin of about 87 children.

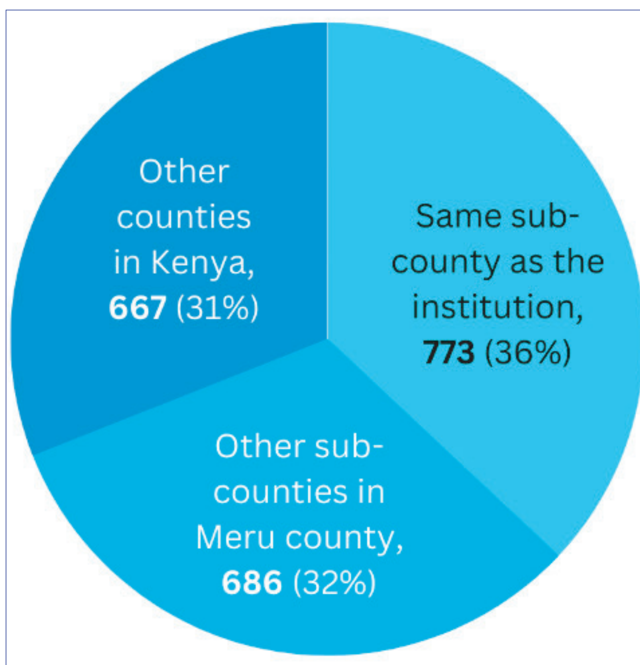


Figure 3: Origin of children in institutional care

A review of 520 randomly sampled children files revealed that only 68 (13%) of files contained family assessments, and only 1 (3%) contained family visitation records. This means the institutions were not taking advantage of the close proximity of families of these children to facilitate family visits that could be useful in fast-tracking reunification and reintegration.

3.2.2. Siblings in institutional care

Section 12 of the Children Act 2022 dictates that all efforts shall be expended to avoid separation of siblings during placement in alternative care, unless it is unsafe to do so, or not in the best interest of the siblings. The study established that 346 children (16%) in institutional care were siblings. Buuri West had the highest number of siblings (20 out of 48) in the same institutions, followed by Imenti North sub-county (207 out of 632), Buuri East (39 out of 139), and Igembe South (4 out of 16). The figures in all the sub-counties are tabulated below:

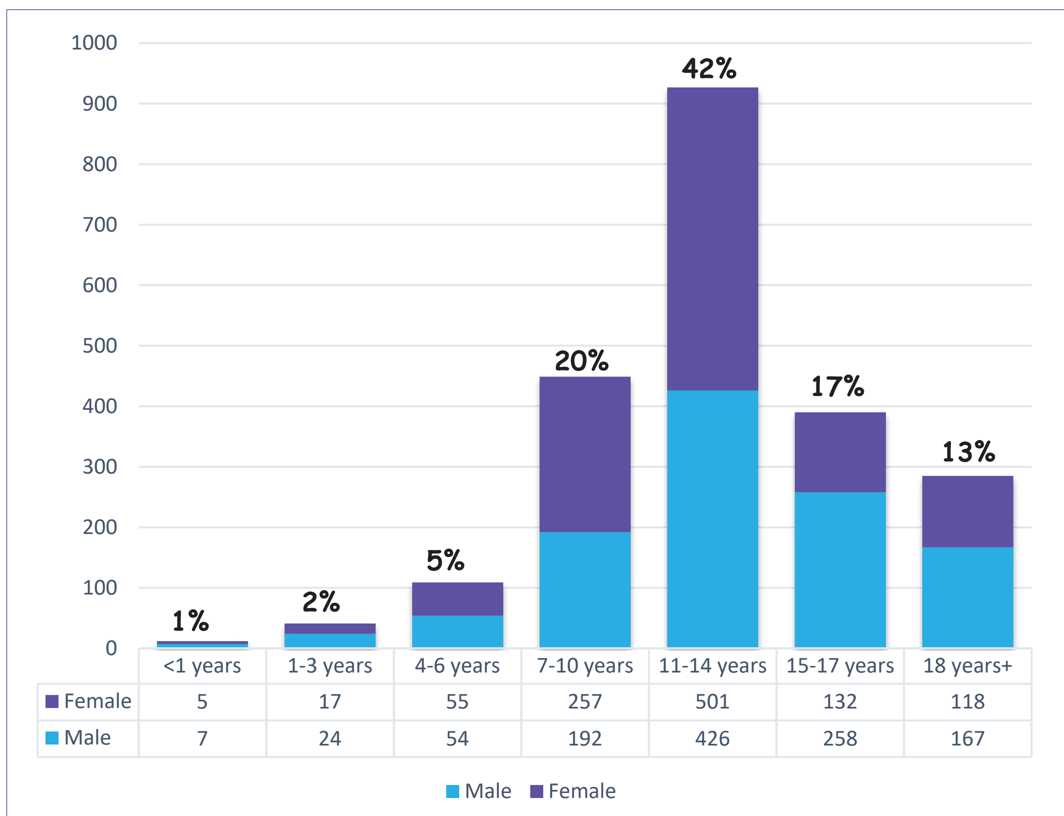
Table 3: Siblings in the same institutions of care

Sub-county	2's	3's	4's	5's or more	Total	Siblings as a percent of the total population in care
Buuri East	20	15	4	0	39	28%
Buuri West	8	12	0	0	20	42%
Igembe Central	2	0	0	0	2	3%
Igembe South	4	0	0	0	4	25%
Imenti North	136	45	16	10	207	33%
Imenti South	28	9	8	0	45	16%
Tigania West	26	3	0	0	29	3%
Grand Total	**224**	**84**	**28**	**10**	**346**	**16%**

3.2.3. Age and Gender of Children in institutional care

On the basis of their reported ages, 1766 children (80%) were between ages 7-17 years with the age bracket of 11-14 years having the highest number of children at 927 (42%). The chart below shows the overall age and gender distribution of children living in Meru institutions at the time of data collection.

Figure 4: Age and gender of children living in childcare institutions



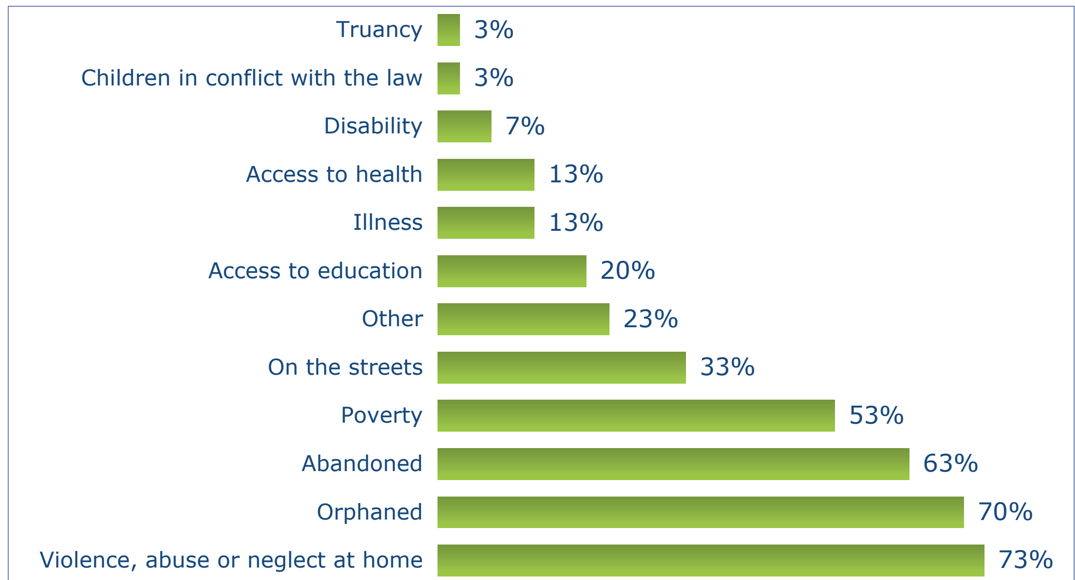
The data revealed that 53 children aged three or younger (3% of the total population mapped) were living in childcare institutions. This is inspite of the robust global research which has shown that institutional care is damaging and inappropriate for this age category. Section 67 of the Children Act is categorical that except in compelling circumstances, a child below the age of three years shall not be placed in alternative care in an institution, and even then, not for a period exceeding three months. It was also established that 285 young people (13% of the total population mapped) were aged 18 years old and above. The National Standards for Best Practices in Charitable Children's Institutions do not recommended institutional care for persons aged 18 years and above.

3.2.4. Reasons for admission of children

The managers of the institutions were asked about the pull and push factors that contribute to institutionalization of children. The most often indicated reason was domestic violence, abuse, or neglect, which was mentioned by 22 of the 31 managers (73%), followed by orphanhood (70%), abandonment (63%), and poverty (53%). Less than a third of the institutions cited other reasons for admission such as children living on the streets, access to education, access to health, illness, disability, truancy and children in conflict with the law. The manager of the statutory children remand home indicated the main reasons for admission were truancy, children on the streets and those in conflict with the law. The other reasons which were reported by the private care facilities and categorized as 'other' in this report included victims of Female Genital Mutilation (FGM), separation of parents, imprisonment of the surviving parent or transfer from other institutions. It should be noted that most of these factors are interlinked, and a child could end up in an institution because of more than one factor.

Noteworthy, according to the Violence Against Children in Kenya 2019 survey, "childhood physical violence by parents, caregivers, and adult relatives is common, affecting 28.9% of females and 37.9% of males". Further, a crime outlook report in 2020 by the National Crime Research Centre established that Meru County had high SGBV incidents at 55.3% that is higher than the national average of 45.4%.

Figure 5: Reasons for children's admission into institutional care (as reported by the managers)



Speaking to the research team, a CCI manager from Imenti South noted,

"Many of the children who come to us are vulnerable victims of domestic abuse. In that case, the home is no longer a safe refuge for such children and the next best available option is institutional care. For care reform to succeed, stakeholders need to also address sexual and gender-based violence at the community level".

A sub-county children officer also supports this view. She observed,

"When we have conflicts at the family level, children are abused, neglected and/or abandoned. Such children end up in institutional care. It is only through strengthening and supporting families that care reform will succeed".

3.3 SERVICES

The study found that the most common services provided by childcare institutions were religious services, with 26 of 31 institution managers stating that they provided this service (87%); counselling/psychosocial support services (83%), life skills training (77%), and health care (43%). According to the data, institutions rely heavily on outside service providers for health care (73%), education (primary: 67%, secondary: 63%, vocational: 40%, and early childhood: 27%), and counselling or psychosocial support (40%).

