REPUBLIC OF KENYA

Situational Analysis Report

on Institutional Care for Children in Nyandarua County

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Acknowledgement

The National Council for Children's Services (NCCS) extends its sincere appreciation to all individuals, institutions, and stakeholders who contributed to the successful completion of the Nyandarua County Situational Analysis (SITAN) on Institutional Care for Children.

This SITAN forms an important milestone in advancing the implementation of the National Care Reform Strategy for Children in Kenya (2022–2032), which seeks to strengthen family and community-based care systems while ensuring that every child grows up in a safe, nurturing, and protective family environment.

I wish to express our gratitude to the State Department for Children Services, the County Government of Nyandarua, National Government Administration Officers (NGAO), members of the Children Advisory Committee (CCAC), the Judiciary, National Police Service, education and health sector representatives, religious leaders, Child Protection Volunteers (CPVs), community members, and development partners in Nyandarua County for their valuable support and participation throughout the SITAN process.

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The findings and recommendations contained in this SITAN provide critical evidence to guide the development and implementation of a County Care Reform Action Plan and strengthen child protection, family strengthening, alternative care, reintegration, and safeguarding systems in the County.

We reaffirm our commitment to working collaboratively with relevant National and County Government Agencies and departments, development partners, civil society organizations, faith-based institutions, communities, and families to ensure that every child enjoys the right to care, protection, development, participation, and a supportive family environment.

Abdinoor S. Mohamed
Chief Executive Officer

National Council for Children's Services (NCCS)

Acronyms and Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
AFC	Alternative Family Care
CBO	Community-Based Organization
CCAC	County Children Advisory Committee
CCI	Charitable Children's Institution
CIDP	County Integrated Development Plan
CPIMS	Child Protection Information Management System
CPV	Child Protection Volunteer
DCS	Department of Children Services
ECD	Early Childhood Development
ECDE	Early Childhood Development Education
FBO	Faith-Based Organization
FGD	Focus Group Discussion
GBV	Gender-Based Violence
ID	Identification Document/Card
KII	Key Informant Interview
NCCS	National Council for Children's Services
NCPWD	National Council for Persons with Disabilities
NGAO	National Government Administration Officers
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PSS	Psychosocial Support
PWD	Person(s) with Disability
SCCO	Sub County Children Officer
SITAN	Situational Analysis
TVET	Technical and Vocational Education and Training
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

Glossary of Key Terms

The definitions used in this report are adopted from the Children Act (CAP.141), the National Care Reform Strategy (2022-2032) and other legislative, policy and regulatory frameworks.

Term	Definition
Alternative Care	Any formal or informal care arrangement in which a child is cared for outside the parental home because the parents are unable, unwilling, or have been determined by a competent authority to provide appropriate care.
Best Interests of the Child	The overriding principle requiring that every decision affecting a child promotes the child's survival, safety, development, participation, dignity, identity, and overall wellbeing.
Care Leaver	A young person who exits alternative care through reintegration, family placement, adoption, supported independent living, or upon attaining adulthood, and who may continue receiving aftercare services.
Care Reform	The national process of transforming child care systems from institutional care towards prevention of family separation and family- and community-based care.
Case Management	A structured child protection process involving identification, assessment, planning, referral, implementation, monitoring, review, documentation, and closure of child protection cases to ensure coordinated services that promote the child's best interests.
Charitable Children's Institution (CCI)	A residential institution registered to provide temporary care and protection for children requiring alternative care while family tracing, reunification, or other permanent family-based care arrangements are pursued.
Child Participation	The right of every child to receive information, express views freely on matters affecting them, and have those views given due consideration according to their age, maturity, and evolving capacities.
Child Protection	Laws, policies, systems, programmes, and interventions designed to prevent and respond to abuse, neglect, exploitation, violence, harmful practices, and all forms of harm against children while promoting their rights and wellbeing.
Family-Based Care	Care arrangements that enable children to grow up in a family environment, including biological families, kinship care, foster care, guardianship, and adoption.
Family Reintegration	The planned, assessed, prepared, and supported process of returning a child from alternative care to the biological family, extended family, or another permanent family environment, followed by monitoring and support.

Term	Definition
Family Strengthening	Integrated interventions that improve families' capacity to safely care for and protect children through parenting programmes, psychosocial support, economic strengthening, social protection, health, education, and community services.
Foster Care	A formal family-based alternative care arrangement in which an approved foster caregiver provides temporary or long-term care for a child under the supervision of the competent government authority.
Gatekeeping	A coordinated system of assessment, decision-making, authorization, placement, review, and oversight that ensures children enter alternative care only when necessary, family preservation is prioritized, and the most appropriate family-based care option is selected.
Guardianship	A legal arrangement under the Children Act whereby a competent court appoints a suitable person to assume parental responsibility for a child when the parents are unable or unavailable to do so.
Independent Living	A planned transition process through which young people leaving care acquire the knowledge, life skills, education, employment, financial capability, and support required for adulthood.
Individual Care Plan (ICP)	A comprehensive child-centered plan documenting assessment findings, care objectives, services, permanency goals, transition arrangements, responsibilities, timelines, and review schedules for every child in alternative care.
Kinship Care	Family-based care provided by relatives or persons with an existing significant relationship to the child, either formally or informally, when parents are unable to provide care.
Permanency Planning	A continuous process of securing a stable, safe, nurturing, and legally permanent family environment for every child through reunification, kinship care, guardianship, foster care, adoption, or supported independent living.
Psychosocial Support (PSS)	Services that promote the emotional, psychological, social, mental, and spiritual wellbeing of children, families, and caregivers affected by adversity or trauma.
Referral Pathway	A coordinated mechanism for linking children and families to appropriate protection, health, education, justice, psychosocial, disability, legal, and social welfare services through defined procedures.
Reintegration	The comprehensive process of preparing, placing, monitoring, and supporting children returning from alternative care to family or community settings to ensure sustainable care and wellbeing.
Residential Care	A temporary form of alternative care provided in registered residential facilities while efforts are made to secure permanent family-based care.

Term	Definition
Safeguarding	Policies, procedures, standards, and practices designed to prevent, identify, report, and respond to abuse, neglect, exploitation, violence, and other risks of harm affecting children and vulnerable adults.
Situational Analysis (SITAN)	A systematic assessment of the status, strengths, challenges, opportunities, risks, and needs within a defined child protection or care reform context to inform planning and decision-making.
Social Protection	Public and private interventions that prevent, reduce, and address poverty, vulnerability, and social exclusion affecting children, families, and caregivers.
Supported Independent Living (SIL)	A structured care arrangement that enables young people leaving alternative care to gradually transition to adulthood while receiving supervision, mentoring, housing, and life skills support.
Supported Reintegration	Continued case management and support services provided to children and families following reunification to ensure stability, protection, and successful long-term family care.
Vulnerable Child	A child whose circumstances expose them to abuse, neglect, violence, exploitation, discrimination, family separation, poverty, disability, or other conditions that threaten their wellbeing, development, or enjoyment of their rights.

Executive Summary

The Nyandarua County Situational Analysis (SITAN) on Institutional Care for Children was conducted to generate evidence on the status, capacity, services, compliance, and transition readiness of Charitable Children's Institutions (CCIs) within the County, and to inform implementation of the National Care Reform Strategy for Children in Kenya 2022–2032. The assessment was undertaken within the broader national and international frameworks that emphasizes prevention of unnecessary family separation, strengthening of family and community-based childcare systems, and transition from institutional care toward family-based alternatives. The study was anchored on key legal and policy frameworks including the Constitution of Kenya 2010, the Children Act (Cap 141), the National Care Reform Strategy (2022–2032), the National Standards for Best Practice in Charitable Children's Institutions, the Guidelines for Alternative Family Care of Children in Kenya, and the Nyandarua County Integrated Development Plan (CIDP) 2023–2027.

The SITAN adopted a mixed-methods approach combining quantitative and qualitative techniques to generate comprehensive evidence on institutional care systems, child protection services, and care reform readiness in the County. The assessment covered all 20 identified CCIs across the County's eight sub-counties. Quantitative data was collected through institutional questionnaires, staffing and service inventory tools, observation checklists, and review of 208 sampled children's case files. Qualitative data was generated through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), institutional observations, and desk review of policy and legislative documents. Participants included children in care, care leavers, caregivers, CCI managers, Sub County Children Officers (SCCOs), police officers, chiefs, judiciary representatives, health and education officers, disability stakeholders, religious leaders, and community child protection actors.

The assessment established that Nyandarua County hosts 20 CCIs caring for 818 children. Most institutions were privately owned, faith-based, and heavily dependent on donor funding, with minimal financial support from either National or County governments. The majority of institutions had operated for more than ten years, reflecting long-standing dependence on institutional care as a major child protection response mechanism in the County. Most children in care had been admitted due to abandonment, orphan hood, neglect, violence, abuse, poverty, family instability, disability, and harmful social conditions. The findings further revealed that 66% of children had remained in institutional care for more than three years, indicating prolonged institutionalization and weak reintegration and transition systems.

The SITAN found that while many CCIs continued to provide important protective services including shelter, education, counselling, psychosocial support, healthcare, and spiritual support, significant gaps remained in case management, documentation, reintegration planning, and compliance with national standards. Review of case files revealed widespread weaknesses in maintenance of Individual Childcare Plans, legal documentation, care plans, referral records, and family tracing documentation. Although most institutions reported implementing case management and transition support processes, many lacked comprehensive reintegration systems and structured post-care follow-up mechanisms. Weak gatekeeping systems, inadequate alternative family-based care options such as foster care and kinship care, and limited County-level coordination further contributed to continued reliance on institutional care.

The assessment also highlighted major workforce and service delivery challenges affecting quality childcare and care reform implementation. Although staffing ratios in several institutions met minimum standards, there were significant shortages of qualified social workers, counsellors, psychologists, and specialized personnel capable of supporting children with complex psychosocial, disability, behavioral, and mental health needs. Many institutions lacked disability-inclusive services, structured life skills programs, and comprehensive transition preparation for adolescents exiting care. Care leavers interviewed during the study acknowledged the critical role institutions had played in providing protection and access to education during periods of vulnerability. However, many also described major difficulties transitioning to independent life due to inadequate preparation, lack of mentorship, limited financial literacy, unemployment, stigma, and absence of structured aftercare support.

Findings from children in care, care leavers, caregivers, and community stakeholders demonstrated broad support for family-based care as the preferred long-term care arrangement for children. Most respondents acknowledged that children thrive best within safe family and community environments that promote emotional wellbeing, identity formation, social integration, and long-term resilience. Many children expressed willingness to reunite with their families if adequate support systems were available within homes and communities. However, respondents also emphasized the need for strong safeguards, careful assessment, and sustained follow-up before reintegration to ensure children are returned only to safe and stable environments capable of providing protection, shelter, food, education, and emotional support.

The SITAN further established that a strong legal and policy framework, particularly the Children Act (Cap.141), the National Care Reform Strategy 2022–2032, and the CIDP 2023–2027, support Nyandarua County's care reform agenda. These frameworks provide direction for prevention of family separation, child protection, social protection, psychosocial support, education access, disability inclusion, and strengthening of family and community-based care systems. Awareness of the care reform agenda among stakeholders was generally high, with many institutional actors recognizing the government's policy shift toward deinstitutionalization and family-based care. Nevertheless, implementation readiness remained limited. Only slightly more than half of institutions had developed transition plans, and the County lacked a dedicated County Care Reform Action Plan to operationalize the national strategy at local level.

Key challenges affecting implementation of care reform in the County included weak gatekeeping systems, poverty, domestic violence, alcoholism, inadequate family support systems, donor dependency, insufficient government financing, weak case management systems, inadequate transition preparation, stigma toward children in care and care leavers, limited disability-inclusive services, and inadequate community awareness on family-based care. The assessment also identified weaknesses in coordination, data management, monitoring systems, and staffing capacity among government child protection structures.

Drawing from the findings of the SITAN, recommendations would be summarized as:

- Development and operationalization of the Nyandarua County Care Reform Action Plan aligned with the National Care Reform Strategy 2022–2032.
- Strengthening of family and community-based care systems to reduce unnecessary institutionalization of children.
- Expansion of family strengthening programs through economic empowerment, positive parenting support, social work, and psychosocial services.
- Promotion of alternative family care options such as kinship care, foster care, guardianship, supported independent living and adoption.
- Promotion of full registered and compliance of CCIs with National Council for Children Services (NCCS) regulations, standards and guidelines.
- Regular monitoring, inspection, and compliance audits for all CCIs in the County.
- Strengthening child case management systems, including proper documentation and childcare plans.
- Improving family tracing, reunification, and post-reintegration follow-up mechanisms for children in care.
- Strengthening of gatekeeping systems to ensure institutional care is used only as a last resort and for the shortest period possible.
- Enhancement and strengthening of coordination mechanisms and referral pathways across SCCOs, courts, police, health services, education sector, NGOs, and community child protection actors.
- Recruitment and training of more and qualified social workers, counselling psychologists, therapists and caregivers to support quality child protection services.
- Increasing investment in mental health, trauma-informed psychosocial support, and social work support services for children and caregivers.
- Strengthening disability-inclusive child protection and rehabilitation services for children with disabilities and those with special needs.
- Development of structured transition and aftercare programs for adolescents exiting institutional care.
- Supporting care leavers through vocational training, mentorship, financial literacy, education scholarships, and employment linkages.
- Provision of adequate County funding and resources toward child protection and care reform implementation.

- Establishment of integrated child protection data management and monitoring systems for evidence-based planning and reporting.
- Continuous public awareness and community sensitization on child rights, positive parenting, family-based care, and prevention of family separation.
- Strengthening partnerships between County government, CCIs, faith-based organizations, NGOs, and development partners to improve care reform implementation.
- Adoption of a gradual, child-centered, and well-coordinated transition from institutional care to family and community-based care systems.
- Development of a County Children policy to provide for coordinated children services.

Overall, the SITAN concludes that while CCIs in the County continue to provide critical protection and support services to vulnerable children, the County remains heavily reliant on institutional care systems that are inconsistent with the long-term vision of the National Care Reform Strategy. Successful care reform will therefore require gradual, coordinated, adequately financed, child-centered transition approaches focused on strengthening families, communities, child protection systems, and alternative family-based care arrangements while ensuring the safety, wellbeing, and best interests of all children remain central throughout the reform process.

1. INTRODUCTION

1.1 Background

Childcare reform has increasingly become a global and national priority in strengthening child protection systems and promoting the wellbeing of vulnerable children. International evidence demonstrates that children thrive best within safe, stable, and nurturing family environments rather than prolonged institutional settings. The global child protection agenda therefore emphasizes prevention of unnecessary family separation, strengthening family and community-based care systems, and ensuring that institutional care is used only as a measure of last resort and for the shortest duration possible.

The United Nations Convention on the Rights of the Child (UNCRC) recognizes the right of every child to grow up in a family environment that promotes dignity, protection, participation, and holistic development. The Convention further emphasizes that institutional care should only be used where necessary and for the shortest period. Similarly, the United Nations Guidelines for the Alternative Care of Children (2009) encourage governments to prioritize prevention of family separation, strengthen family and community-based care systems, and progressively reduce reliance on institutional care.

At the regional level, the African Charter on the Rights and Welfare of the Child (ACRWC) obligates State Parties to provide protection and support to children deprived of family care and to promote alternative family-based care arrangements that uphold the best interests of the child.

In Kenya, care reform is anchored within the Constitution of Kenya 2010, which guarantees every child the right to parental care and protection, education, healthcare, shelter, and protection from abuse, neglect, violence, exploitation, and harmful practices. The Children Act (Cap.141) further provides the principal legal framework guiding child protection, alternative care, foster care, kinship care, adoption, reintegration, safeguarding, and child participation in Kenya. The Act reinforces the principle that institutional care should only be considered when family-based care options are unavailable or unsuitable and emphasizes the best interests of the child as the primary consideration in all child welfare decisions.

The National Care Reform Strategy for Children in Kenya 2022–2032 operationalizes the Government of Kenya's commitment to transition from institutional care toward family and community-based care systems. The strategy prioritizes prevention of unnecessary separation of children from families, strengthening household resilience, improving gatekeeping systems, promoting kinship and foster care, supporting reintegration, and gradually reducing dependence on residential care institutions.

The Government of Kenya, through the Children Act Cap. 144 and the National Care Reform Strategy 2022–2032, has therefore committed to promoting prevention of unnecessary family separation, strengthening family support systems, promoting kinship and foster care, and ensuring that institutional care is used only as a last resort and for the shortest time possible.

Several other national policy and regulatory frameworks that strengthen child protection, alternative care, family reintegration, and safeguarding systems further support the care reform agenda. These include the National Standards for Best Practice in Charitable Children's Institutions, which provide minimum standards for quality care and institutional management; the Guidelines for Alternative Family Care of Children in Kenya, which promote family-based care arrangements such as foster care, kinship care, and adoption; and the NCCS Case Management for Reintegration Guidelines, which guide family tracing, reunification, reintegration, and post-placement follow-up. Additional frameworks including the National Children Policy, National Social Protection Policy, Kenya National Disability Policy, and the Basic Education Act, 2013 support child wellbeing through social protection, disability inclusion, education access, safeguarding, and strengthening family and community support systems. Collectively, these frameworks operationalize the National Care Reform Strategy for Children in Kenya 2022–2032 and reinforce the Government of Kenya's commitment to prevention of unnecessary family separation, promotion of alternative family care, and gradual transition from institutional care to family and community-based care systems.

At County level, the Nyandarua County Integrated Development Plan (CIDP) 2023–2027 provides policy direction for child wellbeing, education support, social protection, psychosocial support, and protection of vulnerable populations. The CIDP supports interventions that contribute to prevention of child vulnerability and strengthening of family and community support systems.

Despite the existence of these policy and legislative frameworks, institutional care remains a major component of the childcare system in many counties, including Nyandarua. Challenges such as poverty, violence, abuse, neglect, family breakdown, disability, substance abuse, and weak community support systems continue to contribute to child institutionalization.

Long-established institutions, prolonged stays in care, weak gatekeeping systems, and inadequate alternative family-based care options, characterize the County's childcare system. Most children are admitted due to abandonment, orphan hood, violence, neglect, poverty, family instability, disability, and harmful social conditions.

The National Care Reform Strategy calls for gradual transition and strengthening of family and community-based care. However, implementation at County level remains uneven due to limited resources, weak coordination structures, inadequate workforce capacity, and insufficient transition planning. This SITAN therefore provides evidence to guide County-level care reform planning and implementation.

1.2 Purpose of the SITAN

The National Care Reform Strategy explicitly states that every County must conduct a context-specific Situational Analysis (SITAN) to generate empirical baseline data, map local vulnerabilities, and ascertain institutional profiles. The overarching purpose of the Nyandarua County SITAN is therefore to generate comprehensive, empirical evidence regarding the institutional care ecosystem in the County to directly inform the formulation of a context-specific County care reform action plan among other relevant interventions.

The objectives of SITAN include:

- Gathering County-level data on children in institutional care and those at risk of separation.
- Assessing existing family and community-based childcare services and systems.
- Reviewing County legislation, regulations, policies and procedures related to childcare reform.
- Analyzing financing and child protection systems in the County.
- Generating evidence for development and operationalization of a County Care reform action plan.

2. METHODOLOGY

This chapter presents the methodology used in conducting this SITAN. The study adopted a mixed-methods approach combining quantitative and qualitative techniques to generate comprehensive evidence on institutional care systems, child protection services, care reform readiness, and implementation of the National Care Reform Strategy 2022–2032 in Nyandarua County. Crucially, the design went beyond basic demographic counting to evaluate transition readiness across two distinct, levels:

- **Organizational-level transition:** Assessing CCIs regarding their operational capacities, structural asset flexibility, workforce adaptability, and infrastructural capacity required to safely pivot from residential care models to family and community-focused childcare hubs.
- **System-level transition:** Evaluating County-wide cross-sectoral coordination, statutory monitoring frameworks, referral networks, local legislative financing mechanisms, and the broader capacity of the social service workforce to manage sustainable case-by-case family reunifications and reintegration.

2.1 Methodology Framework and Tools

Data collection tools were explicitly designed to map out quantitative variables alongside nuanced qualitative insights. Participants included children and young persons in care, care leavers, CCI managers, social workers, caregivers, Sub-County Children Officers, education officers, health officers, chiefs, religious leaders, police officers, judiciary representatives, disability stakeholders, community members, and child protection actors. The specific tools applied largely derived from the Kenya national toolkit for Situational Analysis in residential childcare institutions published by the NCCS and DCS in 2020. They include:

- **Tool 1: Questionnaire for Collection of Data for CCI Capacity & Operations:** A quantitative tool assessing institutional infrastructure, finances, and staffing data across the facilities.
- **Form 1b: Standardized Consent and Assent Forms:** Legally binding protocols guaranteeing ethical, informed participation across all respondent groups.
- **Tool 2: Checklist for Case File Review:** A structured review instrument used to track compliance with national case management standards, court committal validation, and Individual Treatment Plans.
- **Tool 3: Key Informant Interview (KII) guides with Institutional Staff – Managers and Social Workers:** Evaluates internal administrative procedures and administrative readiness for care transition.
- **Tool 4: KII guides with Institutional Staff – Caregivers and House-Parents:** Explores day-to-day care routines, child behavior dynamics, and localized safeguarding practices.
- **Tool 5: Focus Group Discussion (FGD) Guide for Children in Institutions:** A child-friendly, interactive tool assessing safety, well-being, and participation from the child's perspective.
- **Tool 6: FGD Guide for Care Leavers:** Collects experiential data regarding post-institutional adjustment, aftercare services, and societal reintegration barriers.

- **Tool 7: FGD Guide for Parents/ Guardians:** Measures family-level capacity, economic drivers of separation, and tracing experiences.
- **Tool 8: FGD Guide for Community Members:** Assesses neighborhood-level support systems, stigma, and community readiness to absorb returning children.
- **Tool 9: KII with Children's Court Magistrates and Sub-County Children Officers (SCCOs):** Assesses statutory enforcement gaps, court committal processing, and statutory tracking.
- **Tool 10: KII with Key Stakeholders (NGAO, Police, Nyumba Kumi, NCPWD, and Child Protection Volunteers):** Investigates frontline grassroots referral pathways and community-level gatekeeping mechanisms.

2.2 Sampling Design

The study deployed a dual sampling methodology to achieve maximum County representation across the sub-counties:

- **Quantitative sampling (Census & random file selection):** The study adopted a complete census approach for the residential institutions, successfully surveying all 20 active Charitable Children's Institutions (CCIs) identified across the County's sub-counties. For children-specific data compliance, a random sampling technique was applied to extract and review 208 children's case files guaranteeing an empirical review of approximately 25.4% of the total institutionalized child population (818 children) within the County to minimize selection bias.
- **Qualitative sampling (Purposive selection):** Key informants and focus group discussion participants were purposively sampled based on their professional expertise, administrative jurisdiction, or direct lived experiences in the child-care system. A total of 12 Key Informant Interviews were executed alongside dedicated Sub-County Focus Group Discussions, engaging carefully sampled participants across the County to secure diverse perspectives from children, care leavers, biological parents, and grassroots administrators.

2.3 Preparation Phase

The preparation phase was designed to foster multi-sectoral stakeholder ownership and secure localized administrative access to data subjects. Between 4th March and 7th April 2026, a series of high-level consultative workshops and technical review sessions were convened. The process began with a central Stakeholders' Forum focused on reviewing and contextualizing the draft data collection tools and templates. This key forum brought together technical leads from the National Council for Children's Services (NCCS), the Directorate of Children Services (DCS), Nyandarua County executive departments, development partners, and select CCI representatives. This forum successfully aligned the assessment indicators with national child protection priorities. Following the tool customization workshops, a chronological sequence of target-specific sensitization meetings was rolled out across the County:

- 4th March 2026: Sensitization of the County Children Advisory Committee (CCAC) to solidify County-level administrative oversight and coordinate inter-departmental logistics.

- 10th March 2026: Sensitization of broad County Stakeholders and child protection development partners to create awareness and mobilize local resources.
- 11th March 2026: Sensitization of National Government Administration Officers (NGAO), explicitly engaging County Commissioners, Deputy County Commissioners, Assistant County Commissioners, Chiefs, and Assistant Chiefs. This engagement was vital to facilitate community entry, secure localized mapping data, and coordinate field safety and referral mechanisms.
- 25th March 2026: Sensitization of CCI directors, founders, Managers, and institutional social workers to diffuse fears surrounding transition of care, clarify data requirements, and foster institutional cooperation by re-framing the SITAN as a collaborative planning exercise rather than a punitive audit.
- 31st March - 2nd April 2026: Training of enumerators and supervisors focusing on the tools, processes and skills to effectively undertake the SITAN.

2.4 Data Collection, Entry, and Analysis

2.4.1 Data Collection Fieldwork

Primary fieldwork was carried out from 7th to 15th April 2026. Data collection was systematically executed across all eight sub-counties. Field actions were driven by thoroughly trained enumerators working under the continuous physical oversight of field supervisors. To optimize data integrity, accuracy, and real-time validation, all quantitative instruments including the institutional questionnaires, case file checklists, and structural observation tools were deployed electronically via the Kobo Collect mobile platform. Qualitative data was captured through detailed audio recordings and handwritten transcripts during Key Informant Interviews and Focus Group Discussions.

2.4.2 Data Entry and Management

All data files uploaded from Kobo Collect underwent daily quality checks. Quantitative datasets were cleaned, checked for duplicates, and structural gaps were addressed before exporting into an analytical software. Qualitative audio recordings were transcribed verbatim, organized chronologically, and compiled into thematic text files. To preserve strict data privacy, child identification data was anonymized, and secure digital access logs were restricted exclusively to authorized research personnel.

2.4.3 Analysis and Reporting Strategy

- Quantitative Data Analysis: Cleaned datasets were processed using descriptive statistical techniques to run frequencies, percentage ratios, cross-tabulations, and spatial distributions across the eight sub-counties. The analysis pinpointed compliance coefficients, child demography ratios, and case file documentation completeness variables.
- Qualitative Data Analysis: Transcripts were evaluated using thematic matrix analysis. Lived experiences, systemic bottlenecks, and institutional feedback were categorized into explicit thematic codes. Direct quotes and contextual testimonies from care leavers and children in care were woven into the final narrative to present a deeply child-centered perspective.

2.5 Scope and Limitations

2.5.1 Scope

The SITAN covered all identified registered and unregistered charitable children's institution in the County. The study targeted a review of children in institutional care, institutional workforce and management systems, caregivers, care leavers, and key child protection stakeholders involved in childcare, safeguarding, and care reform interventions in the County.

The assessment focused on major thematic areas including institutional care systems, child demographics and vulnerabilities, workforce capacity, service provision, financing mechanisms, gatekeeping and case management systems, reintegration and transition practices, child participation, disability inclusion, care reform readiness, and County policy and regulatory frameworks supporting child protection and alternative care.

2.5.2 Limitations

The SITAN process navigated such limitations as:

- Incomplete and expired statutory documentation: Many case files across the 20 institutions completely lacked or contained expired critical legal and administrative records, such as court-issued committal orders, referral forms, or Individual Treatment Plans (ITPs), limiting comprehensive verification of statutory compliance. To mitigate, the SITAN team combined retrospective oral testimonies from institutional managers and resident caregivers with active cross-referencing of sub-County children's office duplicate files. This allowed the team to patch historical data gaps and reconstruct missing administrative timelines.
- Guarded responses and potential response biases: Due to fears and anxieties surrounding the National Care Reform Strategy's focus on childcare transition, some founders and administrators provided guarded or socially desirable answers regarding their budgets, staffing adequacy, and safeguarding practices. To mitigate, Sub-County Children Officers co-facilitated initial key informant sessions to assure participants of the non-punitive, collaborative nature of the baseline. Furthermore, data collection heavily leveraged triangulation, crosschecking oral responses directly against physical observation checklists of living spaces and independent case file audits.

- Logistical constraints and wide geographic dispersion: The County's vast rural terrain and the isolated, scattered geographic footprint of the 20 facilities (particularly concentrated in high-altitude zones of North and South Kinangop Sub Counties) created massive transport and scheduling bottlenecks within a restricted data collection window. The team utilized a clustered field deployment strategy, grouping neighboring sub-counties together and utilizing the electronic Kobo Collect mobile platform for real-time quantitative data upload and verification.
- Sensitivity of child protection information: Respondents—including children in care, care leavers, and institutional staff—exhibited hesitancy or emotional distress when discussing sensitive safeguarding concerns, institutional punishment, or past reintegration failures. The team deployed thoroughly trained enumerators well versed in child-friendly, trauma-informed interviewing techniques. Focus Group Discussions (FGDs) were re-engineered into safe, non-leading interactive spaces, and strict anonymous coding systems were enforced from the point of entry to guarantee complete identity protection and confidentiality.

3. FINDINGS AND DISCUSSIONS

Based on quantitative and qualitative data collected from CCIs and key stakeholders across the County, the chapter examines institutional characteristics, child demographics, staffing, service provision, financing, case management practices, reintegration mechanisms, and preparedness for implementation of the National Care Reform Strategy (2022–2032). It also captures stakeholder perspectives, identifies key challenges and opportunities, and provides recommendations for strengthening child protection and alternative care systems in the County.

3.1 Characteristics of the charitable children's institutions

3.1.1 Distribution and Capacity of Care Institutions

Twenty (20) CCIs were surveyed across the county. North Kinangop and South Kinangop sub-counties each host the largest number of institutions (4 each), reflecting higher population density and potentially greater vulnerability exposure in these areas. Table 1 below shows distribution of the CCIs across the Sub counties surveyed.

Table 1: Distribution of CCIs per Sub-County

Sub-County	No. of CCIs	Total No. of Children in Care
North Kinangop	4	205
South Kinangop	4	149
Nyandarua North	3	112
Nyandarua West	3	75
Mirangine	2	109
Nyandarua Central	2	140
Kipipiri	1	13
Wanjohi	1	15
Grand Total	**20**	**818**

Out of 20 CCIs in the County, only 3 (15%) of the institutions operated branches. Tumaini Children's Home in North Kinangop sub-county opened a branch in the same County after acquiring Rehema Children's Home, which had faced managerial challenges.

Jesus Helper Children's Home in Kipipiri sub-county operated two branches in Nairobi and Nakuru Counties while Living Love Ministries in Nyandarua Central sub-county opened a branch (Hope Light) in Njambini within Nyandarua South Sub-County. The three CCIs reported reasons for opening new branches as the need to expand capacity to accommodate more children.

3.1.2 Establishment, Premises, and Governance

50% CCIs	90% CCIs	75% CCIs
Established by individuals	In operation over a decade	Operated on owned Premise
10 of 20 CCIs	*18 of 20 CCIs*	*15 0f 20 CCIs*

CCI Founders: Out of the 20 Charitable Children institutions, half (10 CCIs) were established by individuals, 5 CCIs by Faith-Based Organizations, 2 by Community-Based Organizations. 2 were co-established with other partners (1 CCI founded by an individual and Trustees, and another 1 by a group of individuals, FBO & an NGO). 1 CCI was established by a self-help group as shown in Figure 1 below.