Figure 6: Services provided within the institution of care

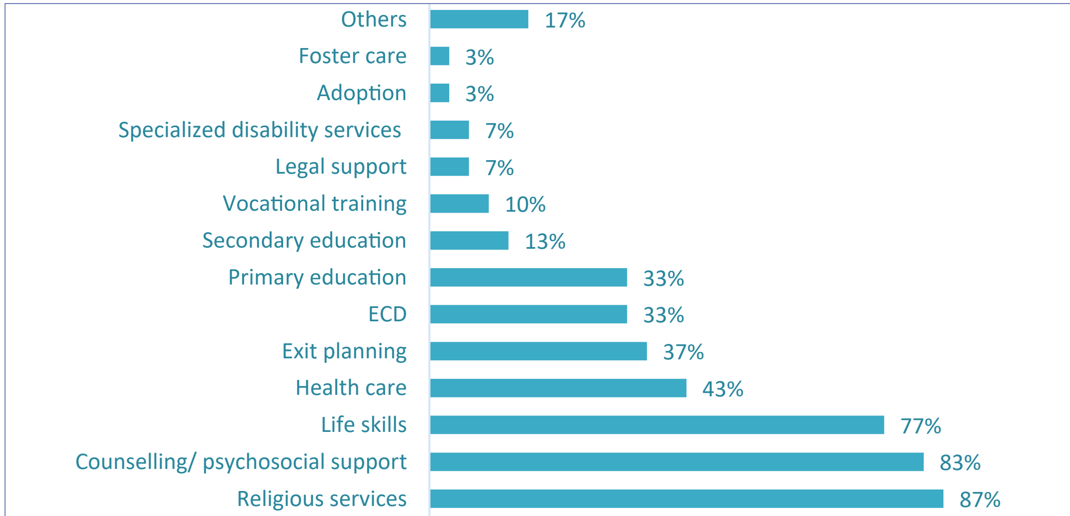
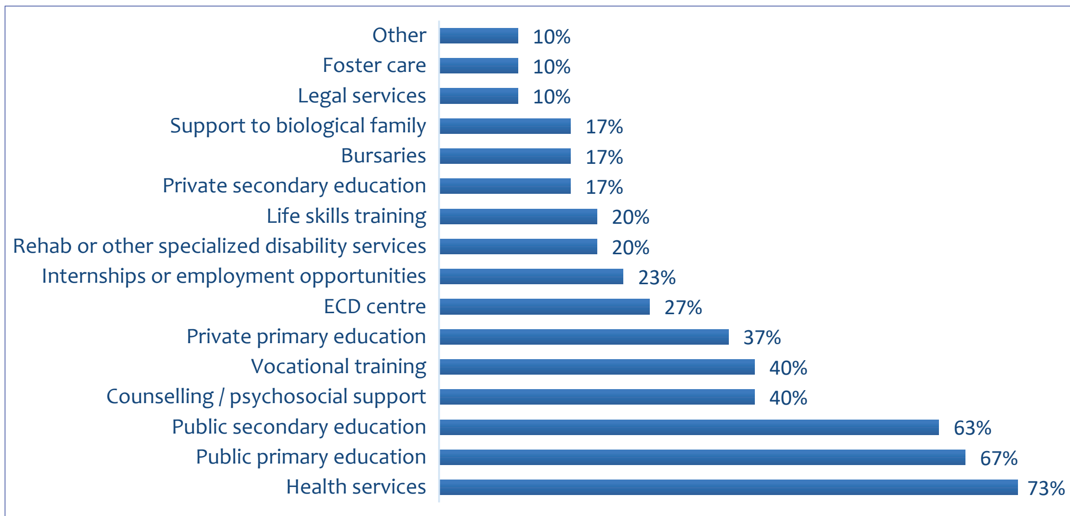


Figure 7: Services accessed outside the institution of care



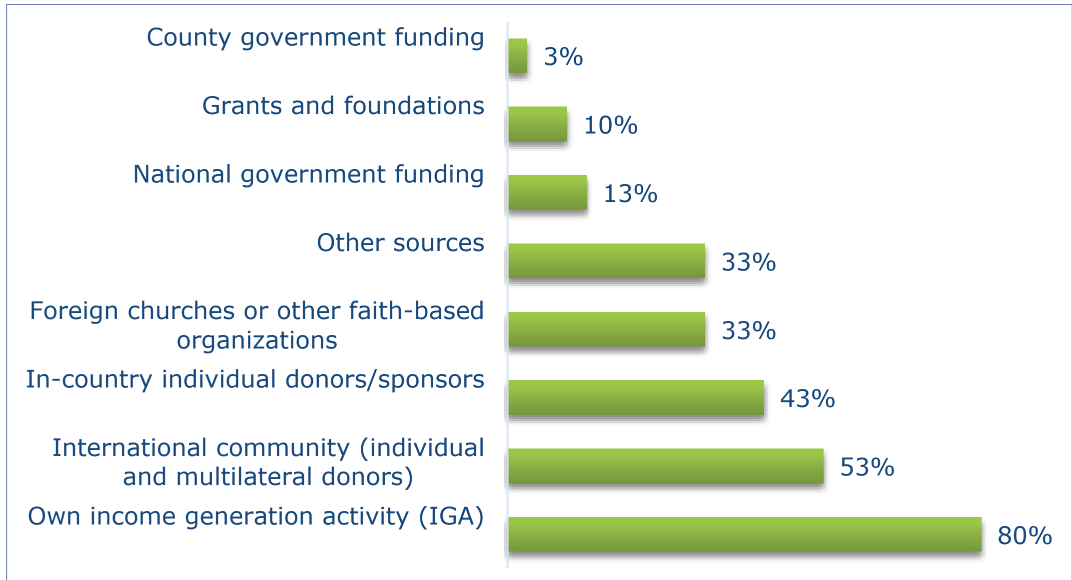
Notably, Only 11 out of 31 institutions mentioned exit planning, which would help institutions ensure placements are transient, as required by the National Best Practice Standards for Charitable Children's Institutions. A lack of exit planning could explain why 285 youths over the age of 18 years were still housed in institutions.

Additionally, health care and all levels of education (early childhood, primary, and secondary) were more frequently accessed through external providers than was provided by the childcare institutions. When education was received from outside sources, it was most typically in public schools (compared to private schools). It means these services can be provided to children while living in family-based or community-based care with sufficient family support.

3.4 FUNDING SOURCES

The situational analysis also assessed the funding streams for the institutional care facilities. The study examined the sources of funding in each institution as well as the proportion of the total annual budget received from each source. The financing sources mentioned are shown in Figure 8 and additional information provided in Appendix 3(c).

Figure 8: Sources of funding cited by institutions of care (N=31)

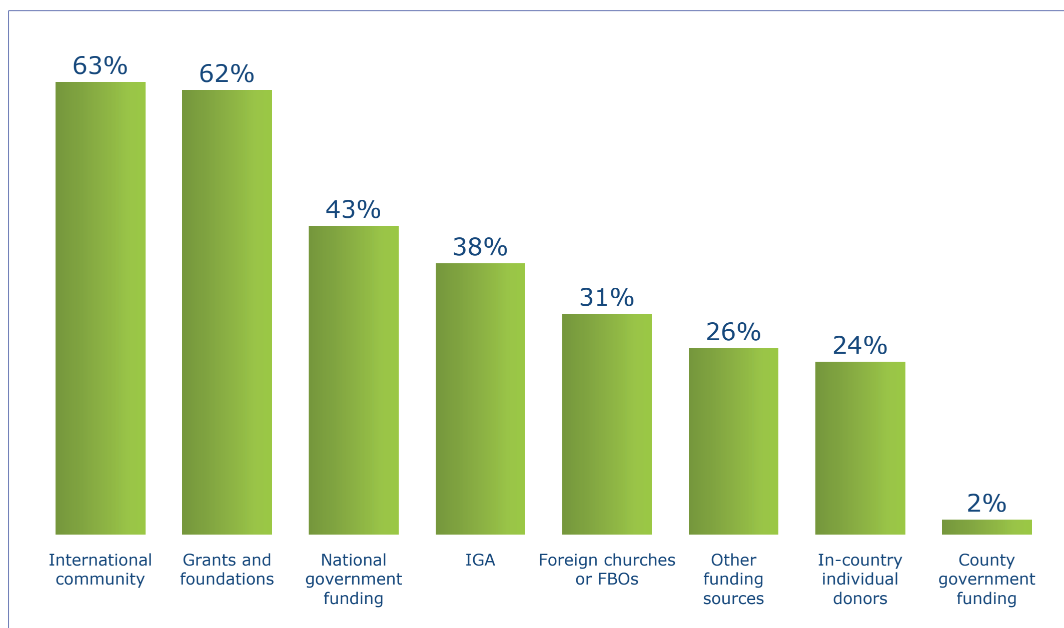


Own revenue generation was the most often mentioned source of funding, with 25 managers of institutions (81%) stating funding from this source. Other financial sources mentioned by the managers were the international community by 15 institutions (48%); in-country individual donors/sponsors by 12 institutions (39%), and foreign churches or other faith-based groups by 9 institutions (29%). Other sources of funding included donations from well-wishers and friends, children sponsorships and support from the local community. The managers/directors highlighted agriculture (crop and animal farming), renting their institution buses, and providing accommodation facilities as the most common income- generating activities. The vast majority of IGAs were in agriculture, which supplemented the food consumed at the institution.

26 institutions received financing from multiple sources, with only five receiving funding from a single source. The SCI receives all its funding from the national government since it is a statutory institution, two exclusively from farming IGAs, one exclusively from foreign churches/FBOs, and the other exclusively from the international community (individual and multilateral donors).

When all financing sources mentioned by the institutions were considered, the funding from the international community (15 institutions), and grants and foundations (3 institutions) were the major sources providing over 60% of the funding in the respective institutions. This means although IGAs were available in 25 of the institutions, this funding stream only provided approximately 38% of the total funds in those institutions.

Figure 9: Average percentage contribution of the source to the total funding in the institution



3.5 EXPERIENCES OF CARE IN INSTITUTIONS

The study involved sampling experiences of young people who have left institutional care to ascertain their individual experiences of the care they received in the respective institutions. Through focus group discussions, the research team documented experiences of 21 care leavers across the county who had benefited from institutional care for an average period of 9 years each and a cumulative period of 189 years between them. When asked what they liked about institutional care, the majority cited provision of food, education, health, shelter, and security.

One of the care leavers from Buuri East sub-county was forthright that:

"My relatives took me to the CCI because there is no way they could have afforded my school fees. My parents had separated and the uncle who took me in was poor. Because the CCI took me in, I am now proud to be a primary school teacher".

When asked what they disliked about institutional care, the care leavers had crosscutting responses including that life in the institution was lonely due to lack of family relations, limited freedom due to the strictness of rules at the institution that had to be followed to the letter, and stigmatization in school by fellow children and even teachers.

A care leaver from Imenti South sub-county lamented:

“You live with strangers, people who are not related to you. It is a very lonely life but when you think you can’t go back home because home is worse, you can easily turn suicidal”.

Another care leaver from Imenti North likened the CCI life to a cage indicating:

“CCIs have a cage-like environment unlike families where there is freedom”

When asked what they would advise CCIs to improve on in order to facilitate effective care for children under their care, many of the care leavers advised CCIs to employ enough and qualified staff, facilitate more family/neighbor visits, allow children to express their views in matters affecting them, adequately prepare children who are about to leave institutional care and offer after-care assistance such as continued psychosocial support.

A care leaver from Imenti North told the research team that:

“After 16 years of living in the institution, it suddenly felt that they no longer wanted me there. They began mistreating me. I could overhear them say that I should leave the space for children and go fend for myself. I left the institution without knowing exactly where I was going. Nobody bothered to know how I would end up”.

When asked about what advice they would give to a family considering placing a child to institutional care, a care leaver had this to say:

“I would advise them not to take children to a CCI, instead they should find ways of supporting their children in a family environment …they could scout for resources from the government or partners to support their children. CCI should be the last option. The first option should be kinship and other alternative family care options”.

The care leavers were unanimous that institutional care, much as it provided a place of safety for vulnerable children, should not be treated as an end in itself. All efforts must be expended to support children to live in their families.