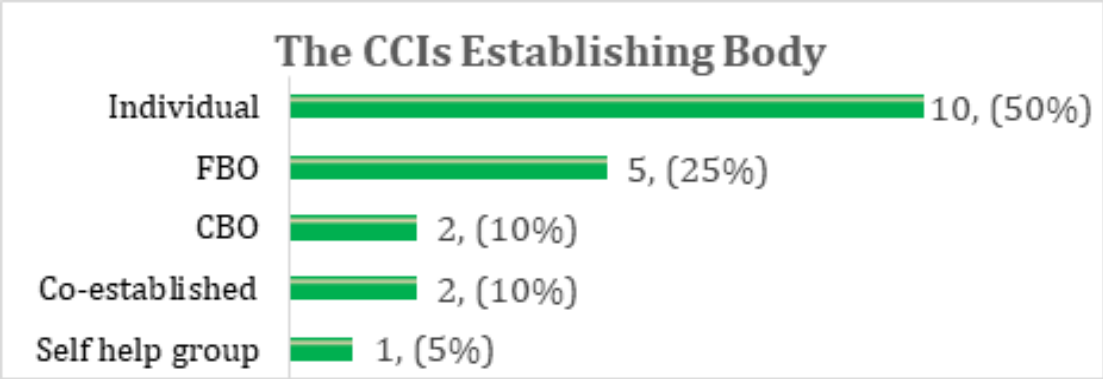


Figure 1: CCI Establishing Body

Premise ownership: Out of the 20 CCIs, 15(75%) operated on owned premises while 5 (25%) operate on leased premises.

Year of Establishment: Most CCIs in the County are long-established institutions, with 18 out of 20 institutions (90%) having operated for more than 10 years. Among these, five institutions were established before the year 2000, four between 2000 – 2005, five between 2006–2010, and four between 2011–2016. Only two institutions had been established within the last decade, with one established in the period between 2016-2020 and another during the period 2021–2026 as shown in the Table 2 below.

Table 2: Year of CCI Establishment and NCCS Registration Status

Establishment Period	Duration	No. of CCIs	NCCS Registered
			Total
Before 2000	25+ years	5	5
2000–2005	20-25 years	4	4
2006–2010	15-20 years	5	5
2011–2015	10-15 years	4	2
2016-2020	5-10 years	1	—
2021–2026	5years	1	—
TOTAL		**20**	**16**

NCCS Registration: Of the 20 institutions, 16 (80%) were NCCS registered, while 4 (20%) had not registered. Among registered institutions, all (100%) had at least once renewed their registration, however, only 4 (20%) of the CCIs had NCCS registration renewed within the previous three years.

80%	20%
Registered with NCCS	With valid NCCS Registration
16 of 20 CCIs	4 of 20 CCIs

Of the four CCIs that were not registered with the NCCS, one (1) was registered with the Department of Social Services, one (1) under the Societies Act, one (1) as an NGO, while one (1) had no registration under any recognized regulatory body.

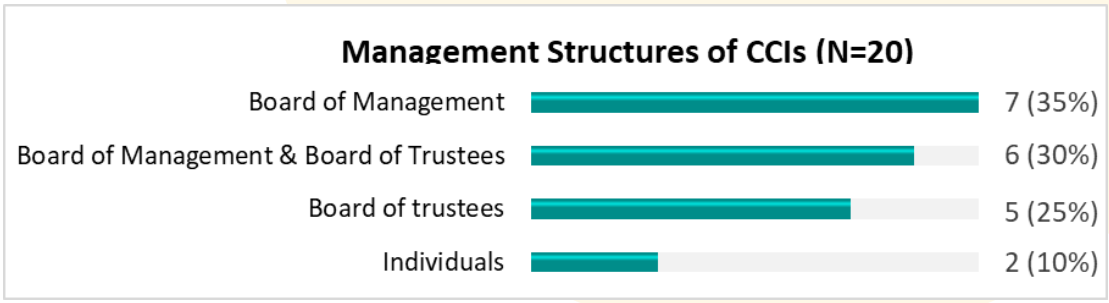
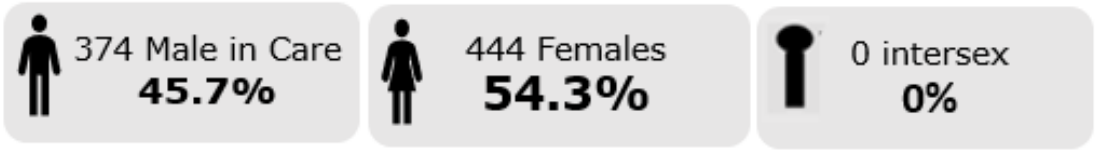


Figure 2: Governance Structures of CCIs

Management structure: Management structures across the 20 CCIs/SCIs in the County were largely formalized, with 18 (90%) institutions operating under Boards of Management, Boards of Trustees, or a combination of both. Specifically, 7 CCIs (35%) were managed by a Board of Management, 6CCIs (30%) operated under a hybrid structure comprising both a Board of Management and a Board of Trustees, while 5 CCIs (25%) were governed by a Board of Trustees. Only 2 CCIs (10%) were managed by individuals as shown in Figure 2.

3.2 Children in Care

3.2.1 Total children and gender



A total of 818 children were in residential care across the 20 CCIs, comprising 444 females (54.3%) and 374 males (45.7%). There were no intersex children recorded.

North Kinangop accounted for the highest number of children in care, 205 (25.1%), followed by South Kinangop, 149 (18.2%) and Nyandarua Central, 140 (17.1%). Collectively, these three Sub-Counties hosted over 60% of all children in institutional care, reflecting a concentration of vulnerability and/or institutional supply in specific geographic clusters. Table 1 above shows distribution of the CCIs and children in care disaggregated per Sub-County. **See Annex 1** for more detailed information number of children per CCIs.

Qualitative findings further supported the higher representation of girls in care, with one KII respondent noting that "*most of the children referred to children's homes are girls,*" *mainly due to experiences of "defilement and sexual harassment*" (KII – Judicial Officer, North Kinangop).

3.2.2 Age profile of children in care

Age bracket 11–14 years formed the largest age group of children in care (216, 26%), followed by ages 15–17 years (203, 25%), and 7–10 years (198, 24%). A notable 82 young persons (10%) were still in residential care aged 18 and above, and 40 children were aged 1-3 years as shown in Figure 3 below. Section 67 (4) of the Children Act (Cap 141) states that "...a child below the age of three years shall not be placed in alternative care in an institution, except in compelling circumstances and, in any event, for a period not exceeding three months".

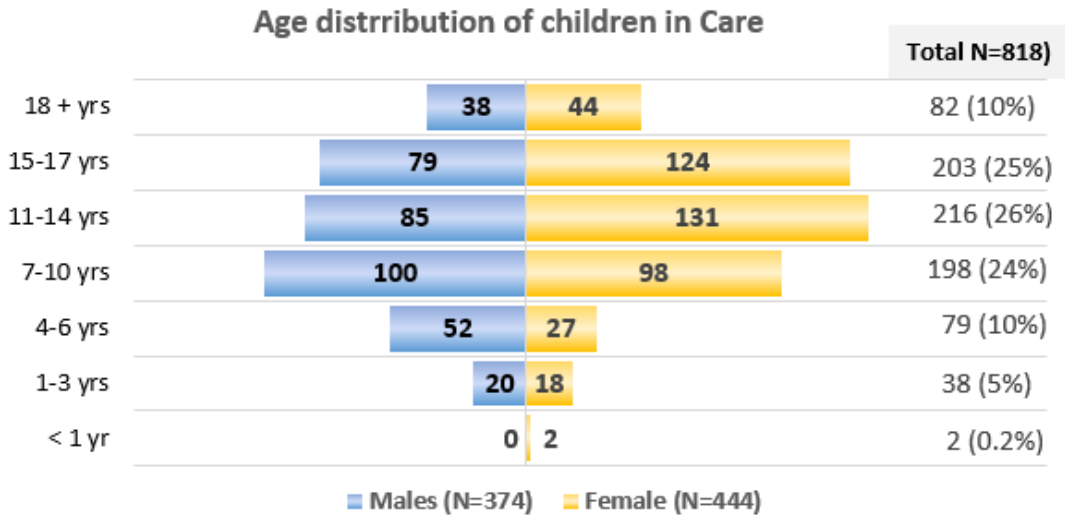


Figure 3: Distribution of Children in Charitable children's institutions

3.2.3 Children and Young Persons with Disability and Chronic illness

A total of 95 children and young persons with disabilities were recorded in 4 of the 20 institutions, representing 12% of the 818 children in care. However, this figure was overwhelmingly driven by a single institution, Olkalou Physically Handicapped & Rescue Center in Nyandarua Central Sub-County, which alone accounted for 90 children (94.7% of the County's total disability caseload). The remaining three CCIs collectively accounted for only 5 children, (See Annex 2a for more details)

Children with disability	CCIs reporting disability	Multiple Disability most prevalent
95	**4**	**32**
12% of 818 in care	20% of 20 CCIs	34% of 95 with disability

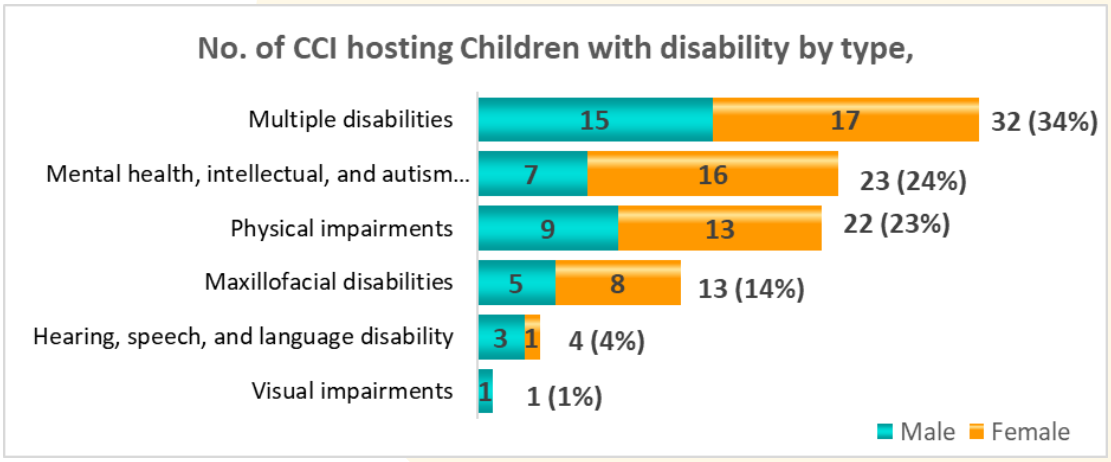


Figure 4: Number of CCI Hosting Children with disability

Majority had multiple disabilities (32 children, 34%) followed by children and young persons with mental health/intellectual/autism spectrum conditions (23, 24%), physical impairments (22, 23%) and maxillofacial disabilities (13, 14%). Hearing, speech and language (4, 4%) and visual impairments (1, 1%) were relatively uncommon in the recorded data as illustrated in Figure 4.

CCIs reporting Chronic Illness	Children with Chronic Illness
3	**6**
15% of 20 CCIs	0.7% of 818 in care

A total of 6 children and young persons with chronic illness were reported in 3 institutions, representing 0.7% of the 818 children and young person in care. (See Annex 2b for more details).

Qualitative findings highlighted significant structural and social barriers affecting children with disabilities in the County, including limited accessibility of schools and community services, inadequate disability-friendly infrastructure, shortage of trained caregivers and therapists, and weak community support systems. Respondents further noted that stigma, concealment of children with disabilities, and other harmful practices continued to hinder access to care and protection services. One respondent explained that placement into institutional care was influenced by "lack of proper infrastructure, accommodation and accessibility, which limited access to nearby schools (KII – PWD North Kinangop). Similarly, another respondent noted that some institutions lacked "ramps, special toilets, trained caregivers and therapists required to support children with disabilities (KII – CCI Manager, North Kinangop).

These findings suggested the need to strengthen disability-inclusive family and community-based care systems through improved accessibility, inclusive education, caregiver support, and capacity building for the disability services providers.

3.2.4 Origin of the Children in Care

Approximately half of the children 402 (49%) came from the same Sub-County where the institution was located; while a further 191 children (23%) originated from other sub-counties within Nyandarua County. Cumulatively, about 72% of children originated from within the County. Notably, 24 (3%) of children and young persons had unknown origin as shown in Figure 5. Almost quarter of the children and young persons, 201 (25%) came from other counties with Laikipia County accounting for the largest share, 70 (34.1%) of the children and young persons, followed by Nakuru (66 children, 32.2%). (See Annex 3 for detailed information on origin of children from other counties).

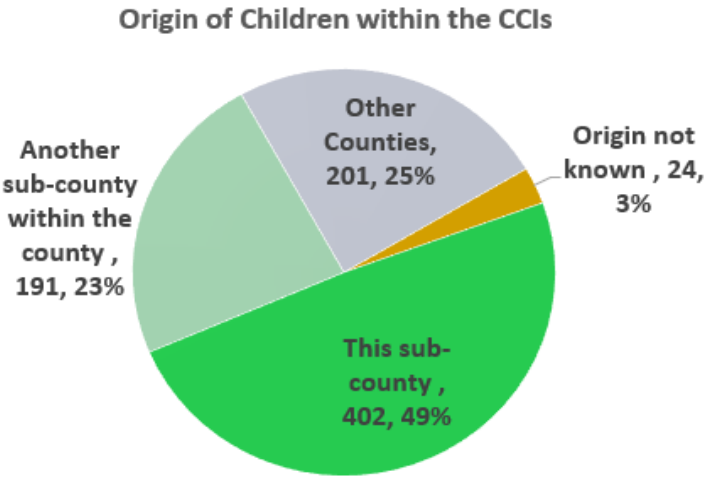


Figure 5: Origin of Children in CCIs

The strong local representation presents a good opportunity to strengthen family tracing, reunifications, and reintegration into family and community-based care in the County.

However, the presence of children and young persons from other counties, alongside cases of abandonment and those of unknown origins could pose challenges to family tracing, reunification, and reintegration efforts.

Qualitative findings reflected these difficulties, with a respondent explaining *"some (children) are left by their parents, brought here when they are very young....they are abandoned without much information about them and nobody knows where they come from or even who their relatives are."* (KII, CCI Staff, Wanjohi Sub County).

3.2.5 Reasons for Admission into Residential Care

The findings showed that the main drivers of admission into care were abandonment (18 CCIs, 90%), orphan hood in 17 CCIs (85%), and violence, abuse or neglect in 14 CCIs (70%). These were followed by poverty, reported in 12 CCIs (60%) and lack of access to education in 10 CCIs (50%) that also contributed substantially to admission of children into institutionalized care. In addition, health-related conditions such as chronic illness and disability reported in 4 CCIs (20% each) notably influenced the placement of children in care, as illustrated in Figure 6.

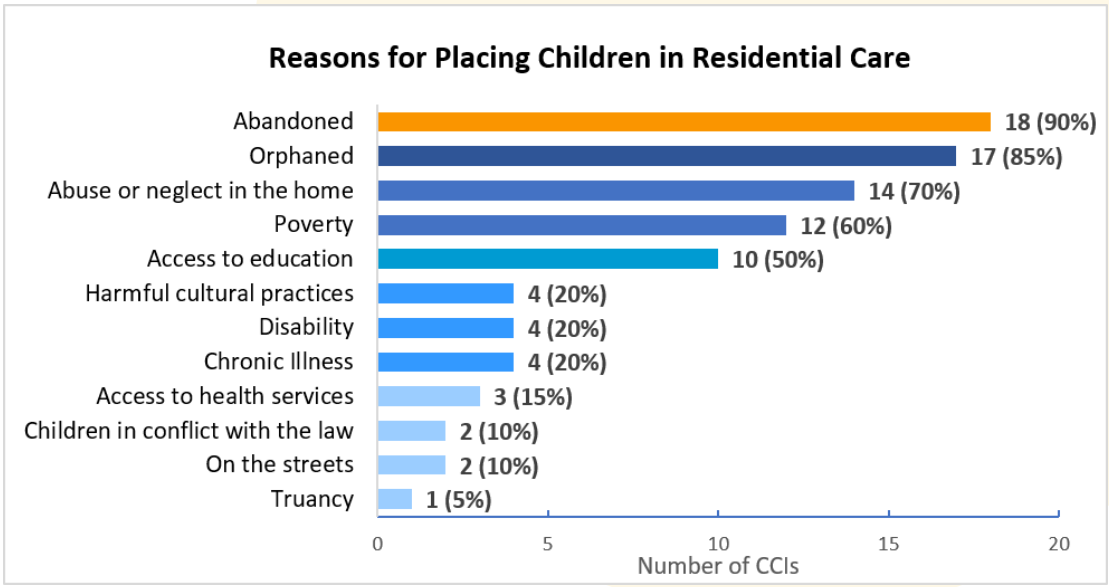


Figure 6: Reasons for Admitting Children into Residential Care

The qualitative findings suggested that institutional placement was often driven by multiple interconnected vulnerabilities rather than a single cause. While abandonment, orphan hood, abuse, neglect, and poverty emerged as the main immediate reasons for placement in the quantitative findings, respondents explained that these were often compounded by caregiver incapacity, parental mental illness, substance abuse, disability-related barriers, and weak family and community support systems.

One respondent noted that "*some children are rescued from difficult situations, abuse, neglect or abandonment*" (KII – Chief/Administrator, Mirangine Sub County), while another explained that "*parents suffering from mental illness, or drug abuse issues like alcohol... the child may lack people to care for them*" (KII – National Police Service, Mirangine Sub County). Similarly, a child protection stakeholder observed that children were sometimes admitted where "*the mother was mentally unstable, the father absent, or the child was found neglected and there was no immediate person to care for them*" (KII – Children Officer). Disability-related service gaps also contributed to placement, with one caregiver explaining: "*I had to take my daughter to institution-based care due to disability... due to the conditions and therapies, medicals that were to be taken in the institution*" (KII – Care giver, North Kinangop Sub County).

3.3 Workforce Composition

3.3.1 Employment Status

265	55%	72%
Total CCI Staff in 20 CCIs	Female Staff 147 in 20 CCIs	Non-permanent staff Contract (62%) + Casual (10%)

Across the 20 CCIs, a total of 265 staff were employed, comprising 118 (45%) males and 147 (55%) females. Majority of staff are predominantly engaged on non-permanent arrangement, with 164 staff (62%) serving on contract terms, 27 (10%) engaged as casual workers and only 74 (28%) on permanent terms, as shown in Figure 7 below.

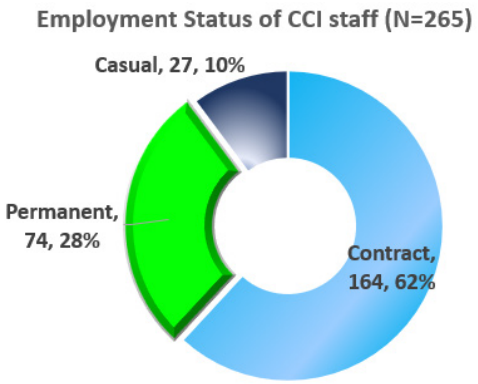


Figure 7: Employment Status of CCI Staff

Qualitative findings highlighted workload pressures, simultaneous multiple roles, and concerns regarding workforce sustainability and continuity of childcare.

During the KII sessions, CCI staff expressed difficulties to effectively perform their work due to multiple responsibilities, with one staff noting

"*I have two roles... matron/social worker. It becomes a challenge to do some activities as a social worker because I am also a caregiver here*" (KII – Institution Staff, South Kinangop), while another noted, "*we don't have enough time to rest especially during the evening due to multiple responsibilities*" (KII – Institution Staff, North Kinangop).

Overall, the findings point to the need for strengthened human resource structures, clearer role specialization, and improved staff support systems at the institutions.

3.3.2 Social workers

20	14 (70%)	26
CCIs Surveyed	CCIs with social workers	Total Social workers *(All serving full time)*

Among the 20 CCIs assessed, 14 institutions (70%), serving 645 children, employed a total of 26 full-time social workers (12 males and 14 females).

Qualifications: The National Standards for Best Practices in Charitable Children's Institutions (2013) require social workers to hold at minimum a Diploma in Social Work or a related social science discipline. At higher professional levels, this aligns with the broader public sector requirement under the Children Act, 2022 for child protection and social development personnel to possess a Bachelor's degree in Social Work, Sociology, Psychology, Community Development, or other related social science disciplines. The Act further requires institutions to maintain staff with qualifications relevant to work involving children and child welfare.

Of the 14 CCIs with social workers in the County, 8 (57%) had social workers with Bachelor's degree qualifications in social work, while 4 (29%) had diploma qualifications in social work or related fields, meeting minimum Government of Kenya standards. However, two CCIs (14%) employed social workers whose highest professional qualification was a certificate in social sciences as shown in Figure 8 below.

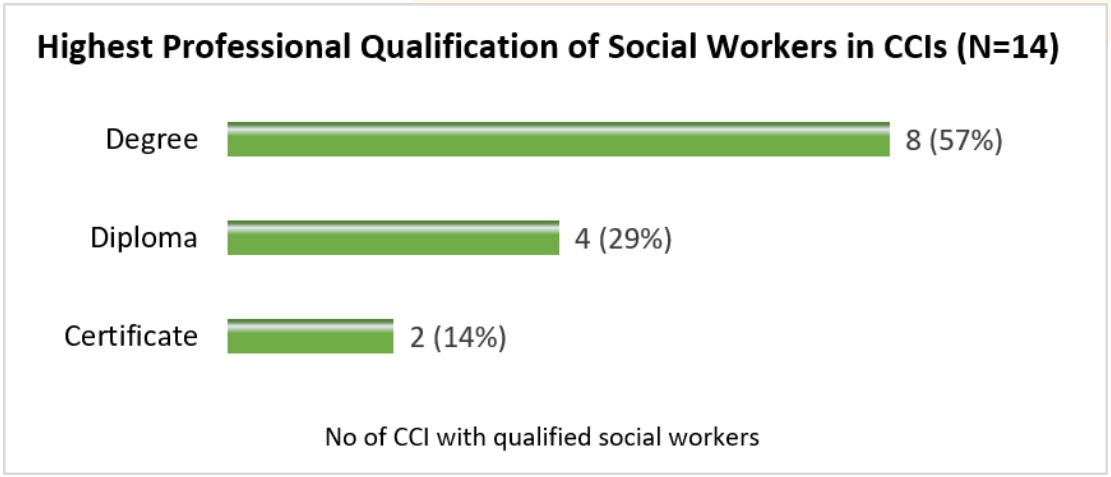


Figure 8: Employment Status of CCI Staff

3.3.3 Other Staff Cadres

Other than social workers, CCIs had a total of 232 staffing in the category of other cadres, which was dominated by operational and maintenance roles, with 76 caregivers (33%), 58 gardeners (25%), 32 cooks (14%), and 29 security guards (13%) forming the bulk of personnel and present in most CCIs (85–90%). This indicates that institutions are well resourced for day-to-day operations and basic childcare functions.

In contrast, specialized and developmental roles were notably limited: ECD teachers were present in only 3 (15%) CCIs, counsellors in 7 (35%) of the CCIs, and physiotherapists in just 1 (5%) of the CCIs as shown in Table 3 below.

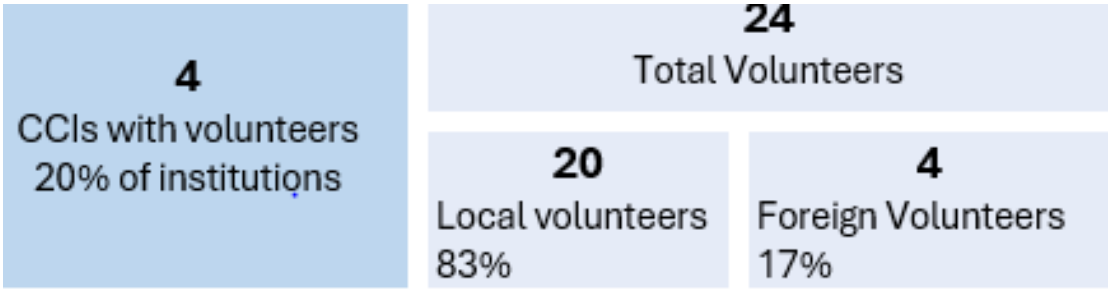
Three (15%) of the 20 CCIs reported "other" staff beyond the standard categories, yielding 9 staff across 6 distinct roles, Transport, (3 staff, in 3CCIs), Spiritual Leaders (3 Staff, 2CCIs), Administration and Management (2 Staff, in 2CCIs), Technical/Specialist (1 Staff, 1 CCI). Cadres of 7 staff were not specified across two institutions.

Table 3: Distribution of other Staffing Cadres

Other Staff cadre	No. of Staff	%Staff	No. of CCIs with the Cadres	% of CCIs
Caregivers	76	33%	17	85%
Gardeners	58	25%	17	85%
Cooks	32	14%	17	85%
Security guards	29	13%	18	90%
Counsellors	10	4%	7	35%
Physiotherapists	10	4%	1	5%
ECD teachers	8	3%	3	15%
Others)	16	4%	3	15%

Overall, the staffing pattern was predominantly oriented toward institutional operations rather than comprehensive child development and support services, underscoring the need to strengthen professional services and shift capacity toward family- and community-based care to advance deinstitutionalization. Further, the findings suggest significant gaps in early childhood development, psychosocial support, and specialized care services, particularly for children with additional or complex needs.

3.3.4 Volunteers



The findings indicated that only 4 (20%) of the CCIs surveyed had a total of 24 volunteers. Among these, 20 (83%) were local volunteers while 4 (17%) were foreigners. Majority of these volunteers 19 (79%) were concentrated in only one CCI.

Volunteer involvement was limited and concentrated in basic or supplementary roles such as physical education, community work, health-related support, and religious instructions. Notably, there was no involvement in critical areas of programming such as education, case management, social work or fundraising. Volunteers mainly supported routine household tasks such as washing clothes, cooking, and cleaning.

3.4 Services Provided

This SITAN examined services delivered both within and beyond the institutions, with the findings summarized below:

3.4.1 Internal and External Services Provided to Children in Care

Most CCIs in the County internally provided psychosocial and developmental services, particularly life skills training in 19 CCIs (95%), counselling in 18 CCIs (90%), and religious services in 17 CCIs (85%). In contrast, key services were mainly accessed externally, including primary and secondary education in 17 CCIs each (85%) and health services in 19 CCIs (95%).

Specialized and transition-related services were less available, with only 3 CCIs (15%) providing internships or employment opportunities internally and 5 (25%) providing external linkages. In addition, vocational/tertiary training and legal support were accessed externally in 11 CCIs each (55%), while bursaries were available in 6 CCIs (30%) as shown in Figure 9.

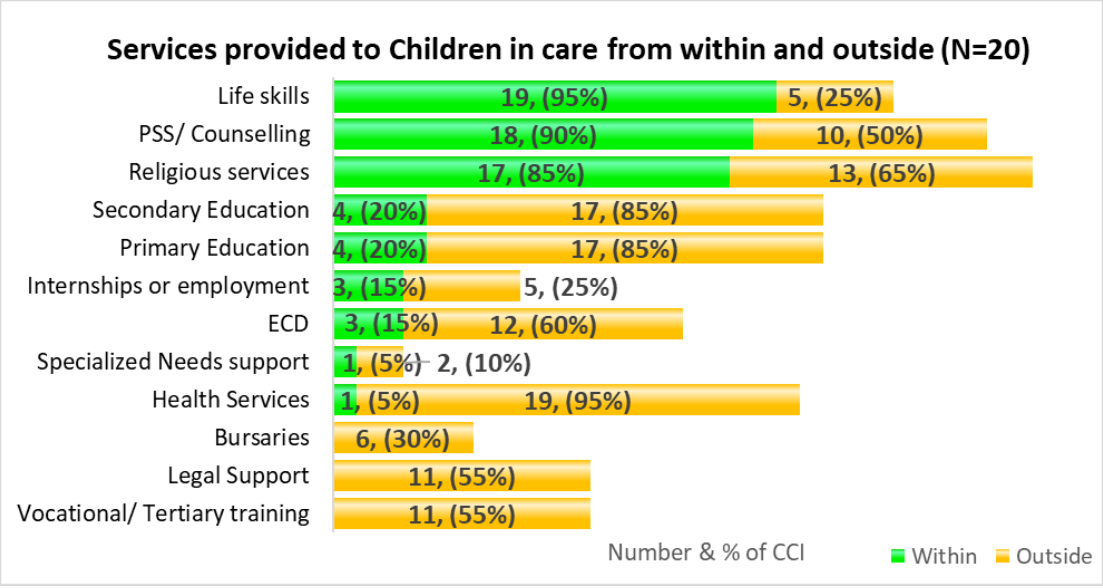


Figure 9: Services provided to Children in Care

Overall, the findings suggest that CCIs largely relied on community systems and partnerships for essential services, which aligns with the care reform agenda promoting community-based service delivery.

3.4.2 Child Participation Forums

Almost all CCIs, 19 out of 20 (95%), reported providing child participation forums for their children; with the highest participation reported in children's assemblies and sports activities (16 CCIs, 80% each), followed by activities marking celebrations of national days (15 CCIs, 75%). Moderate participation was reported in talent shows and field trips (13 CCIs, 65% each), while only a small proportion of institutions facilitated children's clubs (5 CCIs, 25%) as shown in Figure 10. There is need to strengthen the structured child participation platforms especially the Children Assemblies and Children clubs.

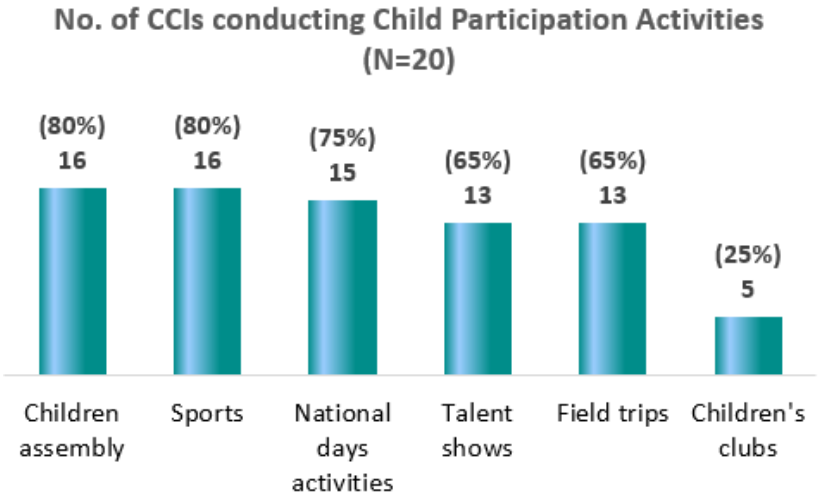


Figure 10: CCIs engaging children in Child Participation Activities

3.4.3 Services to prepare children and young persons for their transition out of institutional care.

The SITAN examined services provided to children and young people in preparation for reunification and other forms of exit, with findings summarized in Figures 11 and 12. Percentages were based on the number of institutions (out of 20) reporting each service.

3.4.4 Exit Preparation for children

A total of 19 (95%) CCIs reported having an existing exit preparation strategy for children persons transitioning out of institutional care. The most commonly reported services for children preparing to exit care included counselling/psychosocial support provided by 17 CCIs (85%), educational support by 15 CCIs (75%), family supervised visitation in 12 CCIs (60%) and financial support in 11 CCIs (55%). Vocational training and mentorship were each reported in 9 CCIs (45%), while only 5 CCIs (25%) facilitated linkages to internships or employment opportunities shown in Figure 11.

The findings indicated that exit preparation within CCIs was mainly focused on psychosocial and educational support, with comparatively fewer institutions supporting economic empowerment and workforce transition pathways.