A care leaver from Buuri East sub-county told the research team:

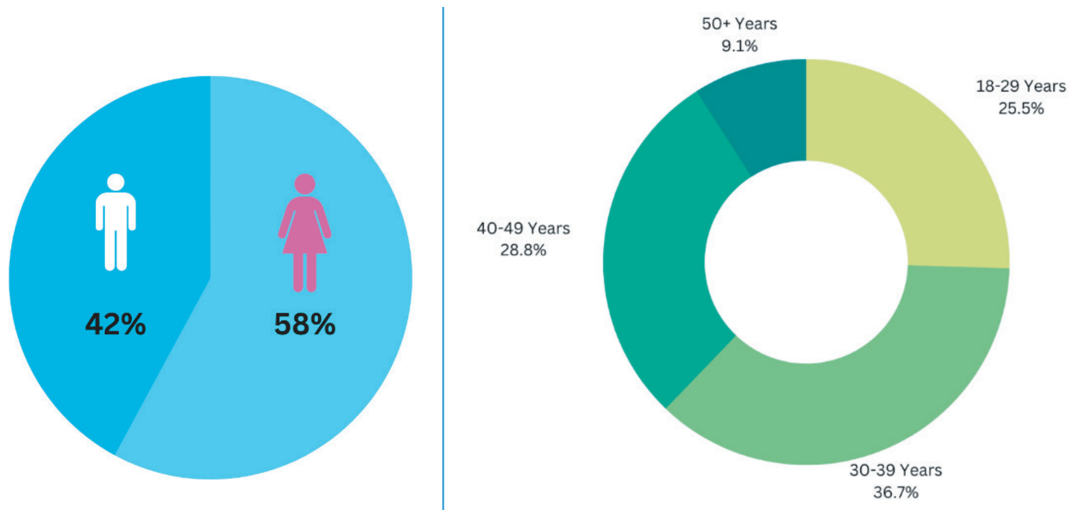
“I know for sure if my grandmother had enough food for all of us, she would not have sent me to the CCI. At her advanced age, she had no options. There was no one to support her”.

From these lived experiences, it is clear that institutional care cannot replace family and community-based care. As indicated by these care leavers and triangulated from the institutional questionnaire data, most of the children live in institutions beyond the recommended maximum of three years and without any plan on how they will be exited. In some cases, children are exited from institutional care after completing their primary or secondary level education meaning that they were only in the institution to access education. In some other cases, the exits are solely based on attaining the age of majority (18 years).

3.6 WORKFORCE IN THE INSTITUTIONAL CARE FACILITIES

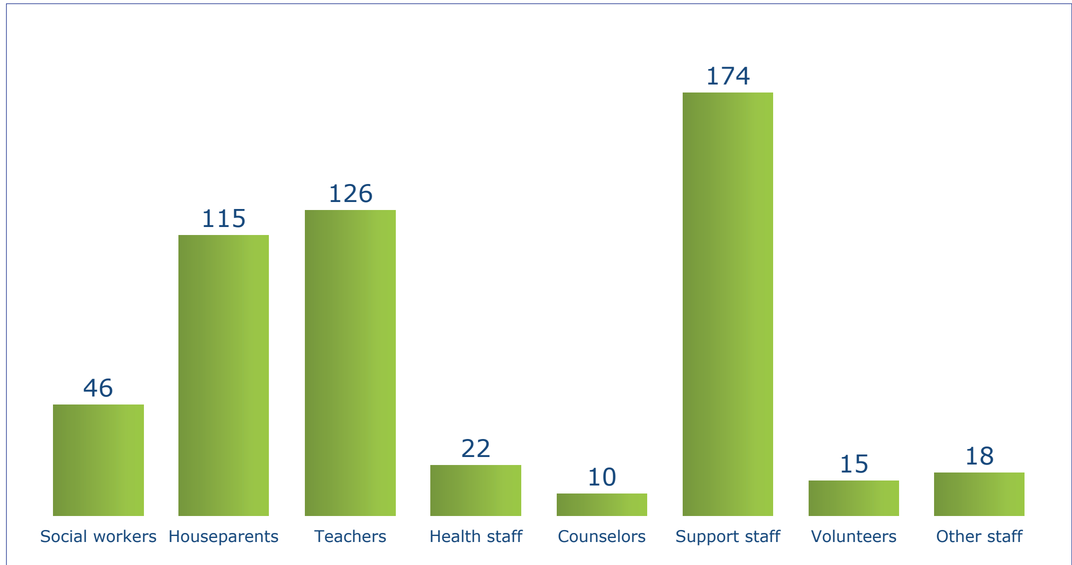
526 staff (220 males, 306 females) were employed across the 31 institutional childcare facilities. Female staff comprised 58%. 194 staff (37%) were aged between 30- 49 years with those aged 40-49 years accounting for 29% (150 staff). 136 staff (26%) were aged 18-29 years while 46 (9%) were aged above 50 years.

Figure 10: Workforce by gender and age brackets



Examining the roles assigned to the staff in the institutions, 46 (9%) were social workers, 115 (22%) were house-parents, 126 (24%) were teachers, 174 (33%) were support staff (e.g. kitchen, security, farm, store, accounting or groundskeeper staff) and 22 (4%) were healthcare staff. Counsellors accounted for 2% (10 staff) while only five institutions reported having had a cumulative total of 19 volunteers. Although the childcare institutions indicated that they provided a range of social services, 61% of the staff positions were related to general institution operations (i.e., kitchen staff, groundskeepers, farm attendants, security personnel, administration and house parents) as compared to positions related to specialized services. Only about 39% of the total staff employed worked in specialized service provision such as social work, education, healthcare or psychosocial support/counselling.

Figure 11: Staffing in institutional care facilities



Social workers

In childcare, social workers play a crucial role of overseeing the day-to-day care and wellbeing of children and are generally tasked with assessment, planning, and monitoring of children services. Only 46 social workers were reported to be employed across 24 institutions in the county. According to the survey data, four institutional care facilities with a total population of 497 children had not employed any social workers. Notably, one of the institutions without a social worker houses 368 children. Another one houses 88 children. It means these children have no access to essential professionals whose key responsibilities include undertaking family tracing, assessments, and supervision of childcare plans.

When the total number of children living in institutions is compared to the total number of social workers employed by the institutions, a social worker in a private institution has an average caseload of 48 children. In contrast, social workers at the SCI have an average caseload of 10 children. This covers just children who are currently residing in the institutional care facilities and excludes children who have left care and require monitoring and support. Only nine of the thirty-one institutions fulfilled the National Best Practice Standards for CCIs recommendation of a caseload of 20 children per social worker. Some of the social worker-to-children ratios were as high as 100 meaning the social worker cannot provide the required services to each child. Regarding academic qualifications, 17 social workers had bachelor's degree qualifications, 21 had diplomas, 5 had certificate-level training and 4 had no formal training in social work.

House parents

House parents are typically the primary caregivers in a childcare facility, overseeing accommodation arrangements, food, clothing, and basic household chores. 115 house parents were found to have been employed in 26 institutions, whereas 5 institutions had no house parents. A caregiver-to-child ratio of no more than 1:10[6] is recommended by the National Standards for Best Practices in CCIs. The average caseload per houseparent was 19 children and only eight institutions achieved the recommended level of one house parent for every ten children or less depending on age. In two institutions, a houseparent was responsible for more than 180 children.

Volunteers

The situational analysis also examined whether institutions engaged volunteers. 25 (81%) of the 31 institutions said that they regularly host volunteers, both local and international. 17 institutions reported primarily hosting local volunteers, 4 hosting international volunteers, and three hosting both.

7 institutions reported hosting international volunteers on a regular basis, although the numbers had decreased since the onset of COVID-19. The main regions of origin for foreign volunteers were the United States, Canada and Europe. Only one institution reported hosting three international volunteers at the time of data collection, whereas three institutions were hosting 12 local volunteers.

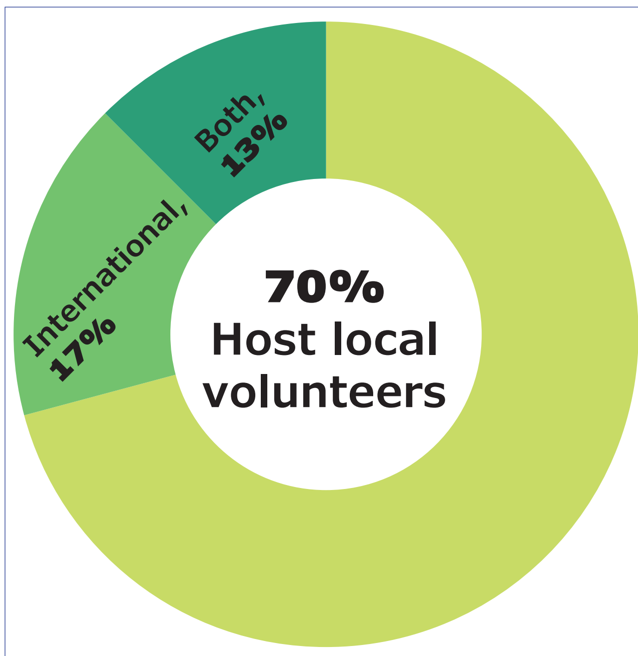


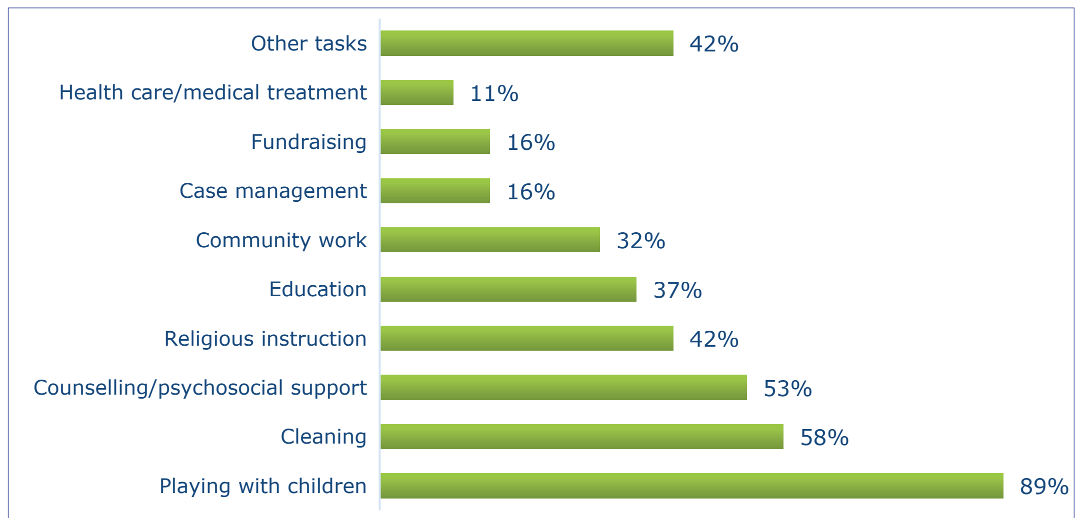
Figure 12: Volunteers in institutions

According to the institution managers, the majority of potential volunteers find out about the volunteering opportunities in the CCIs through church programs (63%), social media (38%), websites (21%), and schools (17%). To prepare volunteers for service in the institutions the majority (21 institutions) hold orientation sessions, seven offer training to volunteers, only six conduct background checks, and four provide written resource materials for reference.

6 The 1:10 caregiver-to-child ratio relates to children aged seven years or older; a ratio of 1:8 is recommended for children aged four to six years, and a ratio of 1:6 is recommended for children up to three years.

The key tasks performed by the volunteers in the institutions included playing with the children (88%), assisting with cleaning the institution/clothes (58%), counselling (54%), providing religious instruction/guidance (42%), or participating in community initiatives (33%). Figure 13 shows chores performed by the volunteers as reported in 25 institutions that host volunteers from time to time. All institutions reported that tasks were assigned to volunteers depending on their experience or field of study. Some of the other tasks mentioned included mentorship, motivational speaking, life skills training and helping with cooking, especially on weekends.