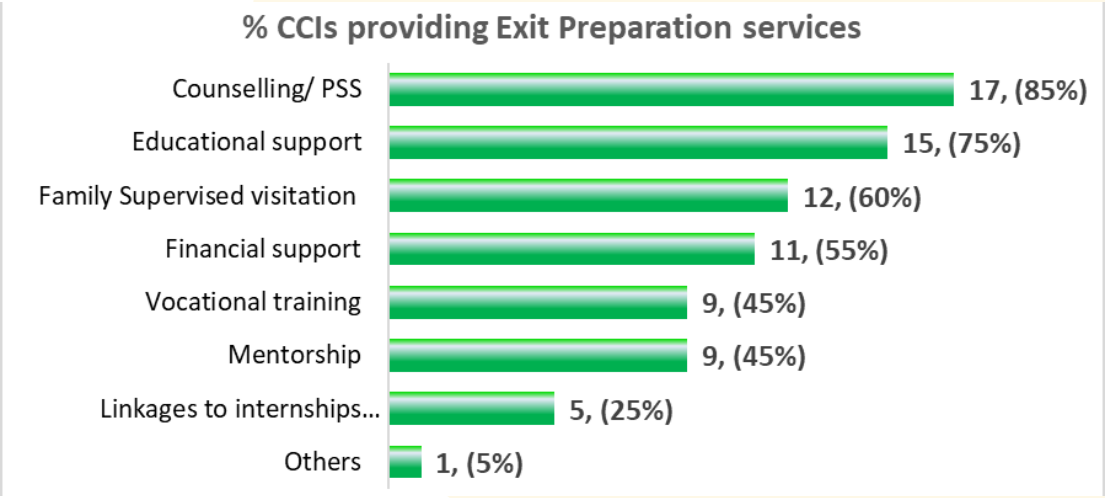


Figure 11: CCIs providing Exit Preparations services

3.4.5 Exit Preparation for Independent Living

CCIs mainly supported young persons transition to independent living through life skills training (15 CCIs, 75%), counselling/psychosocial support (14 CCIs, 70%), and sex education (13 CCIs, 65%). Over half also provided vocational training (11 CCIs, 55%) and financial support (10 CCIs, 50%), while post-secondary education support and mentorship were each reported by 9 CCIs (45%).

However, fewer institutions facilitated family supervised visitation (6 CCIs, 30%) and internship/employment linkages (4 CCIs, 20%), indicating weaker support for economic independence and long-term reintegration as shown in Figure 12. Among the "other" exit preparation approaches specified, one CCI offered internship opportunities to prepare children for independent living, while another CCI provided housing on its land to support young adults transitioning to independent living.

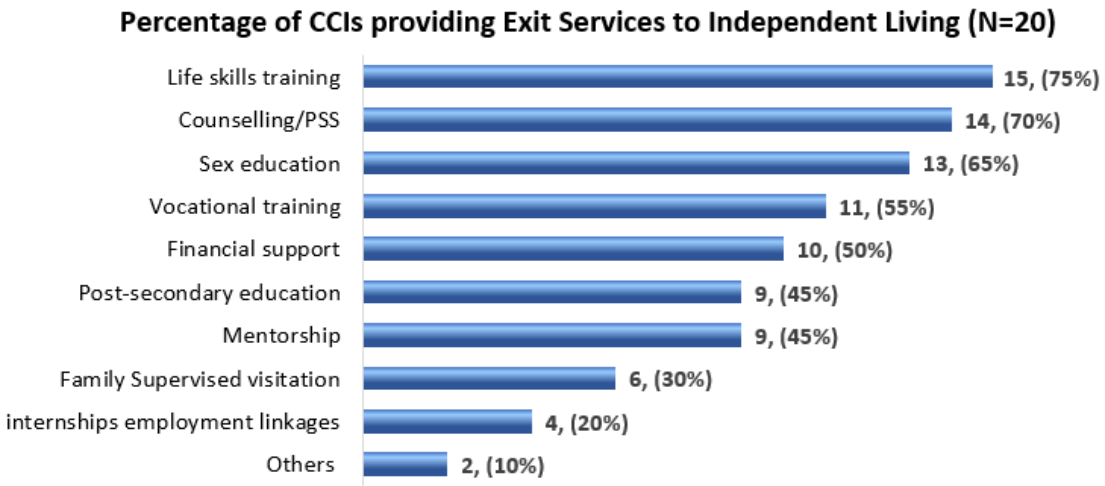


Figure 12: CCIs providing Exit services to Independent Living

Qualitative findings indicated that CCIs in the County mainly prepared children for independent living through life skills training, psychosocial support, and vocational or educational pathways, consistent with the quantitative findings. Respondents noted that institutions equipped children with practical life skills, with one staff member explaining that "we try to prepare them for life outside by teaching them how to live with others, make decisions and be responsible" (KII – Manager, North Kinangop Sub County). Counselling was also emphasized to support emotional readiness, while some children were linked to vocational or tertiary training, as noted by a respondent "some are supported to go to college or vocational training so that they can have skills for survival" (KII – Religious Leader, Mirangine Sub County).

However, qualitative findings also suggested weaker support for long-term reintegration and economic independence, particularly around employment opportunities, post-care support, and family reintegration. One respondent observed that "*after children leave the institution, some do not have enough support outside... especially for school fees, employment or settling back home*" (KII – Religious Leader, Mirangine Sub County), a respondent further noted that children leaving care sometimes struggled with adjustment and social integration, with a Children Officer reporting that "*they don't have a start in life, they don't know anyone*" (KII – Children Officer). The findings highlight challenges in reintegration readiness and family stability.

3.5 Sources of Funding

CCIs in the County were almost entirely dependent on non-state funding, with majority 15 (75%) receiving funds from internal partnerships, followed by 10 CCIs (50%) from external partnerships. Only one institution (5%) reported support from the National Government, and none reported County Government funding as shown in Figure 13 below.

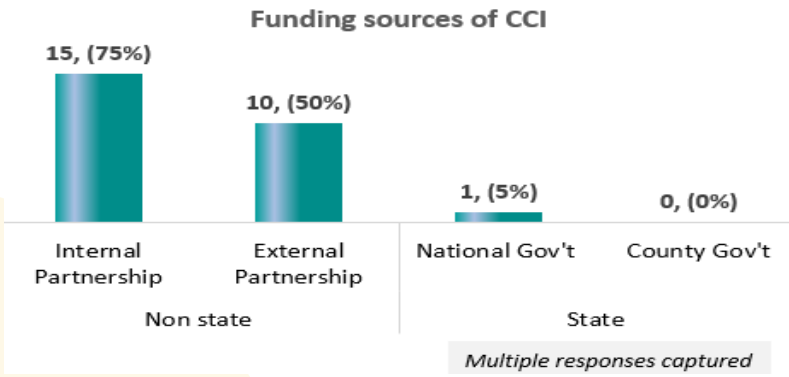


Figure 13: CCIs Funding Sources

Further analysis showed that a total of 5 CCIs had multiple funding streams for instance, received funds from three sources: - National government, Internal and External Partnerships, while the other 4 received both external and internal funding.

The findings further showed that the United States of America was the leading source of external finances, with 8 CCIs (20%) reporting support from the country, while Europe was cited by 2 CCI (10%).

CCIs Internal partners were mainly individual sponsors, faith-based organizations, and well-wishers, each reported by 7 CCIs (35%), while externally, individual sponsors and faith-based organizations were each cited by 5 CCIs (25%). Trusts/foundations provided relatively limited support, and corporate/business support was minimal as illustrated in Figure 14 below.

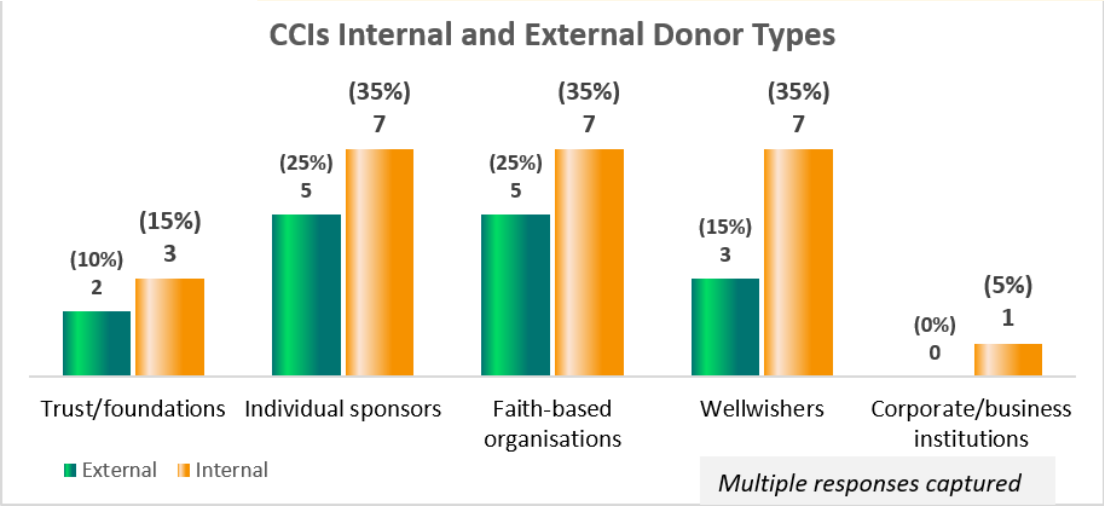


Figure 14: Type of CCIs Internal and External Donors

Qualitative findings further indicated that support for CCIs and vulnerable children in the County was largely driven by community goodwill, faith-based organizations, and individual support systems. Stakeholders noted that "*the community comes together to care for the child. They pay school fees and took care of the basic needs*" (KII, Education Officer- North Kinangop Sub County), while another respondent observed that CCIs were places where "*the community can visit the children and give their compassionate contributions*" (KII, PWD, North Kinangop Sub County). Participants also acknowledged limited government assistance through bursaries and cash transfers, although they emphasized, "*the demand is higher than what is available*" (KII, Clergy, Mirangine Sub-County), suggesting that existing support systems remained insufficient relative to need.

3.5.1 Income Generating Activities (IGAs)

20 Total CCIs surveyed	**14 (70%)** CCIs with IGA	**6 (30%)** CCIs without IGA

Out of 20 CCIs surveyed, 14 (70%) reported having income generating activities, while 6 (30%) had none. The findings showed that the CCI's IGAs were predominantly agriculture-based, with dairy farming being the most common activity, reported by 8 CCIs (40%), followed by crop/general farming in 7 CCIs (35%). Poultry and livestock rearing was reported by 3 CCIs (15%). Only a few institutions engaged in non-agricultural ventures such as motor vehicle rental, health and rehabilitation services, and member contribution schemes, each reported by 1 CCI (5%). Several CCIs combined multiple IGA types to diversify income sources.

3.5.2 Support in Kind

Of the 20 CCIs, 19 (95%) reported receiving support in kind from the local community. 1 institution (5%) reported receiving none. Findings showed that community support to CCIs was largely in-kind and welfare-oriented, with churches, well-wishers, community members, youth groups, and families serving as the main supporters. Food and foodstuffs were the most common support, reported by 16 of 19 CCIs (84%), followed by clothing donations in 11 CCIs (58%). Additional support included household items (21%), and volunteer labor (16%). 1 institution reported donation of a piece of land.

3.6 Experiences of care in institutions: Voices of Children and young persons in care and Care Leavers

Lived experience is a critical element of any childcare system, encompassing the unique insights and perspectives gained through direct interaction with care environments. These perspectives are essential for fostering meaningful engagement and informing system improvements. This SITAN process deliberately included both children currently in care and young people who had transitioned out of institutional care to capture their firsthand experiences.

9 Focus Group Discussions (FGDs) were conducted across the County, involving 65 participants comprising 8 care leavers and 57 children currently living in CCIs. Care leavers had spent between 10 and 17 years in institutional care, averaging 15 years, while children currently in care had experiences of between 2 and 10 years depending with the institution.

3.6.1 The primary reasons for Children placement in care

FGDs with children currently in institutional care and care leavers revealed that admission into CCIs was mainly associated with neglect, abandonment, violence, orphan hood, poverty, and family conflict.

> *"Lack of money, you find that some parents lack school fees and need help to take their children to school."*(FGD – Children in Care, Nyandarua West Sub-County)
>
> *"A child can be institutionalized if the child has issues back home like going through violence or defilement."* (FGD – Care Leavers, South Kinangop Sub County)
>
> *A child can be institutionalized if disaster occurs like death of parents."* (FGD – Care Leavers, South Kinangop Sub County).

3.6.2 Experiences in care

FGDs with children in CCIs and care leavers indicated generally positive experiences of institutional care, particularly in relation to provision of basic needs, education, safety, shelter, and psychosocial support. A child in care reported comprehensive support noting that the institution provides adequate support including access to education, basic needs, and assistance in addressing personal challenge as noting, *"I am provided for with everything I need from education, food and my personal issues are solved***."** (FGD – Care Leaver, South Kinangop Sub County). Similarly, other children in care highlighted improved access to education and stable living conditions, with one noting, *"I am able to go to school. Before it would have been impossible"* (FGD-Child in care, North Kinangop

Sub County). Participants also appreciated structured routines, counselling, recreational activities, and supportive relationships with staff.

Despite these positives, challenges were also reported. Children across the CCIs raised concerns about disciplinary practices, with one stating that *"We get heavy punishment that may not be fair considering the offence committed."* (FGD – Child in care, North Kinangop Sub County) and another one stating, *"The staff should be sensitized not to beat the children so much."* (FGD -Child in care, South Kinangop Sub County).

Bullying among children emerged as an un-addressed concern in one CCI with a child noting:

> *"Some kids harass others and there is a lot of physical bullying here."*
>
> *"The big kids often bully the smaller kids by stealing their food."*
>
> *"There is bullying especially at night when we sleep in our dormitories ... some children come to beat us."*

Implementation of the recommendations of this SITAN must inevitably involve addressing the child safeguarding and protection concerns raised.

Some reported issues related to stigma and discrimination within communities and among peers as one care leaver explained, *"Sometimes other children in the community laugh at you because you stay in a children's home."* (FGD – Children in care, North Kinangop Sub County) while a child in care noted, *"Some children are discriminated against in school because people know they come from children's homes."* (FGD – Children in Care, Nyandarua West Sub County), and a care leaver mentioned, *"Other kids would call us 'watoto wa home'."* (FGD – Care Leavers, South Kinangop Sub County) resulting in feeling of exclusion and stigmatization.

3.6.3 Exit Preparation

Children in care and care leavers reported mixed experiences regarding exit preparation and independent living, highlighting both institutional support and persistent transition challenges. Some children appreciated gradual reintegration and life skills support, noting, *"We are taught how to live with others and how to behave outside"* (FGD – Children in Care, Kipipiri Sub County), reflecting efforts to prepare them for adulthood.

However, many felt inadequately prepared for independent living, with care leavers expressing the need for more practical guidance, stating that *"the institution should offer more mentorship on the challenges outside the CCI"* (FGD – Care Leaver, South Kinangop Sub County).

Concerns emerged around family acceptance and limited practical transition support with some care leavers reporting difficulties adjusting after reintegration, particularly where family relationships were strained, with one participant noting that *"some people go home and are not accepted well"* (FGD – Care Leavers, Kipipiri) while some children in care expressed concerns that transition planning was often insufficient, observing that *"some children are just told to go home yet they don't know how life outside works"* (FGD – Children in Care, Wanjohi Sub County).

These findings indicated that while reintegration efforts were ongoing, exit preparation might not consistently equip children and care leavers with the practical, emotional, and social readiness required for successful transition to family and independent living. Children in care and care leavers recommended strengthening exit preparedness through practical life skills, mentorship, and gradual reintegration support. Participants emphasized the need for vocational preparation, with children recommending that institutions teach, *"They should equip us with computer skills or any other, to enable us after leaving"* (FGD – Children in Care, Kipipiri Sub County). Care leavers further proposed peer mentorship approaches, noting, *"Those that have exited the institution and are doing well would be instrumental in helping us understand the life outside the institution"* (FGD – Care Leavers, South Kinangop Sub County).

3.6.4 Attitudes towards Family-Based Care vs Institutional care

Qualitative findings suggested that children in care and care leavers held mixed attitudes towards both family-based and institutional childcare, with many expressing a preference for family environments due to emotional connection, belonging, and identity. Care leavers observed the emotional value of family care, noting that *"at family set up there is parental love but in the CCI there is favoritism"* (FGD – Care Leaver, South Kinangop Sub County), while another participant observed that *"you can get everything here but it is not the same as being at home"* (FGD – Care Leaver, Kipipiri Sub County). Other children described missing family relationships and home environments, with one participant noting, *"Even when life is hard at home, you still miss your people."* (FGD – Children in Care, Nyandarua West Sub County) with another one saying, *"I would want to stay with my family if things were okay at home."* (FGD – Children in Care, Kipipiri Sub County)

While many children expressed a desire to return to family settings, some children in care and care leavers appeared to prefer institutional care where home environments were perceived as unstable or unable to meet their needs. Participants valued institutions for providing education, food, stability, and psychosocial support, with one care leaver explaining that *"I am provided for with everything I need from education, food and my personal issues are solved"* (FGD – Care Leaver, South Kinangop Sub County). Others expressed anxiety about reintegration, noting, *"you fear how life will be after leaving because here things are provided"* (FGD – Care Leavers, Nyandarua West), suggesting that willingness to return home was often dependent on safety, acceptance, and continued support within family environments.

3.7 Gate Keeping

Gatekeeping refers to the systematic prevention of inappropriate placements in formal care, ensuring that alternative care is used only when necessary and most suitable. The UN Guidelines for the Alternative Care of Children (2009) establish gatekeeping as a core principle, requiring that institutional care be used only as a last resort and that the necessity and suitability of any placement be rigorously assessed.

3.7.1 Referrals Documentation

The SITAN reviewed 208 children files representing 25% of all children in care.

63%	31%	8%
130 Files with Court Committal Orders	64 Case files with **Valid** Court Committal Orders	17 Case files **without** Referral Documentation

The findings showed that the majority of children's case files in the County contained formal referral documentation, with 130 of the 208 case files (63%) supported by Court committal orders. A further 61 case files (29%) contained other forms of referral documentation including referral letter from the chief, OB Number/Letter from the police, referral from SCCO. Of the 208 files reviewed, 17 (8%) had no referral documentation available. Further review of the committal orders revealed that 66 (51% of 130 of the committal orders) had expired, leaving only 64 (31%) of the reviewed case files with valid committal orders as illustrated in figure 15.

These findings suggested that although most admissions followed formal legal procedures, significant gaps existed in the renewal and maintenance of placement documentation.

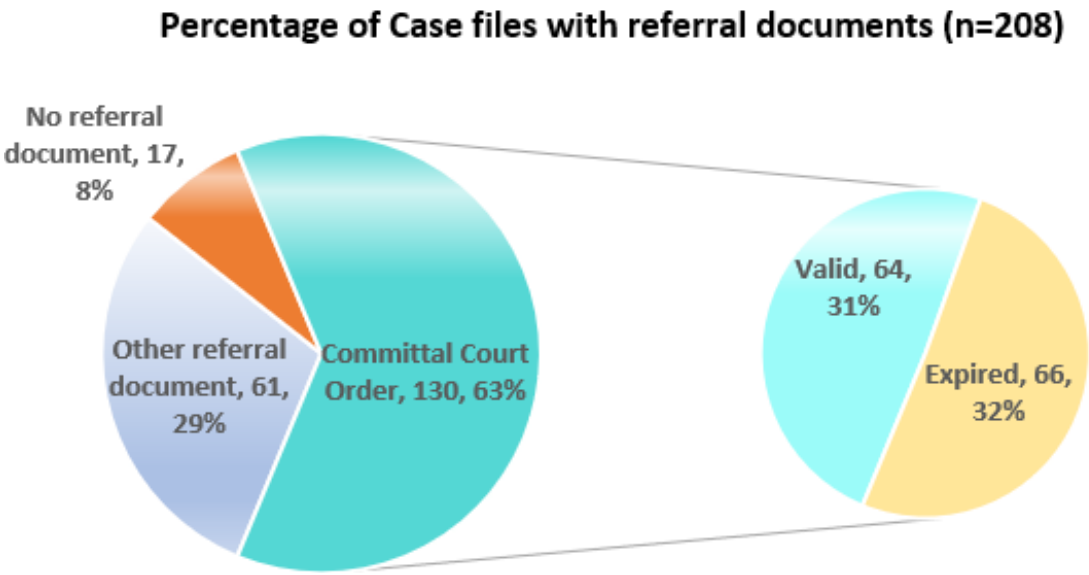


Figure 15: Children with referral documents

Qualitative findings indicated that gaps in referral documentation were influenced by emergency admissions. A CCI staff noted that children were sometimes admitted during emergencies before paperwork was completed, observing that "*Some children are admitted through rescue and by the time they come not every document is available*" (KII – Institutional Staff, Nyandarua North Sub County).

3.7.2 Length of Time in Care

The data indicated that children in care in the County generally had stays, with 537 (66%) in care for between 3-10 years. 228 children had been in institutional care for 4-5 years; 180 for 6-10 years and 129 children and young people for over 10 years as illustrated in figure 16.

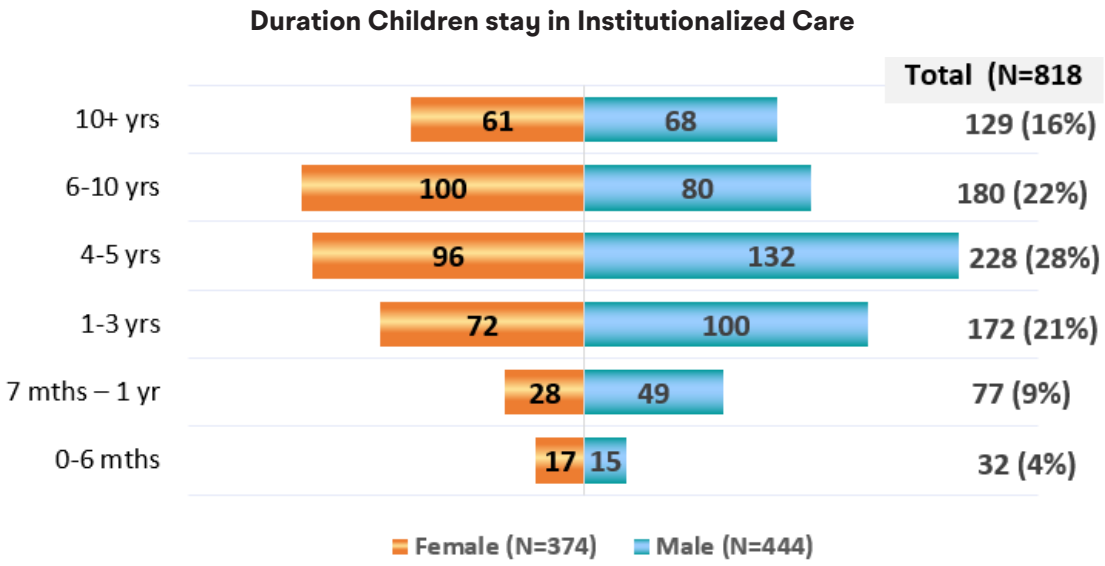


Figure 16: Length of time of Children in Care

Section 67 (3) of the Children Act states that "unless there are compelling circumstances, a child shall not be placed in a charitable children's institutions for a period exceeding three years".

Qualitative findings reinforced the quantitative evidence on prolonged stays, suggesting that delayed reintegration was influenced by difficulties in tracing family origin, orphanhood, poverty, lack of safe family environments, and unsuccessful reunification attempts. Institutional respondents highlighted challenges in tracing families, noting that "*the details of origin of the kids is a challenge... to get the accurate information takes you time*" (KII – Social Worker, North Kinangop Sub County), pointing to delays in family tracing and case resolution. In some cases, the absence of caregivers or viable reintegration options prolonged institutional placement, particularly for orphaned children, as one respondent explained that "*some of these children do not have homes, both parent are dead*" (KII – Religious Leader, Mirangine Sub County).

3.7.3 Admissions and Exits

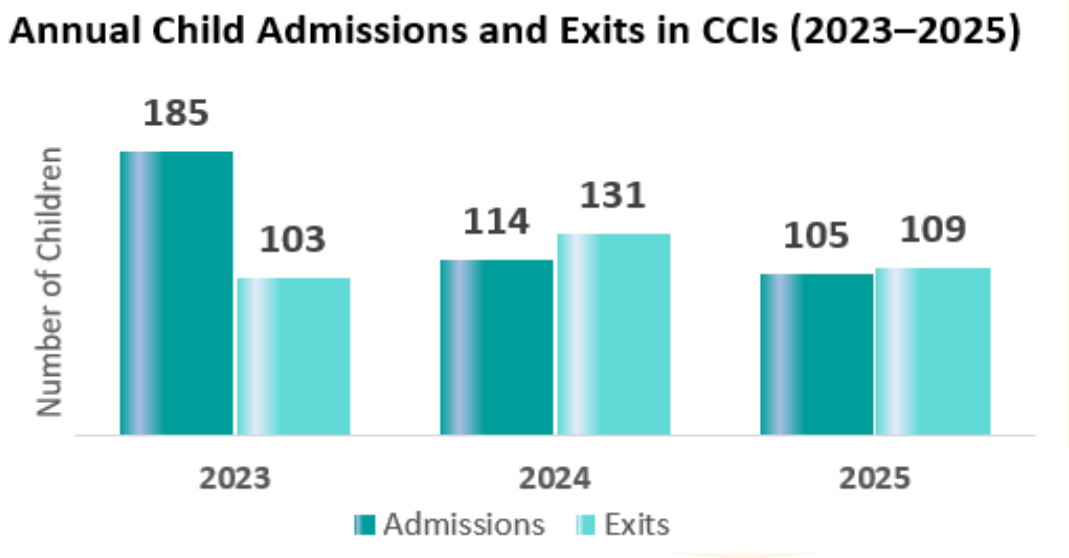


Figure 17: Children admitted and Exited from Institutional Care

Across three-year period preceding the SITAN, CCIs in the County recorded a total of 404 admissions and 343 exits. However, the trend indicated gradual decline in admissions and exits stabilizing over time. 2023 recorded the highest pressure on the system, with substantially more admissions (185) than exits (103), while 2024 marked a positive shift, as exits (131) exceeded admissions (114) for the first time. By 2025, admissions (105) and exits (109) were nearly balanced, as shown in Figure 17

The findings suggest improving transition, reintegration efforts and a gradual reduction in reliance on institutional care.

Admissions declined significantly from 185 in 2023 to 105 in 2025, representing a 43% reduction over the period.

3.7.4 Placements from institutional care

95%	109
CCIs with Exit Strategies	Children Exited in the Last Year

Of the 20 institutions surveyed, 19 (95%) reported having an exit strategy for its children and young persons. A total of 109 children were reported to have exited CCIs in the County during the preceding year.

The findings showed that family-based reintegration remained the primary exit pathway for children leaving CCIs in 2025, with the majority exiting through reunification with parents or family (62, 57%), followed by kinship care (29, 27%). Only 2 children (1.8%) exiting through adoption and 1 child (0.9%) through foster care, pointing to potential gaps in uptake and availability of these pathways. Categorized under others included 14 children (13%) who exited care through ageing out and 1 child reported to have escaped from the institutions.

A relatively high proportion of children ageing out suggests that a notable number of children continue to remain in institutional care until late adolescence rather than exiting earlier into family-based care arrangements. This may point to challenges in achieving timely transition through reunification, kinship, foster care, or adoption for older children.

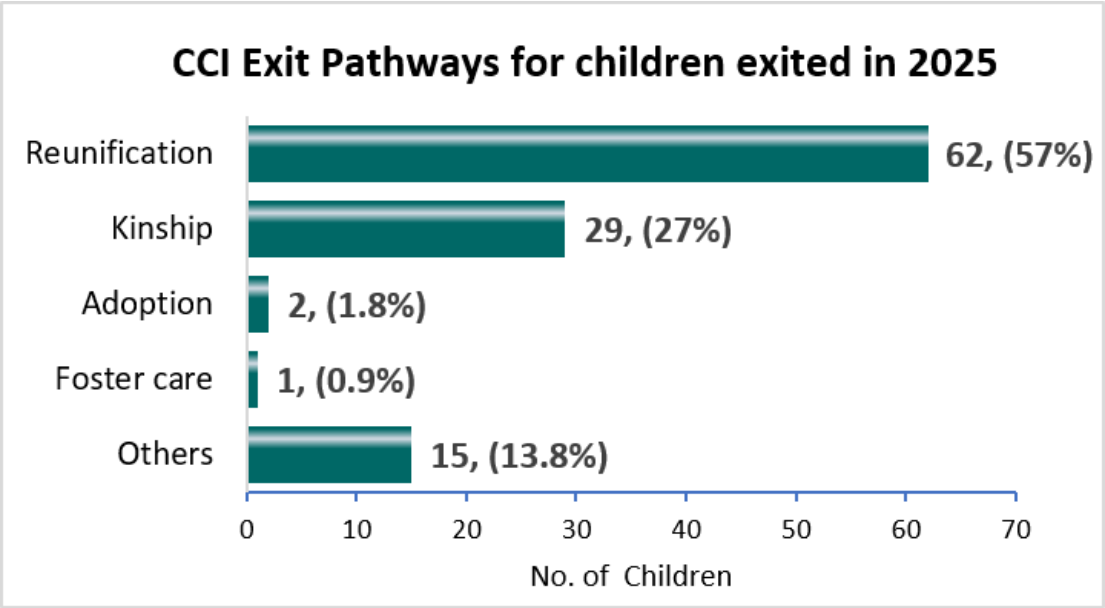


Figure 18: CCI Exit pathways for Children in the previous 1 year

Qualitative findings showed that CCIs supported reintegration through family tracing, supervised visits, counselling, and home assessments. Some CCI staff reported successful reintegration experiences where children were able to reconnect with families, improve socialization, and adapt positively within community settings as reported by one of the staff:

> *"In December we took one of the girl's here back to her family. It was a good experience. We hear that she has become more responsible because when she was here, she was careless, but now back at home she can manage her things well and is able to socialize well with her siblings."* (KII – Institution Staff, Nyandarua North Sub County)

However, stakeholders repeatedly highlighted poverty, rejection, abuse, weak family support systems, and stigma as major barriers to sustainable placements and reintegration:

> *"The options are limited. Their relatives may also be within the hard social economic status hence cannot take any more kids in."* (KII – Police, South Kinangop Sub County).

3.8 CASE MANAGEMENT

3.8.1 Case Management Practices

85%
CCIs Reporting Case Management Practices
17of 20

99.5%
Case Files Incomplete
Only 1 of 208 files had all required documents

17 of the 20 CCIs (85%) reported adherence to effective case management practices. However, review of the 208 case files revealed major gaps in the completeness of documentation.

While key admission and identification records such as child biodata (163 files, 78%), birth certificates (162, 78%), and court committal orders (130, 63%) were relatively common, documents essential for comprehensive case management were inconsistently available. Only 66 files (32%) contained health records, 45 (22%) had family assessments, 32 (15%) included care plans, and 21 (10%) contained case notes and monitoring forms (see Figure 21). Notably, only 1 of the 208 reviewed case files (0.5%) contained the full set of required case management documents as shown in Figure 19.