Figure 13: Tasks performed by volunteers



3.7 GATEKEEPING

Gatekeeping[7] is the prevention of inappropriate placement of a child in formal care. It is also described as policies, systematic procedures, services and decision-making, which ensures that alternative care for children is used only when necessary and that children receive the most suitable support and/or care to meet their unique individual needs, thereby upholding the best interest of the child.

Gatekeeping is an essential tool for diverting children from unnecessary initial entry into alternative care and reducing the number of children entering institutions. According to the United Nations Convention on the Rights of the Child (UNCRC), interventions must be made in the child's best interests (art. 3), they must make it easier for children to return to their families (art. 8–10), and all placements must safeguard the children and be subject to regular reviews (art. 20 & 25).

7 Gatekeeping guidelines for children in Kenya.

3.7.1. Referrals for admission contained in children files

Through the review of child casefiles, the situational analysis offered insight into how well the gatekeeping guidelines were being followed in the admission of children into institutional care. Only 147 (28% of the 520 files reviewed) had a Court committal order. This is supported by data from the institutional questionnaire, which revealed that only 17% of children had active Court committal orders while 10% had expired Court committal orders. This means that approximately 1600 children were in the childcare institutions lacked Court committal order.

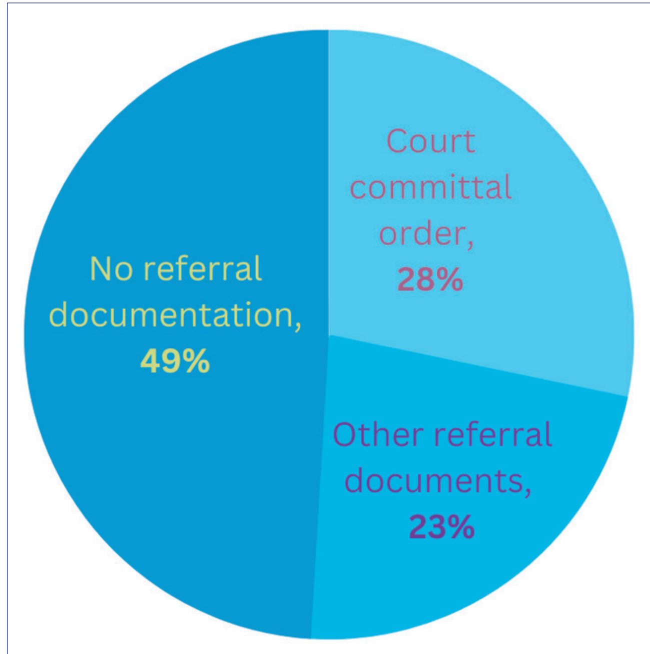


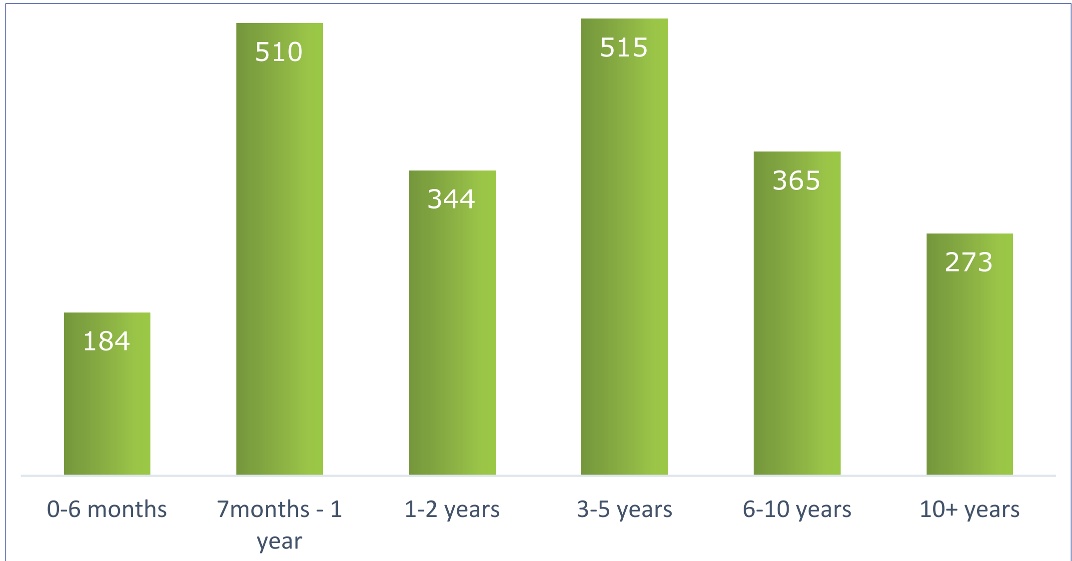
Figure 14: Admission referral documentation

3.7.2. Duration of stay and exiting institutions

This is contrary to section 71 of the Children Act 2022 that states, "A Charitable Children's Institution shall not admit a child into its care without a Court committal order specifying, among other things, the maximum period for which the child shall be accommodated in the institution". An additional 23% of case files contained one or more referral documentation: A referral letter from the chief (180 files), Occurrence Book (OB) number from the police (24 files), or referral letter from SCCO (100 files). Almost half of the sampled files (49%) did not contain any referral documentation, raising concerns about how those children were admitted to the institutions. 3.7.2 Duration of stay and exiting institutions

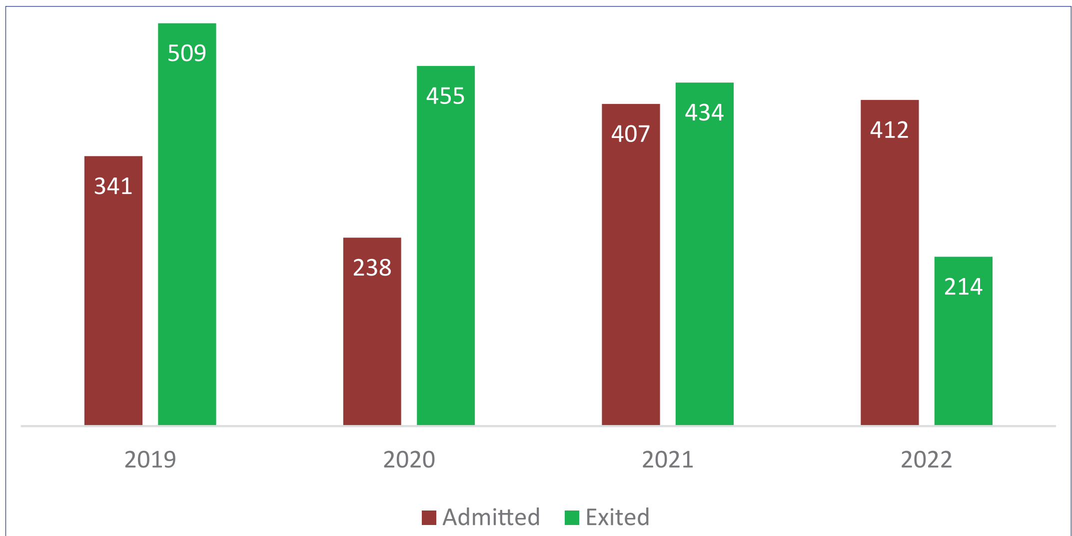
The Guidelines for the Alternative Family Care of Children in Kenya assert that placement of children in institutional care is a last resort and should not exceed three years unless extended through a Court order. The guidelines state that child case reviews must be conducted every three months to ensure that sufficient effort is being made to safely exit the child from the institution and back to family-based care. At the time of data collection, 1153 (53%) of children residing in childcare institutions in Meru County had lived there for three or more years, contrary to the standards outlined in the Guidelines for the Alternative Family Care of Children in Kenya.

Figure 15: Duration of child stay in institutional care



The situational analysis also looked at admission and exit statistics for children during the previous three years, beginning in 2019. According to the data gathered, 1398 children were admitted, and 1612 children exited from institutional care during the same period. Except for 2022, which only considered data up to the time of data collection, the data shows that there were more annual exits than admissions (Figure 16). It is also extrapolated that more children were likely to exit in the last months of 2022 since some exits are tied to children completing their terminal primary or secondary level examinations that had been scheduled for November and December 2022.

Figure 16: Admissions and exits from institutional care 2019-2022

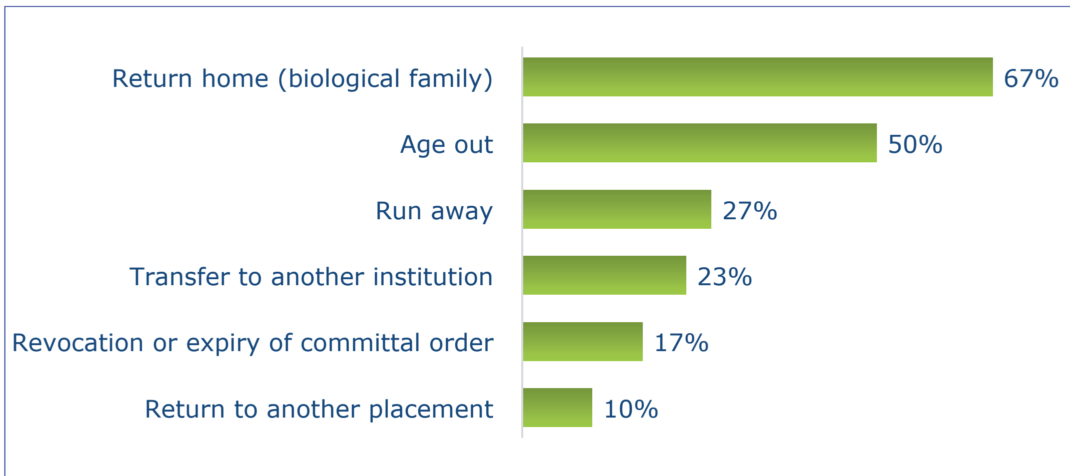


3.7.3. Reasons for exit from institutional care

Children exited institutional care due to various reasons. The reasons given by managers included children returning to their families (67%), ageing out (50%), running away (27%), transfer to another care institution (23%), and revocation or expiry of the court committal order (17%). The high percentage of children returning to their family of origin is a pointer that childcare reform is possible. However, the high number of children reportedly running away from institutional care should concern stakeholders.

Noteworthy, a child could have been reported to exit institutional care due to multiple reasons.