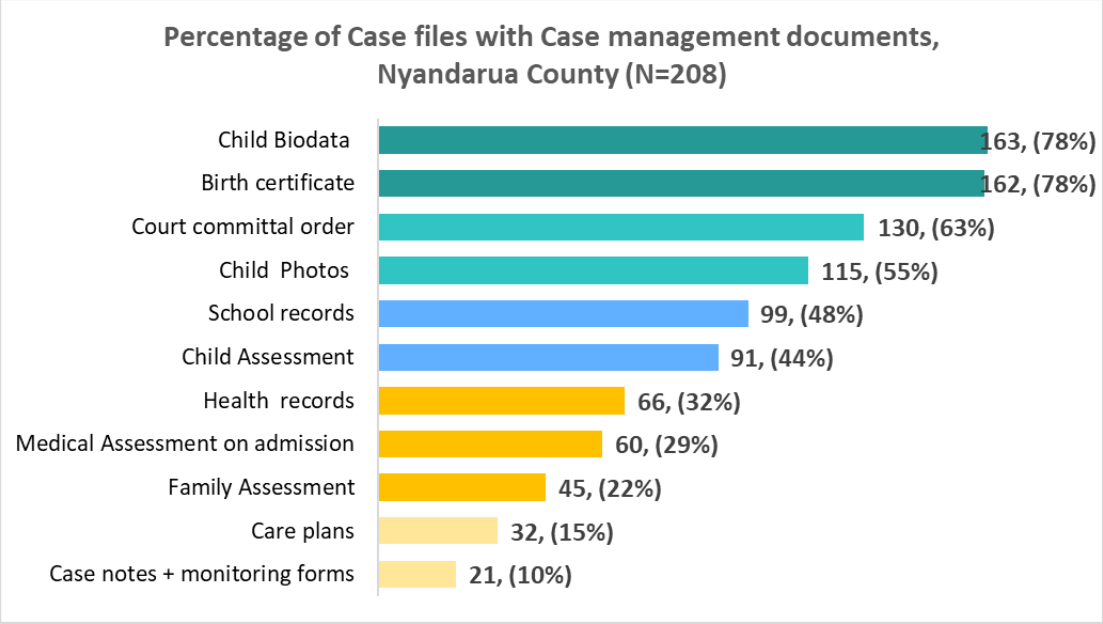


Figure 19: Case files with Case management documents

Qualitative findings reinforced the gaps identified in case file reviews, indicating that weaknesses in case management were associated with challenges in family tracing, limited follow-up and monitoring, informal care planning processes, weak inter-agency coordination, and staff capacity constraints. Respondents frequently cited difficulties in tracing and engaging families, particularly where families were uncooperative or difficult to locate as explained by one of the institution staff members "*the challenge is tracing families and sometimes they are not cooperative or are difficult to locate*" (KII – Institution Staff, North Kinangop sub County). While another explains, additional difficulties experienced, especially where families frequently relocated or changed contact information, compounded by inadequate resources for regular home visits, "*follow up is not easy because some families move or change contacts and resources for regular visits are limited*" (KII – Institution Staff, Mirangine).

Issues related with staffing and professional capacity challenges were further reported to affect the quality of case management as noted by a Sub-County Children Officer, "*a significant portion of the staff within Charitable Children's Institutions (CCIs) lack formal training... many employees are not professional social workers, which leads to the unprofessional handling of sensitive child welfare matters*" (KII – Sub-County Children Officer, South Kinangop sub County). Heavy workloads and multiple responsibilities were attributed to limitation in staff ability to undertake comprehensive documentation, monitoring, and individualized case management, with one respondent stating that "*one person can be handling many responsibilities at the same time*" (KII – Institution Staff, Kipipiri Sub County).

Stakeholders further alluded weak coordination between CCIs and external service providers further to incomplete case records and fragmented care processes. Respondents reported that some services, including treatment and outreach support, occurred outside the institution without corresponding documentation being returned to the CCI, as reflected in the statement: "*Sometimes treatment happens outside and records are not always brought back to the institution*" (KII – Institution Staff, Nyandarua North Sub County). In addition, some institutions acknowledged relying on informal decision-making processes without adequate documentation, with one respondent explaining "*we discuss children's progress but not always in a documented way*" (KII – Institution Staff, Nyandarua West Sub County).

Overall, the findings suggest that although case management practices exist within CCIs, their effectiveness is constrained by systemic operational, staffing, and coordination challenges that may undermine comprehensive care planning, monitoring, documentation, and sustained family reintegration support for children.

3.8.2 Perceptions on Transitioning from Institutional Care

Findings from KIIs and FGDs indicated varied levels of awareness and understanding of the National Care Reform Strategy (2022–2032) and the transition from institutional care to family and community-based care agenda.

Awareness National Care Reform Strategy (2022–2032): Awareness appeared relatively higher among institutional and government actors directly involved in child protection, with one of the children officers noting; - "*That is the song we are singing right now about care reforms. Every meeting we hold we must say something about care reforms* (KII-Sub-County Children's Officer)." However, the understanding remained limited at among community members, one respondent stating "*We need more awareness because many people in the community do not understand how the transition will happen.*", (FGD – Community Members, Mirangine Sub County) while another stated: "*Most people have not been sensitized on what will happen to the children*" (KII – Community Stakeholder, South Kinangop Sub County).

Stakeholder Perceptions: Family-Based Care versus Institutional Care: Overall, stakeholders' generally perceived family-based care as the preferred long-term option for children, particularly where families were safe, stable, and adequately supported. Community and institutional respondents emphasized that family settings provide emotional connection, identity, and belonging for children, as emphasized by one respondent, "*Families are better to take care of their children if properly empowered to do so.*" (FGD – Community Members, Wanjohi Sub County)**.** However, stakeholders universally maintained that institutional care remains indispensable for children facing acute protection risks. One of the respondents noted "*the children's home is beneficial especially to rescue abused children*" (KII – Community Nurse, North Kinangop Sub County),

Institutional level perceptions: CCIs reported varied readiness to transition. Some institutions, described structured processes and ongoing reintegration practices including family tracing, home assessments, supervised holiday visits, and counselling for children and caregivers. However, institutions expressed concerns regarding unsafe family environments, with one stakeholder indicating, "*The institution is not ready to release children back to the environments they originally came from, especially if those environments were not safe or supportive*". (KII- Institution Manager, Nyandarua West Sub County). CCIs further raised s concerns about donor behavior during transition, with one staff stating, "*Supporters (donors) prefer funding children in CCI, not after reintegration*"- *(KII – Social Worker, Nyandarua North Sub County).*

Community Level perceptions: Transition preparedness was similarly perceived as low, with respondents citing stigma, weak support systems, and erosion of traditional caregiving structures as key barriers to successful reintegration. Community stakeholders reported negative perceptions toward institutionally raised children, as highlighted by one respondent "*There is a widespread perception that children who have grown up in institutions may lack proper behavioral standards or moral character*" (KII- CPV in South Kinangop Sub County)

Government level perceptions: Transition readiness was perceived as moderate but constrained, with respondents acknowledging ongoing policy direction toward family and community-based care but highlighting gaps in community sensitization, training, follow-up, and post-reintegration support. Stakeholders emphasized the need for stronger coordination and practical guidance to support implementation of the National Care Reform Strategy.

3.9 County policy, Legislative and Regulatory Framework on care reform

The County's care reform agenda is anchored within the national child protection framework, particularly the Children Act, Cap 144 and the National Care Reform Strategy for Children in Kenya 2022–2032, which promote prevention of unnecessary separation, family strengthening, alternative family care, reintegration, and the gradual transition from institutional care to family- and community-based care. The National Care Reform Strategy emphasizes that implementation should be contextualized at County level through County action plans, coordination structures, monitoring systems, and financing for family and community-based services.

At County level, the Nyandarua County Integrated Development Plan (CIDP) 2023–2027 provides an important planning framework for child wellbeing. The CIDP places children within the Education, Children, Gender Affairs, Culture and Social Services sector, whose mandate includes promotion and safeguarding of children's rights, ECDE development, vocational training, social services, gender affairs, and support to vulnerable groups. The CIDP also prioritizes bursaries, scholarships, ECDE support, vocational training, and psychosocial support for GBV survivors, advocacy, sensitization, research, mapping, data collection, and collaboration with national government and other stakeholders.

The Nyandarua County Alcoholic Drinks Control Act, 2024 also provides important legislative framework that indirectly supports care reform objectives through the prevention of child vulnerability and family breakdown associated with harmful alcohol use.

The CIDP further identifies measurable targets relevant to childcare reform, including support to vulnerable children, improved child wellbeing, ECDE transition, vocational training completion, and broader social services support to improve community wellbeing. These priorities align with care reform objectives by addressing some drivers of institutionalization, including poverty, lack of education access, weak family support, GBV, disability-related vulnerability, and limited community services.

Qualitative findings also reflected awareness of policy direction, but showed gaps in implementation readiness. Some institutional actors recognized the policy shift toward family-based care, noting, "*government policy now pushes for family-based and community-based care*" (KII – Institution Staff, Nyandarua North Sub County).

The County lacks a Children policy and a childcare reform action plan - the most significant policy gap identified. While the CIDP provides a supportive entry point, it does not constitute the operationalized, sub-County-level implementation roadmap; with targets, timelines, and budget allocations that the National Strategy requires and that reform progress demands.

Overall, while the CIDP provides a supportive policy entry point for child wellbeing, education access, social protection, and community empowerment, the findings suggest the need for a more explicit County care reform implementation framework. This should include a County care reform action plan, strengthened case management and documentation systems, clear referral pathways, family strengthening packages, disability-inclusive services, reintegration follow-up, and dedicated County resources to support the transition from institutional care to family- and community-based care

4. CONCLUSION AND DISCUSSION

4.1 CONCLUSION

The SITAN established that Nyandarua County continues to operate a relatively stable but highly institutionalized childcare system characterized by long-established privately owned CCIs, prolonged stays in care and external donor dependency. While CCIs continued to play an important protective role for children exposed to abandonment, neglect, violence, poverty, disability, and family instability, major gaps remain in reunification and reintegration systems, workforce capacity, case management, disability inclusion, independent living preparation, and community-based child protection systems.

Although most institutions reported practicing case management and supporting transition processes, significant weaknesses existed in documentation, care planning, legal follow-up, family tracing, and post-reunification monitoring. The high proportion of children staying in care for more than three years, alongside limited uptake of alternative family-based care options, reflects the need to strengthen prevention, gatekeeping, and reintegration systems in line with the National Care Reform Strategy (2022–2032).

Overall, the findings indicate that successful care reform in the County will require gradual and coordinated transition approaches focused on strengthening family and community-based care systems, improving workforce capacity, enhancing disability-inclusive and psychosocial services, reinforcing case management and reintegration systems, and expanding economic and social support for vulnerable families.

4.2 RECOMMENDATIONS

The following recommendations provide a strategic, actionable blueprint for addressing the critical gaps identified within the County's child protection and care landscape. Aligned directly with the Kenyan Children Act Cap. 144 and the National Care Reform Strategy (2022–2032), these measures look to systematically shift the County's reliance away from institutionalization toward sustainable, family and community-based care models. Far from being isolated interventions, these recommendations operate as an interdependent framework. To ensure clarity and direct alignment with national policy frameworks, they are classified under the three foundational pillars of childcare reform: Prevention of Separation and Family strengthening; Alternative Care; and Tracing, Reintegration, and transitioning to Family and Community-based care.

Pillar 1: Prevention of Separation and Family Strengthening

- Develop and fund structured family strengthening and empowerment programs targeting vulnerable families to address the primary push factors of institutionalization of children including poverty, drugs and substance abuse and domestic violence.
- Operationalize the National Positive Parenting Program (NPPP) through training and deployment of Community Health Promoters (CHPs), Child Protection Volunteers (CPVs), Lay Volunteer Counsellors (LVCs) and other community-level workforce.

- Develop a framework for mapping, profiling and linking vulnerable households to national and county social safety nets e.g. *Inua Jamii* and economic empowerment programs to cushion them against economic shocks and vulnerabilities that contribute to family separation.
- Undertake comprehensive public awareness and sensitization campaigns to shift community norms and highlight the psychological, social, and emotional benefits of family and community based care for children.
- Map, analyze and mobilize multi-sectoral state and non-state actors on child protection and safeguarding to develop and implement clear referral pathways relevant to childcare reform.

Pillar 2: Alternative Family Care

- Establish and operationalize a comprehensive and sustainable alternative family and community based childcare system through targeted recruitment, training and empowerment of foster parents, kinship caregivers, guardians and adoptive parents among other AFC providers.
- Link foster parents, kinship caregivers, guardians and other AFC providers with national and county social safety nets e.g. *Inua Jamii* and economic empowerment programs to lessen the financial burden of providing for the children under their care.
- Establish a robust care leavers network to facilitate successful transitions to independent living and connecting care leavers with peer support, mentorship and essential socio-economic opportunities.
- Establish a county-level children rescue Centre or facility to provide temporary safety and provide an opportunity for assessments, family tracing, and reunification or transition into alternative family-based care options.

Pillar 3: Tracing, Reintegration, and Transitioning of Institutional Care.

- Provide technical support and necessary incentives to CCIs to transition their funding and infrastructure and reorient their facilities into family-strengthening centers, daycare centers, or community support hubs rather than full-time childcare residential centers.
- Implement a child-centered, outcome-driven case management system that aligns to the national Guidelines for Child Protection Case Management and Referral among other case management guidelines and tools.
- Build capacity of relevant stakeholders on general care reform, case management practices and the holistic childcare transition systems.
- Leverage the Child Protection Information Management System (CPIMS) alternative care module for real-time tracking of placements, reviews, and post-reunification follow-ups.
- Secure and ensure renewal of Court committal orders for all children admitted to Charitable Children's Institutions (CCIs) in order to legally safeguard their welfare and wellbeing.

Cross-Cutting Recommendations

- Establish and operationalize the County level care reform structures including the County Children Advisory Committee (CCAC) and the Sub County Children Advisory Committees (SCCACs).
- Strengthen the County level legislative, legal and policy framework necessary to anchor childcare reform including the development of a comprehensive children policy and Action plan.
- Develop and operationalize prevention and response framework on Sexual and Gender Based Violence to anchor family stability and prevent unnecessary family separations.
- Establish and operationalize an inclusive County Child Welfare Scheme to support and empower vulnerable families and promote transition from institutional to family and community-based care.