Figure 17: Reasons for exit from care

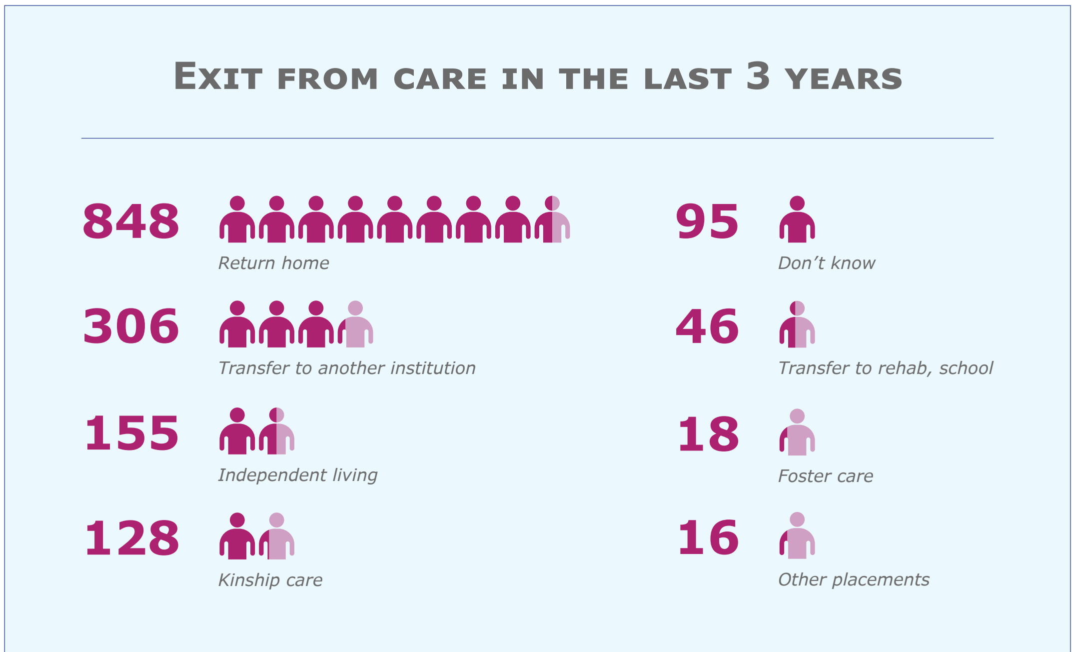


3.8 PLACEMENTS FROM INSTITUTIONAL CARE

The managers reported that when children exit from the institutions, they usually return to their families of origin, enter kinship care, get into independent living, are transferred to other institutions or are placed in foster care. However, a review of the placements data reported by the managers indicates that transfers to other institutions were very common, Figure 18.

The majority (53%) of the 1612 children who were reported to have exited childcare institutions in the previous three years returned home (where "home" referred to the household the child had been residing in prior to entering the institution; this could have included households with biological parents or households of relatives). More children were also reported to have joined family or community-based care, including 155 (10%) in independent living, 128 (8%) in kinship care, 18 (1%) in foster care, 16 (1%) in other placements including domestic adoption while 306 (19%) were transferred to other facilities. The number of children reported to have been transferred to other facilities is significant, and it is critical to establish what circumstances led to these transfers and whether proper procedures were followed.

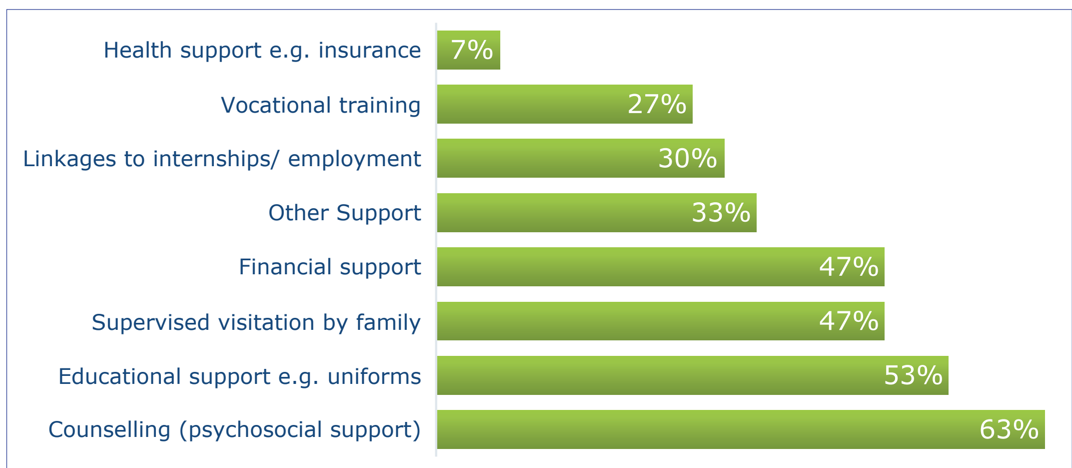
Figure 18: Placements from institutional care for the period 2019-2022



3.8.1. Experiences of exiting institutional care

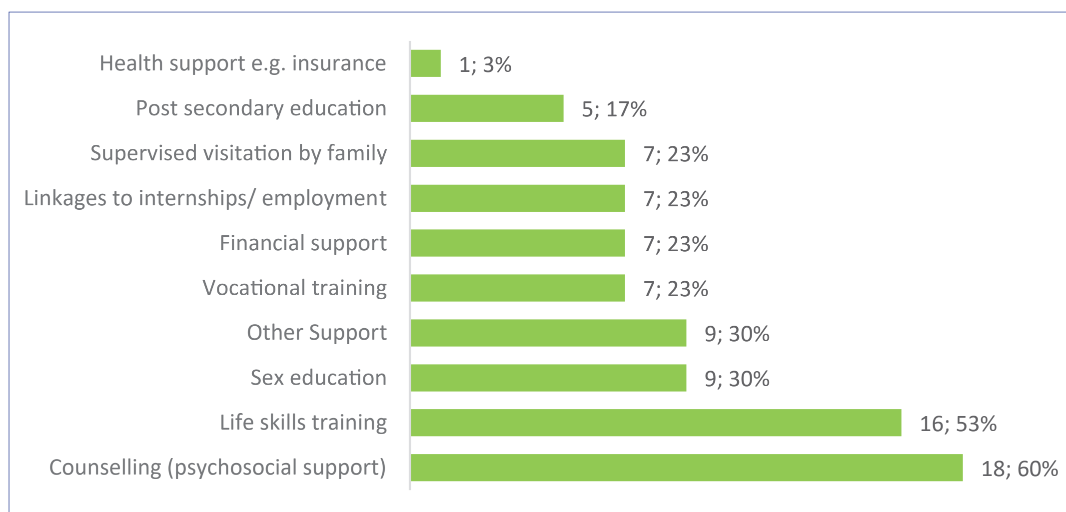
The SITAN assessed how childcare institutions prepare children as they exit care for reunification, reintegration or to live independently. For the children being prepared for reunification and reintegration, 19 (63%) of the institutions indicated they provide counselling, 16 (53%) provide educational support while a further 14 (47%) provide financial support and supervised family visits. See Figure 19 for all reported preparations.

Figure 19: Preparations for children before reunification and reintegration



For the young people being prepared to exit care and live independently, 18 (60%) institutions indicated they prepare them through counselling, 16 (53%) through life skills training and 9 (30%) through sex education.

Figure 20: Preparing young people for independent living



However, most of the care leavers engaged through FGDs indicated that they were ill prepared for the life outside the childcare institution. One of the care leavers from Buuri West sub-county commented that:

"The institution I grew up in had no exit preparation strategies for children leaving care. Instead, they concocted false accusations against children to scare them away. No one really cared where such children would end once they exited from the institution"

3.8.2. Attitudes toward exiting children from institutional care

From the FGDs and KIIs conducted with the community members and other key stakeholders, it was reported that most children and young people who leave institutional care face many challenges. The respondents noted that children and young adults lack life-skills, struggle with relationships and lack a sense of community belonging:

"Children get used to getting everything provided for them in the care institutions. In most cases, once they exit from these institutions it becomes difficult to fit in the community due to a change of culture and lifestyle which may prompt them to want to return to the CCI"- Community member, Tigania West sub county

3.9 CASE MANAGEMENT

Case management is the process of ensuring that an identified child's needs for care, protection, and support are satisfied as recommended by both the Guidelines for the Alternative Family Care of Children in Kenya and the National Standards for Best Practices in CCIs. This is typically the responsibility of a designated social worker, who meets with the child, family, and any other caregivers or professionals associated with the child to assess, plan, deliver, or refer the child and/or family for services, as well as monitor and review progress. Rigorous case management helps to ensure that children's unique needs are identified and addressed while in institutional care, and it helps to strengthen families to prepare them to receive children into their care, ensuring that children do not stay in institutional care for longer than necessary. In the absence of systematic case management, children may be unable to meet their requirements and may remain in institutional care for extended periods.

Although the majority of the institutions stated that they carry out case management activities such as registration, child assessment, family tracing, preparation of care plans, exit planning and supervised visits, a review of the case files revealed that very few files contained the essential paperwork to demonstrate this. Based on a review of randomly selected case files from all institutions, it is evident that many of the institutions are not opening and maintaining child files in accordance with the filing policy contained in the National Standards for Best Practices in CCIs. From the case files review checklist, the files were analyzed to assess those that contained the critical documents on referral for admission, biodata, medical assessment on admission, child assessment (including a photo of the child), birth certificate, family assessment, care plan, school record, and case notes or monitoring forms. Only one of the 520 files had a complete set of the nine minimum critical documents.

Table 4: Completeness of children's files in institutional care facilities

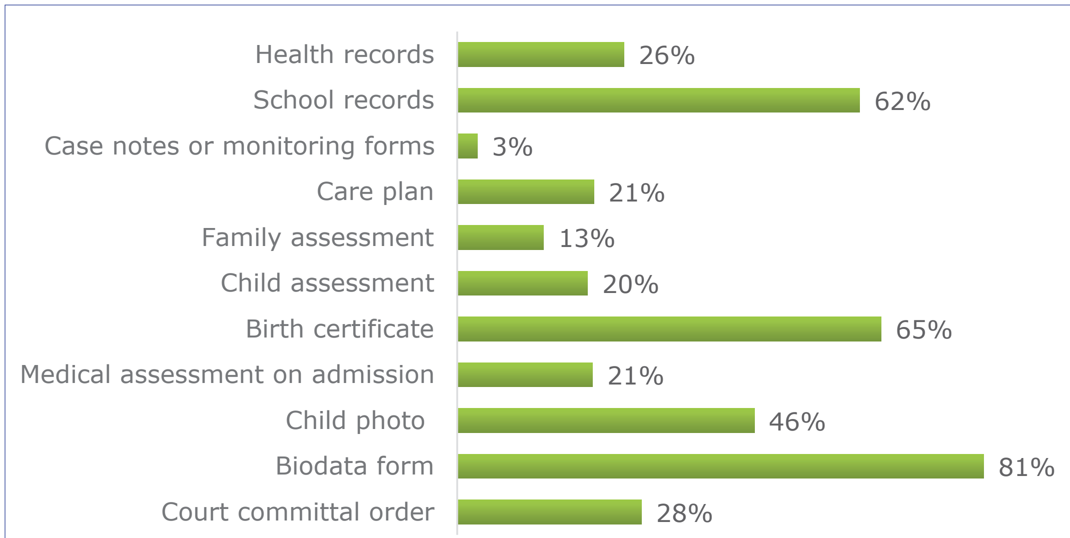
Number of documents	No. of files	Percent
0-3 documents	352	67.7%
4-6 documents	124	23.8%
7-8 documents	43	8.3%
All 9 documents	1	0.2%
Grand Total	**520**	**100.0%**

99.8% OF SAMPLED CASE FILES WERE INCOMPLETE.

As revealed from the review of the files, most institutions have not put in place proper filing systems and most files are incomplete. Upon admission, it is expected that a biodata (admission) form is filled in for the child but only 81% of the files had this important document.

Further, the child should undergo a comprehensive medical checkup by a qualified medical practitioner. Children with special needs should also receive additional assessments to determine the extent of their challenges, among other things. The case review established that only 21% of the files had medical assessments done on admission. Additionally, only 46% of the files had a photo of the child though the National Standards for Best Practices in CCIs recommends that a photo of the child be taken on the date of admission and kept in the file. The availability status of the other documents is presented in Figure 21.

Figure 21: Availability of critical documents in children files as per CCIs filing policy



Case planning

Case plans for children should be developed with the objective of minimizing the time that a child spends in institutional care. This is accomplished by working with the child and his/her family to define the goals to be achieved with the resources available. A case plan should include an assessment of the child and his or her needs, as well as the actions required to guarantee that institutionalization is only a temporary solution.

Only a fifth (104) of the 520 case files reviewed contained a case plan and child assessment forms. This demonstrates that individualized care planning has not been prioritized in many institutions and may be a contributing factor to the long periods that children spend in institutional care. Despite the large number of children reported to have exited institutional care in the last three years, only 13% of the files sampled contained a family assessment, an essential process for enabling sustainable reintegration reunification and of children into family and community settings.

Similarly, family visitation records (used to strengthen the bond between a child and his or her family while they are separated) were extremely low. Interviews with institution staff, particularly managers and social workers, revealed varied and mostly misinformed understanding of the case management process and the respective documents that must be completed at each stage.

3.10 PERCEPTIONS OF TRANSITIONING AWAY FROM INSTITUTIONAL CARE SERVICES

Under the 7th Schedule (transition provisions) of the Children Act 2022, "A Charitable Children's Institution that is registered under section 65 of the Children Act, 2001 shall not undertake any activity after ten years from the date of the commencement of this Act". The study sought to garner the perceptions of diverse stakeholders (CCI managers, chiefs, community health volunteers, Community Child Protection volunteers, parents and guardians/caregivers of children in institutional care, the National Police Service and community leaders of diverse cadres) across the county on the government's resolve to transition away from institutional care and promote family and community-based childcare. From the diverse engagements, the research team summed up the perceptions of the transition from institutional care to family and community-based care as here below:

a. There is almost universal consensus among stakeholders that in the traditional Meru community, children belonged to the community as a whole. Even in cases where for any reason a child could not live with their biological parents, there always were ready relatives and neighbors willing to take in such vulnerable children. A member of the *Njuri Ncheke* Council of elders lamented, ***"The Meru culture in its traditional sense had no place for orphanages. Childcare was the responsibility of the whole community. It was inconceivable that a child could be taken to an orphanage to grow away from the warmth of the family and the community".***

b. Due to the breakdown of the traditional family and community structures, charitable children's institutions slowly emerged. However, these institutions initially catered only for vulnerable orphans who had no one else to care for them. They were few and far apart. A member of the *Njuri Ncheke* Council of elders observed the need to ***"go back and interrogate the family structure that is slowly disintegrating causing untold suffering to our children and threatening the future existence of our community".***

c. Whereas most of the stakeholders engaged had not, at the time of the survey, fully internalized the National Care Reform Strategy 2022-2032 or the Children Act 2022, they generally supported the government's resolve to transition from the institutionalization of children. A chief from Igembe South sub-county observed, ***"The transition is a great initiative because a family environment provides care and love that a CCI with one or two staff taking care of 20 or 30 children cannot provide".***

d. Many of the CCI managers and social workers were not very enthusiastic about the transition. A number of them termed care reform as a passing cloud that will fade with time without achieving anything. They cited such challenges as weak family structures, poverty and the high prevalence of sexual and gender-based violence and violence against children in the community as obstacles to care reform in the county. However, the team also engaged CCI managers and social workers who were optimistic about the benefits of care reform. Many managers pointed out that their institutions had already started thinking of effective transition strategies for both the children and the infrastructure.

e. Stakeholders hold that alcoholism has been a root cause of gender-based violence and violence against children in the county and by extension a contributing factor to the institutionalization of children. Consumption of illicit brews, stakeholders contend, will be a major barrier to the realization of the care reform objectives and therefore should be addressed.

f. In many cases, children in institutional care are disinherited by their immediate families. This is especially rampant against orphans. On exiting institutional care, such children have nowhere to go back to. They face open hostility from their relatives especially where the returning child is entitled to inherit land.

g. Regarding the 10-year transition period provided under the National Reform Strategy and the Children Act, stakeholders have varying opinions. Whereas State actors were very optimistic that full transition would be achieved within that time, non-state actors, especially the CCI managers and local community leaders were cautiously optimistic. Non-state actors aver that for care reform to be achieved within the set timelines, the government of Kenya and other stakeholders must ensure adequate support systems including psychosocial support to transitioning children, enhance cash transfers and other financial support to all vulnerable children, address social disorders such as alcoholism and progressively work towards family strengthening and parenting support systems.

h. Whereas many of the stakeholders are aware of the National Care Reform Strategy and the Children Act 2022, most of them, including state actors, have very limited knowledge about the provisions therein regarding care reform. Both state and non-state actors expected to steer the care reform agenda have little information on what their role should be and how such roles link to their current assignments.

i. Many of the parents and guardians whose children are in CCIs have mixed feelings about care reform. Whereas they are attracted to the idea of reuniting with their children in the family and community, they fear the children will lose the benefits they enjoy from the CCI including education and health care. A guardian from Imenti South sub-county explained, *"I took the two boys to the CCI because I could not afford their education, clothing, medical expenses and even food. I am happy to welcome them back home, but will the government pay for these services that the CCI is currently providing?"*

j. Stakeholders have a limited understanding of the role county governments are expected to play in the implementation of the provisions of both the NCRS and the Children Act 2022. The majority of stakeholders regard care reform as an initiative of the national government and have difficulties relating it to the roles and functions of county governments.

k. Children currently in institutional care had mixed reactions regarding care reform. Whereas some were enthusiastic about the idea of reuniting with their families and guardians, others expressed extreme reservations on the proposal. A child in one of the CCIs in Imenti North Sub-county observed, *"After school, I used to play a lot with my sister. She is at home while I am at the institution (name withheld). I'd wish to go back home".* Another child was not so enthusiastic. She asked almost rhetorically *"Who do I go back to? My parents abandoned me and my siblings. We don't know where they disappeared to".*

3.11 COUNTY POLICY, LEGISLATIVE AND REGULATORY FRAMEWORK ON CARE REFORM

The NCRS dictates that implementation of care reform at the county level must be informed by findings of a detailed situational analysis. The analysis must gather data on, among other areas "county legislation, regulations, policies and procedures" facilitating or inhibiting the realization of the objectives encapsulated under the NCRS. Meru County has several policies, legislation and regulations that have a bearing on care reform, some of which are cited below.

The Meru County Policy on Sexual and Gender-Based Violence (SGBV) 2019 was developed in order to put in place a framework to accelerate the implementation of laws, policies and programmes for prevention and response to SGBV. The policy's general objective is to progressively eliminate sexual and gender-based violence through the development of a preventive, protective, supportive and transformative environment. The county government commits to, among other interventions, establish shelters and rescue centres to provide temporary stay for survivors of SGBV and contextualize such shelter arrangements to the community environment. From the findings of the situational analysis, violence, abuse and neglect at home is the single largest contributor to the institutionalization of children in the county. However, the Meru County Policy on SGBV does not provide any express linkage between the vice and institutionalization of children. As such, it provides no commitments on the part of the county government and/or other stakeholders to facilitate care reform through stakeholder collaborations and networks against sexual and gender-based violence.

The Meru County Persons with Disabilities Act 2016 is a progressive legislation to "provide for the rights and rehabilitation of persons with disabilities; to achieve equalization of opportunities for persons with disabilities; to establish the County Committee for Persons with Disabilities; and for connected purposes". Instructively, besides establishing a Meru County Disability Fund it also calls for the establishment of institutions to cater for persons with disability vocational education, skill development and self-reliance. However, the Act has no provisions for children with disabilities living in institutional care in the county.

Meru County does not have legislative enactments specific to care reform. This contrasts with other counties, for example Mombasa, that has enacted the Mombasa County Child Care Act 2016 "to provide for a legal framework within which child- care facilities should operate; to provide for a multi-sectoral approach in the standards for the provision of safety to children; and for connected purposes". In Embu, the Embu County childcare facilities Act 2016 provides for the manage- ment, licensing and inspection of childcare facilities in the county. The Nairobi City County Childcare Facilities Act 2017 has a similar purpose.

There is also need for the County to strengthen its childcare policy framework by developing and implementing a comprehensive county children policy. Such a policy will be useful in consolidating county childcare interventions and programs and provide an anchor for resource allocation to the overall care reform agenda. The County Children Policy should also provide for county child protection guide-lines to protect all children, particularly the most vulnerable.

A consultation Forum with the Meru County Assembly Liaison Commitee

4. Conclusion

The goal of the situational analysis is to provide a general understanding of institutional childcare in Meru County, including the number and nature of childcare facilities, a description of the children who live in them, and gathering opinions and recommendations from stakeholders and the public on the transition from institutional care to family-based care. This analysis and stakeholder engagements have revealed diverse opportunities for the implementation of the NCRS. It was also discovered that most children in institutional care did not go through the proper legal channels before being admitted to institutional care. This suggests that the gatekeeping measures have been weak, and the legal processes have not been followed.

Furthermore, because relatively few institutions have individualized case management processes, cases are not systematically examined, and services provided are not tailored to individual children and families' needs. This has almost certainly led to longer or needless stays in institutional care, as well as wasted opportunities to strengthen families and avoid family separation. The stakeholders are optimistic about the care reform process, and they feel that if all stakeholders and community members work together to address the root causes of child-family separation, children can remain in families. Overall, the situational analysis revealed various areas that require attention, including the necessity of placements, the standard of care, the suitability of services, staff capacity, and reporting hence the need to develop a county-level action plan on implementing the NCRS.

5. Recommendations

A set of recommendations to facilitate effective transition from institutional care to family and community-based care have been developed based on the findings of the situational analysis and stakeholder validation meetings held with both state and non-state actors. The recommendations have been organized under each of the three pillars of the National Care Reform Strategy. Some recommendations were deemed as cross cutting the three pillars of the NCRS. Recommendations for further research have also been made.

1. **Prevention of separation and family strengthening:** Recommendations under this pillar revolve around support measures and services that strengthen families and prevent children from being separated from their families. Such measures include education, health care, social protection, food security, livelihood support, positive parenting, psychosocial support, day-care facilities, community-based rehabilitation services for children with disabilities, employment support, support for child-headed households, and so on.

    1.1. **Raise public awareness about the importance of bringing up children in families and the dangers associated with institutional care on a child's general well-being.** Such public awareness should involve sensitization on positive parenting skills, strengthening families and supporting children and young people transitioning from institutional care to family and community-based care.

    1.2. **Develop and implement a contextual county Communication and Advocacy strategy to guide messaging on care reform across the county.** The strategy should be informed by the known beliefs, social norms, attitudes and behaviors influencing the placement of children in institutional care in the county. It should include the overriding objectives of care reform, key messages on the various types of alternative family care, mapping of stakeholders and identification of the best county-based media to disseminate the care reform messages.

    1.3. **Develop a robust partnership and engagement framework between the county-level Directorate of Children's Services, the county and sub-county care reform structures, the National Government Administration Officers (NGAO) and the National Police Service (NPS) county command.** This is important because, noteworthy, chiefs referred about 35% of the children currently residing in CCIs in the county. There is also a need to ensure NGAOs and the NPS are sensitized on the overall care reform agenda.

1.4. **Initiate and enhance county-level family-strengthening initiatives to prevent separation.** Such initiatives by county governments and other stakeholders should target the most vulnerable families where children are most at risk of separation and families reuniting with children exiting from institutional care. Child-headed households and young care leavers under independent living arrangements should also be prioritized.

1.5. **Provide community-based rehabilitation, therapy and daycare services at the community level to care for children with disabilities.** This ensures that families do not resort to CCIs as a way of guaranteeing such services to their vulnerable children.

2. **Tracing, reintegration and transitioning to family and community-based care:** Recommendations under this pillar revolve around the safe and sustainable transition of institutionalized children and unaccompanied and separated children to family and community-based care. This includes tracing of families, reintegration and case management, as well as support for leaving care, aftercare and supported independent living. Furthermore, it involves the redirection of resources from institutional care to family and community-based care, as well as the retraining and redeployment of institutional personnel.

2.1. **Sensitize CCI staff on the National Care Reform Strategy, the Children Act 2022 and related policies, legislations, guidelines and regulations anchoring the care reform agenda in Kenya.** This should cover all cadres of staff from the managers/ founders to cleaners and messengers. This will demystify myths and misconceptions about the care reform agenda and the role of CCI workforce.

2.2. **Train frontline CCI staff especially social workers, counselors and house parents on effective case management practices.** The training should impart practical knowledge and skills on, inter alia, documentation on child files, case conferencing, childcare planning, exit planning strategies and aftercare support for independent living. The DCS should thereafter work collaboratively with CCIs to ensure optimal implementation of proper case management for all children in institutional care.

2.3. **Develop holistic and systematic transition roadmaps and resource redirection strategies at the CCI level to ensure that existing financial and non-financial resources within the institutional system of care can be effectively redirected to support family and community-based care.** The NCCS should support CCIs to transition to Child Welfare Programs (CWP) envisioned under the Children Act 2022.

2.4. **Ensure all children in CCIs in the county obtain Court committal orders to regularize their stay in the institution in line with section 71 of the children Act that prohibits CCIs from admitting children without a Court committal order.** Alarmingly, over 70% of children in the county do not have active committal orders.

3. **Alternative Care:** Recommendations under this pillar revolve around strengthening and expanding family and community-based alternative care options for children who are unable to live in parental care. Alternative care includes kinship care, kafaalah, foster care, guardianship, adoption, traditional approaches to care, places of safety and temporary shelter and institutional care, as well as strong gatekeeping mechanisms.

   3.1. **Strengthen alternative family and community-based care alternative care options in the county.** There should be deliberate efforts to identify, train and register foster parents and caregivers, and raise community awareness on formal kinship care, guardianship and kafaalah arrangements among other care options.

   3.2. **Ensure regular and comprehensive inspection and monitoring of CCIs and their welfare programs.** Through this, the NCCS, the DCS and the inspection committee will ensure CCIs abide by the provisions of the Children Act in general and particularly Section 67 that stipulates the overall objective for the establishment of a CCI "shall be to provide family-based care for all children".

   3.3. **Identify CCIs that may be designated as rescue centers to provide temporary care "in cases where no alternative placement is for the time being available to the child" in line with Section 63 of the Children Act.** Such designation should be done in consultation with the targeted CCIs, the county government and the NCCS.

   3.4. **Develop county-level contextualized donor education and information toolkit to support CCIs engaging with their donors on the need to transition financial and non-financial support from institutional to family and community-based care.** The NCCS and the DCS should create opportunities to meet and sensitize donors on the overall care reform agenda and encourage transition of support to family and community-based care.

   3.5. **Establish and strengthen gatekeeping mechanisms at the community level to identify and support families at risk of child-family separation.** Most FGD respondents agreed that children thrive in families and that the community traditionally had a way of supporting the disadvantaged even when their parents were deceased. Given the significant number of referral letters from chiefs recommending admission of children in the sampled case files, concerted efforts to assist chiefs in their gatekeeping responsibilities should also be considered.

4. **Cross-cutting Recommendations:** A number of cross-cutting recommendations are made as follows:

4.1. **Establishment and operationalization of the County and Sub-county Children's Advisory Committees.** The county and sub-county care reform structures as envisaged under the Children Act 2022 are critical anchors to effective implementation of the care reform agenda. The committees should guide the development and implementation of care reform action plans at their respective levels.

4.2. **Strengthen the county policy, legislative and regulatory frameworks to better respond to the care reform agenda**. The county should engrave the care reform agenda in its budgets, development plans and medium term frameworks, enact legislation to provide for the management, licensing and inspection of childcare facilities, amend the County Persons with Disabilities Act 2016 to provide support to institutionalized children with disabilities and their families, develop a county children policy and review the County Policy on Sexual and Gender-Based Violence to provide for express provisions on care reform.

4.3. **Establish and operationalize a county government welfare scheme to anchor provision of family and community-based care for children including those with disabilities in line with Section 62 of the Children Act 2022.** Such a scheme should aim at supporting and empowering the most vulnerable families where children are at risk of separation and families reunifying with the children leaving institutional care.

4.4. **Establish and operationalize a county-level framework to support the transition of children with disabilities to family and community-based care.** Such a framework should include strategies of raising community awareness on disabilities to reduce stigma and discrimination, recruiting and training foster parents and kinship carers to support children with disabilities, family strengthening for parents and caregivers supporting children with disabilities, and strengthening county level referral services for the children.

4.5. **Develop and implement a county-level action plan to address sexual and gender-based violence (SGBV) and violence against children (VAC).** The action plan should provide for public education and awareness on SGBV and VAC; expedited legal response by NGAO, the police, and other law enforcement agencies against perpetrators of the vices; psychosocial support to survivors of SGBV and VAC. Additionally, the plan should also seek to establish mechanisms to effectively support the Sexual and Gender Based Violence Court that the judiciary has initiated to fast-track SGBV cases across the country.

4.6. **Provide for county level support frameworks to offer free legal advice and support to children and families in the processes of reunification, reintegration and prevention of family separation.** Such a framework should also lay out strategies for engagements with CCIs many of which, according to the finding of this SITAN, cannot afford legal services.

5. **Further Research/Action:** It is recommended that further research/ action is undertaken in the following areas:

   5.1. Undertake research on the income and expenditure patterns for institutional care facilities to inform evidence-based decisions on the redirection of resources from institutional to family and community-based care.

   5.2. Investigate the procedures that CCIs have put in place to facilitate seamless and lawful transfer of children from one institution to another. This study has revealed an unusually high number of transfers of children from one institution to the other.

   5.3. Undertake a comprehensive evaluative study after 5 years (2027) to determine the effectiveness of care reform interventions being undertaken by both levels of government and non-state actors in the Meru County.

   5.4. Develop strategies and tools to facilitate involvement of children in institutional care in future research activities/SITANs on care reform both in Meru and in other counties across the country.

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6. Appendices

Appendix 1: List of Institutions Targeted in the Study

SN	Institution Name	Sub-County
1	Joy World Children's Home	Buuri East
2	Mother Maria Zanelli Children's Home	Buuri East
3	Rehema Destitute Home	Buuri East
4	Mwangaza Children's Home	Buuri West
5	St. Stevens' Children's Home	Buuri West
6	Tuuru Children's Home	Igembe Central
7	Watoto wa Ahadi Rescue Centre	Igembe South
8	Allamano Boys and Girls Children's Home	Imenti North
9	Centerwill Village	Imenti North
10	D.O.M. St. Francis Boys Primary & Secondary School	Imenti North
11	Jerusha Mwiraria Children's Home	Imenti North
12	Kithoka Amani Children's Home	Imenti North
13	Macecall Family Home	Imenti North
14	Meru Children's Home (Nkabune)	Imenti North
15	Meru Children's Remand Home	Imenti North
16	Ripples International - New Start	Imenti North
17	Ripples International - Tumaini	Imenti North
18	Solidarity Children's Home	Imenti North
19	SOS Children's Village - Meru	Imenti North
20	Eusebia Hope Centre	Imenti South
21	Harambee for Kenya	Imenti South
22	Holy Family Children's Centre	Imenti South
23	Huruma Center	Imenti South
24	My Loving Home	Imenti South
25	Our Lady of Grace Children's Home	Imenti South
26	St. Joseph Home	Imenti South
27	Aina Children's Home	Tigania West

SN	Institution Name	Sub-County
28	D.O.M St. Clare Girls Centre	Tigania West
29	D.O.M St. Francis Boys Primary & Secondary School	Tigania West
30	Hanifa Children's Home	Tigania West
31	St. Philomena Home of Hope	Tigania West

Appendix 2: Institution's Registration Status, Child Population and Staffing

Sub-county: Buuri East

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
Joy World Children's Home	Yes	Social services	88	0	9	0	15	0	4	0	0
Mother Maria Zanelli Childrens Home	Yes	NCCS/DCS	20	12	0	0	23	1	7	2	2
Rehema Destitute Home	Yes	Social Services	31	0	6	0	4	1	2	0	0
TOTAL			139	12	15	0	42	2	13	2	2

Sub-county: Buuri West

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
Mwangaza Children's Home	Yes	Social Services	21	0	7	2	4	0	1	0	0
St. Stevens' Children's Home	Yes	Social Services	27	0	2	0	7	1	2	0	0
TOTAL			48	0	9	2	11	1	3	0	0

Sub-county: Igembe Central

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
Tuuru Children's Home	Yes	NCCS/DCS	76	0	14	76	43	1	22	5	1

Sub-county: Igembe South

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
Watoto wa Ahadi Rescue Centre	Yes	NGOs Board	16	0	1	0	14	2	1	1	0

Sub-county: Imenti North

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
Allamano Girls & Boys Children Home	Yes	Social Services	104	0	7	0	11	1	2	0	1
Centerwill Village	Yes	NGOs Board	30	0	1	5	19	1	5	1	0
Jerusha Mwiraria Children's Home	Yes	NCCS/DCS	98	0	29	6	15	2	5	0	0
Kithoka Amani Children's Home	Yes	NCCS/DCS	53	2	13	2	4	1	0	0	0
Macecall International	No	N/A	51	0	12	4	8	1	2	0	0
Mercy Heart Centre	Yes	Social Services	15	0	1	15	4	0	0	0	0
Meru Children's Home (Nkabune)	Yes	NCCS/DCS	30	5	0	0	13	2	3	0	1
Meru Children's Remand Home	N/A	N/A	20	0	0	0	7	0	0	0	0
Ripples International	Yes	NCCS/DCS	57	30	0	2	83	13	16	20	1
Solidarity House (CBO)	Yes	Social Services	18	0	0	0	6	2	1	1	0
SoS Children's Village - Meru	Yes	NCCS/DCS	156	0	120	4	38	6	18	6	0
TOTAL			632	37	183	38	208	29	52	28	3

Sub-county: Imenti South

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
D.O.M Our Lady of Grace Children's Home	Yes	NCCS/DCS	122	1	0	0	18	2	5	12	0
Eusebia Hope Centre	Yes	Social Services	40	0	0	1	4	0	1	1	0
Harambee for Kenya	Yes	NGOs Board	26	0	5	0	4	1	1	0	0
Holy Family Children Centre	No	N/A	31	0	0	2	9	1	2	1	1
Huruma Centre	Yes	NCCS/DCS Social Services	16	1	0	0	3	1	1	0	0
My loving Home	Yes	NGOs Board	7	0	0	0	2	1	1	0	0
St. Joseph "caring Place " Children's Home	Yes	NCCS/DCS	41	0	0	0	9	1	1	0	0
TOTAL			283	2	5	3	49	7	12	14	1

Sub-county: Imenti Central

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
Jawa Rehabilitation Centre	Yes	Social Services, Ministry of Education	10	0	6	10	10	1	4	0	2
TOTAL			10	0	6	10	10	1	4	0	2

Sub-county: Tigania West

Institution	Registration (stated by managers)	Registering entity	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
Aina Children's Home	Yes	NCCS/DCS	105	2	8	1	59	1	8	24	12
D.O.M St Francis Boys Primary & Secondary	No	N/A	484	0	48	0	37	1	2	24	0
D.O.M St. Clare Girls Centre	Yes	MOE	368	0	3	0	41	0	2	26	2
Hanifa Children's Home	No	N/A	12	0	0	0	7	1	0	0	0
St. Philomena Home of Hope	No	N/A	40	0	1	4	5	1	0	2	1
TOTAL			1009	2	60	5	149	4	12	76	15

Notes:

1. Ripples International in Imenti North sub-county manages two institutions namely: Tumaini and New Start Centre albeit in separate compounds. Therefore, only one institutional questionnaire was administered at the time of data collection.
2. Cottolengo Children's Home in Imenti Central sub-county did not have children at the time of data collection and therefore no questionnaire was administered.
3. During the data collection, a small home was also identified in Igoji (Imenti South sub-county) but upon reviewing its operations, it was established the institution acts as a boarding facility for children with disabilities to attend school and therefore not treated as an institutional care facility since all the children always go back to the families during the school holidays. Parents of this small home also pay full school fees.

Appendix 3: Additional data tables from the findings

a) Children's files completeness level

Sub - County	Institution Name	0-3 docs	4-6 docs	7-8 docs	All 9 docs	Grand Total
Buuri East	Joy World Children's Home	21	1	0	0	22
	Mother Maria Zanelli Children's Home	0	2	2	0	4
	Rehema Destitute Home	4	3	1	0	8
Buuri West	Mwangaza Children's Home	4	1	0	0	5
	St. Stevens' Children's Home	4	2	1	0	7
Igembe Central	Tuuru Children's Home	19	1	0	0	20
Igembe South	Watoto wa Ahadi Rescue Centre	1	5	0	0	6
Imenti North	Allamano Boys and Girls Children's Home	22	3	1	0	26
	D.O.M St. Francis Boys Primary & Secondary School	7	0	0	0	7
	Jerusha Mwiraria Children's Home	25	0	0	0	25
	Kithoka Amani Children's Home	10	4	0	0	14
	Macecall Family Home	12	0	0	0	12
	Meru Children's Home (Nkabune)	8	1	0	0	9
	Centerwill Village	5	3	0	0	8
	Meru Children's Remand Home	0	5	0	0	5
	Ripples International - New Start	6	3	1	0	10
	Ripples International - Tumaini	1	3	0	0	4
	Solidarity Children's Home	2	2	0	0	4
	SOS Children's Village - Meru	0	21	17	1	39

Sub - County	Institution Name	0-3 docs	4-6 docs	7-8 docs	All 9 docs	Grand Total
Imenti South	Eusebia Hope Centre	8	0	0	0	8
	Harambee for Kenya	7	0	0	0	7
	Holy Family Children's Centre	8	0	0	0	8
	Huruma Center	5	0	0	0	5
	My Loving Home	3	0	0	0	3
	Our Lady of Grace Children's Home	3	24	4	0	31
	St. Joseph Home	0	7	3	0	10
Tigania West	Aina Children's Home	0	15	12	0	27
	D.O.M St. Clare Girls Centre	57	1	0	0	58
	D.O.M St. Francis Boys Primary & Secondary School	103	12	0	0	115
	Hanifa Children's Home	0	2	1	0	3
	St. Philomena Home of Hope	7	3	0	0	10
Grand Total		**352**	**124**	**43**	**1**	**520**
Level of files completeness		67.7%	23.8%	8.3%	0.2%	

b) Files with court committal orders

Sub - county	Institution Name	Total files reviewed	Files with court commit-tal order	% of files with court committal order
Buuri East	Rehema Destitute Home	8	5	63%
	Joy World Children's Home	22	1	5%
	Mother Maria Zanelli Chil-dren's Home	4	2	50%
Buuri West	Mwangaza Children's Home	5	5	100%
	St. Stevens' Children's Home	7	2	29%
Igembe Central	Tuuru Children's Home	20	17	85%
Igembe South	Watoto wa Ahadi Rescue Centre	6	0	0%

Sub - county	Institution Name	Total files reviewed	Files with court commit-tal order	% of files with court committal order
Imenti North	D.O.M St. Francis Boys Primary & Secondary School	7	0	0%
	Jerusha Mwiraria Children's Home	25	2	8%
	Kithoka Amani Children's Home	14	6	43%
	Macecall Family Home	12	1	8%
	Ripples International - New Start	10	6	60%
	Ripples International - Tumaini	4	2	50%
	Solidarity Children's Home	4	0	0%
	Meru Children's Home (Nkabune)	9	3	33%
	Meru Children's Remand Home	5	5	100%
	Allamano Boys and Girls Children's Home	26	0	0%
	SOS Children's Village - Meru	39	37	95%
	Centerwill Village	8	1	13%
Imenti South	Eusebia Hope Centre	8	0	0%
	Harambee for Kenya	7	0	0%
	Huruma Center	5	0	0%
	My Loving Home	3	1	33%
	St. Joseph Home	10	4	40%
	Our Lady of Grace Children's Home	31	16	52%
	Holy Family Children's Centre	8	0	0%
Tigania West	Aina Children's Home	27	26	96%
	D.O.M St. Clare Girls Centre	58	1	2%
	D.O.M St. Francis Boys Primary & Secondary School	115	4	3%
	Hanifa Children's Home	3	0	0%
	St. Philomena Home of Hope	10	0	0%
Grand Total		**520**	**147**	**28%**

c) Funding sources

	FUNDING SOURCES (N=31 INSTITUTIONS)							
DESCRIPTIVE MEASURE	National govt funding	County govt funding	International community	Foreign churches or FBOs	Grants and Foundations	Incountry individual donors	IGA	Other funding sources
Institutions citing this funding source	4	1	15	9	3	12	25	10
% of institutions citing this funding source	13%	3%	48%	29%	10%	39%	81%	32%
Institutions with 100% funding from this source	1	0	1	1	0	0	2	0
Minimum % contribution of funding source	5	2	10	2	50	5	5	10
Maximum % contribution of funding source	100	2	100	100	85	80	100	75
Average % contribution of funding source	43	2	63	31	62	24	38	26

Appendix 4: Summary of Study Respondents

Category of data sources/ informants	Method of gathering information	Number of Respondents
Heads of institutions	Structured questionnaire	30
Formerly institutionalized children (care leavers)	Focus group discussion	21
Community members	Focus group discussion	20
Caregivers/house parents in institutions	Focus group discussion	55
Parents or guardians of children in institutions	Focus group discussion	45
Managers of institutions	Key informant interview	26
Social Workers	Key informant interview	21
Government staff with a gatekeeping role (NGAO, DCS)	Key informant interview	5
Other key stakeholders (police, health personnel, NGO service providers)	Key informant interview	6
Chiefs across all the locations in Meru County	Semi-structured interviews	160
Religious leaders from different faiths	Semi-structured interviews	94
Njuri Ncheke Council of elders	Semi-structured interviews	20
Children currently in institutional care	Semi-structured interviews	26
TOTAL		**529**

Appendix 5: Qualitative analysis codebook

Thematic analysis of KIIs and FGD transcripts was performed using the major and sub-theme codes identified from the interview tools, as summarized in the table below.

Theme	Subtheme
Factors driving institutionalization/ placement	• Family/community factors • Access to services • Gender • Advantages of children living in institutions
Existing services and procedures	• Independent living • Prevention • Reintegration, foster care, adoption • Other institution services/procedures
Needed services and procedures	• Independent living • Prevention • Reintegration, foster care, adoption
Opinions about care reform	• Opinions about institutional care. • Opinions about family and community-based care. • Perceptions of alternative care systems. • Advice for families considering placing their children in institutional care. • National strategy for care reform. • Disadvantages of children living in institutions
Lived experience	• Living conditions while in institutional care. • Views on the treatment of children in care. • Care leavers' transition challenges • Experiences regarding reintegration. • Recommendations regarding reintegration. • Negative attitudes towards reintegrating children/ families

List of Participants during the Stakeholders Validation Workshop at the Three Steers Hotel on 28 February 2023

SN	Name of participant	Organization
1	MARY THIONG'O	NCCS
2	KENNEDY OWINO	NCCS
3	CARREN OGOTI	DCS-HQS
4	SALOME MUTHAMA	DCS-EASTERN REGION
5	JENNIFER WANGARI	DCS-HQS
6	HUDSON K. IMBAYI	DCS-HQS
7	ANNE MUNYAO	DCS-BUURI
8	TERESA W. NJAGI	DCS-BUURI
9	JOHN S MWANGI	DCS-IGEMBE
10	JOSEPH KABUTHIA MBURU	DCS-IMENTI NORTH
11	GILBERT MWANGI	DCS-MERU
12	OLIVE KAMAU	DCS-MERU
13	BETH NJOROGE	DCS-SOUTH IMENTI
14	SUSAN NJERU	DCS-TIGANIA WEST
15	KAMWILA NGEKE	DCS- KIRINYAGA
16	HON. JENNIFER MUROGOCHO	MERU COUNTY ASSEMBLY
17	FREDERICK NDUNGA	COUNTY COMMISSIONER - MERU
18	KIRIMI CHARLES	MIN. OF INTERIOR COORD.
19	JOHN MWENDA	CHIEF (MIN. OF INTERIOR COORD.)
20	JOB KITHINJI JAPHET	CHIEF- NKOMO
21	MARGARET NKATHA	CHIEF-KIAMBOGO
22	DR. MARTIN THURANIRA	AG. DIRECTOR OF MEDICAL SERVICES
23	NICHOLAS MBITHI MAINGI	KNBS
24	PAUL MUINDE	MIN. OF EDUCATION (MOE)
25	MILDRED LINTURI	NCPWD-MERU
26	CHARLES KIMATHI MUSA	SDO-TIGANIA CENTRAL
27	REV. JOHN MURITHI	METHODIST CHURCH OF KENYA
28	BENJAMIN MUGAMBI	NJURI NCHEKE
29	KINOTI IMANYARA	RTD COMMISIONER
30	LUCIA MAINGI	CHAK-JAMII TEKELEZI PROGRAM
31	CATERINA SILVESTER	AINA CHILDREN'S HOME
32	WILFRED GITONGA RUKANGO	CENTERWILL CHILDREN'S HOME

SN	Name of participant	Organization
33	KEVIN KINOTI	SOS CV KENYA
34	SR. JOYCE ELEBUA	TUURU CHILDREN'S HOME
35	ALLAN MUTWIRI	DIOCESE OF MERU
36	CAROLINE MWENDWA DENNIS	DIOCESE OF MERU
37	FR. SILAS MAWIRA	DIOCESE OF MERU
38	MARY KAGENDO NJERU	DIOCESE OF MERU
39	SARAH K. MIRITI	DIOCESE OF MERU
40	DAVIS NYAKUNDI	WEZA CARE SOLUTIONS
41	STEVE RACHUONYO	WEZA CARE SOLUTIONS
42	EVANS MUTHOMI	MECAWE
43	MERCY BUNDI	MECAWE
44	TINASHE TEMBO	MECAWE
45	JOSEPH MUTHURI	LEGATUM FOUNDATION

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Winfred Kathambi
Zachary Kimathi

L4C Kenya program

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Evans Muthomi
Allan Mutwiri
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Belinda Taka
Davis Nyakundi
Lewis Mwiti

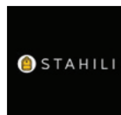
Legacy4
Children
KENYA

DIOCESE OF MERU
LEGACY4
CHILDREN KENYA

MCK MECAWE
Child protection, Our responsibility

WezaCare
SOLUTIONS

CATHOLIC DIOCESE OF MURANG'A
Our Children, Our Responsibility
CHILD PROTECTION DESK


STAHILI