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ANNEXES

Annex 1: Institution's Registration Status, Child Population and Staffing

	Child Population		Staffing								
SN	Institution Name	Sub-County	Institution Ownership	Reg. with NCCS	Total Pop	Under 3	18+	CWD	Total	Social workers	Caregivers
1	Hope Community Centre	North Kinangop	Private	Yes	40	0	0	0	2	2	2
2	Bethesda Child Care Center	Mirangine	Private	Yes	63	5	5	1	14	11	3
3	Dedan Kimathi Foundation Children's Home	South Kinangop	Private	No	18	0	3	0	4	0	2
4	Father Baldo Children's Home	Nyandarua North	Private	Yes	67	12	0	0	12	0	5
5	Good Samaritan Children Home	Wanjohi	Private	Yes	15	3	2	0	4	1	2
6	Hope Light Outreach Centre	South Kinangop	Private	No	21	0	1	0	6	1	1
7	In Heavens Eye Children's Home	Nyandarua West	Private	Yes	31	0	9	0	6	0	1
8	Into Abba's Arms Children's Home.	South Kinangop	Private	Yes	72	8	18	0	19	2	8
9	Jesus Helper Children's Home	Kipipiri	Private	No	13	2	0	0	1	0	0
10	Little Eden Children's Home	South Kinangop	Private	Yes	38	0	8	2	30	1	4
11	Living Love Ministries	Nyandarua Central	Private	Yes	40	0	14	2	19	1	7
12	Mt.Moriah Children's Home	Nyandarua West	Private	Yes	10	0	0	0	7	0	2

	Child Population		Staffing								
SN	Institution Name	Sub-County	Institution Ownership	Reg. with NCCS	Total Pop	Under 3	18+	CWD	Total	Social workers	Caregivers
13	Neema Children's Home	North Kinangop	Private	Yes	53	0	7	0	18	1	2
14	Nyandarua Big Rhino Children's Community	Nyandarua West	Private	No	34	0	0	0	6	0	2
15	Olkalou Physically Handicapped & Rescue Center	Nyandarua Central	Private	Yes	100	0	0	90	76	1	28
16	Rapha Community Centre	Nyandarua North	Private	Yes	20	0	0	0	11	1	2
17	Rehema Children 'S Home	Nyandarua North	Private	Yes	25	0	0	0	5	1	2
18	Tumaini Children's Home	North Kinangop	Private	Yes	30	0	0	0	5	1	0
19	Tumaini Children's Home	North Kinangop	Private	Yes	82	0	12	0	10	1	3
20	Velosia Kingdom Builders Center	Mirangine	Private	Yes	46	10	3	0	10	1	0
TOTAL					**818**	**40**	**82**	**95**	**265**	**26**	**76**

Annex 2: Charitable Institutions Registered with NCCS

S/N	Institution Name	Sub-County	NCCs Registration Last Renewal Date	NCCS Reg Valid
1	Hope Community Centre	North Kinangop	2021-02-25	Expired
2	Bethesda Child Care Center	Mirangine	2015-09-27	Expired
3	Father Baldo Children's Home	Nyandarua North	2022-09-20	Expired
4	Good Samaritan Children Home	Wanjohi	2010-06-30	Expired
5	In Heavens Eye Children's Home	Nyandarua West	2014-09-25	Expired
6	Into Abba's Arms Children's Home.	South Kinangop	2017-09-25	Expired
7	Little Eden Children's Home	South Kinangop	2014-04-19	Expired

S/N	Institution Name	Sub-County	NCCs Registration Last Renewal Date	NCCS Reg Valid
8	Living Love Ministries	Nyandarua Central	2026-04-14	Valid
9	Mt. Moriah Children's Home	Nyandarua West	2015-03-26	Expired
10	Neema Children's Home	North Kinangop	2010-12-14	Expired
11	Olkalou Physically Handicapped & Rescue Center Children's Home	Nyandarua Central	2024-10-18	Valid
12	Rapha Community Centre	Nyandarua North	2017-11-17	Expired
13	Rehema Children 'S Home	Nyandarua North	2024-01-22	Valid
14	Tumaini Children's Home	North Kinangop	2021-05-11	Expired
15	Tumaini Children's Home	North Kinangop	2024-05-11	Valid
16	Velosia Kingdom Builders Center	Mirangine	2017-05-03	Expired

Annex 3a: Population of children in Institutional Care and their origin

			Children Population and Origin			
S/N	Institution Name	Sub-County	Total	Within the County	Other counties	Origin unknown
1	Hope Community Centre	North Kinangop	40	40	0	0
2	Bethesda Child Care Center	Mirangine	63	16	30	17
3	Dedan Kimathi Foundation Children's Home	South Kinangop	18	12	6	0
4	Father Baldo Children's Home	Nyandarua North	67	16	49	2
5	Good Samaritan Children Home	Wanjohi	15	15	0	0
6	Hope Light Outreach Centre	South Kinangop	21	10	11	0
7	In Heavens Eye Children's Home	Nyandarua West	31	21	9	1
8	Into Abba's Arms Children's Home.	South Kinangop	72	45	26	1
9	Jesus Helper Children's Home	Kipipiri	13	6	4	3
10	Little Eden Children's Home	South Kinangop	38	37	1	0
11	Living Love Ministries	Nyandarua Central	40	37	3	0

			Children Population and Origin			
S/N	Institution Name	Sub-County	Total	Within the County	Other counties	Origin unknown
12	Mt. Moriah Children's Home	Nyandarua West	10	5	5	0
13	Neema Children's Home	North Kinangop	53	33	20	0
14	Nyandarua Big Rhino Children's Community	Nyandarua West	34	26	8	0
15	Olkalou Physically Handicapped & Rescue Center Children's Home	Nyandarua Central	100	100	0	0
16	Rapha Community Centre	Nyandarua North	20	12	8	0
17	Rehema Children 'S Home	Nyandarua North	25	14	11	0
18	Tumaini Children's Home	North Kinangop	30	30	0	0
19	Tumaini Children's Home	North Kinangop	82	76	6	0
20	Velosia Kingdom Builders Center	Mirangine	46	42	4	0
	Grand Total		818	593	201	24

Annex 3b: Other Counties of Origin for children and Youth in Institutional Care

Breakdown of children and young persons in institutional care originating from other counties

County of Origin	No. of Children
Laikipia	70
Nakuru	66
Nairobi	22
Samburu	15
Kericho	5
Kiambu	5
Trans Nzoia	3
Tharaka Nithi	3

County of Origin	No. of Children
Nyeri	2
Baringo	2
Kilifi	1
Nandi	1
Uasin Gishu	1
Vihiga	1
Unspecified	4
TOTAL	**201**

Annex 4a: CCIs Hosting children with Disability in Nyandarua County

CCI name	Disability types	Male	Female	Total
Olkalou Physically Handicapped & Rescue Center	Physical impairments Hearing/speech/language, Mental health / intellectual / Autism, Maxillofacial Multiple disabilities Phys: M9 F10 · Hearing: M3 F1 · Mental: M7 F15 · Maxillofacial: M5 F8 · Multiple: M15 F17	39	51	90
Bethesda Child Care Center	Mental health / intellectual / autism	0	1	1
Little Eden Children's Home	Physical impairments Visual impairments	1	1	2
Living Love Ministries	Physical impairments	0	2	2
Total children with disability		**40**	**55**	**95**

Annex 4b: CCIs Hosting children with Chronic Illness in Nyandarua County

CCI name	Age group breakdown	Male	Female	Total
Bethesda Child Care Center	<1 year M1 7–10 years M1	2	0	2
Little Eden Children's Home	1–3 years F1 4–6 years M1 7–10 years M1	2	1	3
In Heavens Eye Children's Home	18 & above	1	0	1
Total no. of children with chronic illness		5	1	6

Annex 5: Children in CCIs by age

Name of the Institution (CCI/SCI)	< 1yr	1-3 yrs	4-6 yrs	7-10 yrs	11-14 yrs	15-17y yrs	18 + yrs	Total
Hope Community Centre	0	0	0	9	5	26	0	40
Bethesda Child Care Center	0	5	16	16	12	9	5	63
Dedan Kimathi Foundation Children's Home	0	0	1	5	8	1	3	18
Father Baldo Children's Home	2	10	20	24	8	3	0	67
Good Samaritan Children Home	0	3	3	2	2	3	2	15
Hope Light Outreach Centre	0	0	0	3	10	7	1	21

Name of the Institution (CCI/SCI)	< 1yr	1-3 yrs	4-6 yrs	7-10 yrs	11-14 yrs	15-17y yrs	18 + yrs	Total
In Heavens Eye Children's Home	0	0	1	5	9	7	9	31
Into Abba's Arms Children's Home.	0	8	8	12	12	14	18	72
Jesus Helper Children's Home	0	2	4	7	0	0	0	13
Little Eden Children's Home	0	0	1	5	11	13	8	38
Living Love Ministries	0	0	0	2	12	12	14	40
Mt. Moriah Children's Home	0	0	0	0	7	3	0	10
Neema Children's Home	0	0	1	22	20	3	7	53
Nyandarua Big Rhino Children's Community	0	0	0	1	10	23	0	34
Olkalou Physically Handicapped & Rescue Center Children's Home	0	0	2	41	30	27	0	100
Rapha Community Centre	0	0	3	6	5	6	0	20
Rehema Children 'S Home	0	0	1	1	12	11	0	25
Tumaini Children's Home	0	0	6	8	11	5	0	30
Tumaini Children's Home	0	0	2	16	27	25	12	82
Velosia Kingdom Builders Center	0	10	10	13	5	5	3	46
Grand Total	**2**	**38**	**79**	**198**	**216**	**203**	**82**	**818**

Annex 6: Children's duration of Stay in Institutions

S/N	Institution Name	Sub-County	0-6 months	7 months – 1 year	1-3 yrs	4-5 yrs	6-10 yrs	>10 yrs
1	Hope Community Centre	North Kinangop	0	0	0	0	14	26
2	Bethesda Child Care Center	Mirangine	0	0	10	22	15	16
3	Dedan Kimathi Foundation Children's Home	South Kinangop	3	0	1	10	4	0
4	Father Baldo Children's Home	Nyandarua North	10	24	33	0	0	0
5	Good Samaritan Children Home	Wanjohi	1	3	3	1	7	0
6	Hope Light Outreach Centre	South Kinangop	1	0	12	8	0	0

S/N	Institution Name	Sub-County	0-6 months	7 months – 1 year	1-3 yrs	4-5 yrs	6-10 yrs	>10 yrs
7	In Heavens Eye Children's Home	Nyandarua West	0	0	1	8	22	0
8	Into Abba's Arms Children's Home.	South Kinangop	2	2	16	3	24	25
9	Jesus Helper Children's Home	Kipipiri	0	0	2	4	7	0
10	Little Eden Children's Home	South Kinangop	6	2	9	8	10	3
11	Living Love Ministries	Nyandarua Central	0	0	0	24	15	1
12	Mt.Moriah Children's Home	Nyandarua West	2	0	2	6	0	0
13	Neema Children's Home	North Kinangop	0	0	3	0	2	48
14	Nyandarua Big Rhino Children's Community	Nyandarua West	0	6	7	12	9	0
15	Olkalou Physically Handicapped & Rescue Center Children's Home	Nyandarua Central	0	33	20	46	1	0
16	Rapha Community Centre	Nyandarua North	4	0	3	10	3	0
17	Rehema Children 'S Home	Nyandarua North	2	2	4	5	6	6
18	Tumaini Children's Home	North Kinangop	1	0	4	17	5	3
19	Tumaini Children's Home	North Kinangop	0	1	30	29	21	1
20	Velosia Kingdom Builders Center	Mirangine	0	4	12	15	15	0
	Total		**32**	**77**	**172**	**228**	**180**	**129**

Annex 7a: Completeness, number of critical records for Case management found in the sampled files

S/N	Name of CCIs	No. of	No. of Case files with required documents				
		Reviewed Files	0 Doc	1-3 Doc	4-6 Docs	7-8 Docs	All 9 Docs
1	Bethesda Child Care Center	11	-	1	4	5	1
2	Fr. Baldo Children's Home	18	1	4	13	0	-
3	Good Samaritan Children Home	6	-	0	5	1	-
4	Hope Community Center	10	-	4	6	0	-

S/N	Name of CCIs	No. of	No. of Case files with required documents				
		Reviewed Files	0 Doc	1-3 Doc	4-6 Docs	7-8 Docs	All 9 Docs
5	Hope Light Outreach Centre	6	-	0	3	3	-
6	In Heaven's Eyes Children's Ministry	8	1	6	1	0	-
7	Into Abba's Arm Children's Home	18	-	2	8	8	-
8	Jesus Helper Children's Home	4	2	2	0	0	-
9	Little Eden Children's Home	10	-	10	0	0	-
10	Living Love Ministries	10	-	5	5	0	-
11	Mt Moriah Children's Home	4	-	2	2	0	-
12	Neema Children's Home	15	-	9	6	0	-
13	Nyandarua Big Rhino Community Home	9	-	9	0	0	-
14	Olkalou Home For Physically Disabled And Rehabilitation Center	26	-	20	5	1	-
15	Rapha Community Centre	6	2	4	0	0	-
16	Rehema Children's Home	7	-	3	4	0	-
17	Tumaini Children's Home	8	-	0	5	3	-
18	Tumaini Children's Home	20	-	3	10	7	-
19	Velosa Kingdom Builders Center	12	-	9	3	0	-
-	**Total**	**208**	**6**	**93**	**80**	**28**	**1**

Annex 7b: Availability of critical documents in the sampled case files as per the filing policy in the National Standards for Best Practices in CCIs

S/N	Institution Name	Files Reviewed	Child Biodata	Birth certificate	committal order	Child Photo	Child Assessment	Family Assessment	Visitation records	Case monitoring forms	Medical Assessment form on admission	Health records	Care Plan
1	Bethesda Child Care Center	11	11	9	9	11	9	4	4	6	8	5	0
2	Fr. Baldo Children's Home	18	15	5	15	13	13	12	1	0	3	3	0
3	Good Samaritan Children Home	6	5	4	4	0	6	0	0	4	2	1	6
4	Hope Community Center	10	0	7	9	8	2	0	0	3	3	10	0
5	Hope Light Outreach Centre	6	6	5	5	3	5	3	5	0	6	0	6
6	In Heaven's Eyes Children's Ministry	8	4	1	2	1	1	0	0	0	0	2	0
7	Into Abba's Arm Children's Home	18	18	18	18	10	10	5	7	3	9	17	0
8	Jesus Helper Children's Home	4	2	2	0	0	0	0	0	1	0	0	0

S/N	Institution Name	Files Reviewed	Child Biodata	Birth certificate	committal order	Child Photo	Child Assessment	Family Assessment	Visitation records	Case monitoring forms	Medical Assessment form on admission	Health records	Care Plan
9	Little Eden Children's Home	10	0	7	10	0	0	0	0	0	0	0	4
10	Living Love Ministries	10	10	9	8	1	10	0	2	1	0	3	3
11	Mt Moriah Children's Home	4	4	4	2	3	0	0	0	0	0	1	0
12	Neema Children's Home	15	6	13	15	0	2	0	8	0	4	4	10
13	Nyandarua Big Rhino Community Home	9	9	6	0	6	0	0	0	0	0	0	0
14	Olkalou Home For Physically Disabled And Rehabilitation Center	26	26	26	0	26	5	0	1	3	8	11	3
15	Rapha Community Centre	6	1	5	1	0	0	0	0	0	0	0	0
16	Rehema Children's Home	7	7	6	0	7	1	0	0	0	3	2	0

S/N	Institution Name	Files Reviewed	Child Biodata	Birth certificate	committal order	Child Photo	Child Assessment	Family Assessment	Visitation records	Case monitoring forms	Medical Assessment form on admission	Health records	Care Plan
17	Tumaini Children's Home	8	7	8	8	8	5	7	7	0	0	7	0
18	Tumaini Children's Home	20	20	20	18	12	19	13	13	0	13	0	0
19	Velosa Kingdom Builders Center	12	12	7	6	6	3	1	0	0	1	0	0
20	**Total**	**208**	**163**	**162**	**130**	**115**	**91**	**45**	**48**	**21**	**60**	**66**	**32**

Annex 7c: Files with Court Committal Orders

S/N	Name of Institutions	Files Reviewed	Files with Court committal order	Active Court committal orders	% of files with active Committal orders
1	Bethesda Child Care Center	11	9	0	0.0%
2	Fr. Baldo Children's Home	18	15	15	83.3%
3	Good Samaritan Children Home	6	4	4	66.7%
4	Hope Community Center	10	9	0	0.0%
5	Hope Light Outreach Centre	6	5	4	66.7%
6	In Heaven's Eyes Children's Ministry	8	2	0	0.0%
7	Into Abba's Arm Children's Home	18	18	11	61.1%
8	Jesus Helper Children's Home	4	0	0	0.0%
9	Little Eden Children's Home	10	10	5	50.0%

S/N	Name of Institutions	Files Re-viewed	Files with Court committal order	Active Court committal orders	% of files with active Committal orders
10	Living Love Ministries	10	8	3	30.0%
11	Mt Moriah Children's Home	4	2	0	0.0%
12	Neema Children's Home	15	15	0	0.0%
13	Nyandarua Big Rhino Community Home	9	0	0	0.0%
14	Olkalou Home For Physically Disabled And Rehabilitation Center	26	0	0	0.0%
15	Rapha Community Centre	6	1	0	0.0%
16	Rehema Children's Home	7	0	0	0.0%
17	Tumaini Children's Home	8	8	7	87.5%
18	Tumaini Children's Home	20	18	12	60.0%
19	Velosa Kingdom Builders Center	12	6	3	25.0%
	Total	**208**	**130**	**64**	**30.8%**

Annex 8: List of Contributors

Name	Designation/Organization
Stanley Hari	National Council for Children Services
Ken Owino	National Council for Children Services
Arnold Mwanake	National Council for Children Services
Ngugi Bernard	State Department for Children Services
Hope Muriithi	State Department for Children Services
David Koigi	State Department for Children Services
Jane M'Ibulu	State Department for Children Services
Kiprop Nicholas	State Department for Children Services
Steve Mwaura	State Department for Children Services
Santana Lenambeti	State Department for Children Services

Name	Designation/Organization
Esther Obengele	State Department for Children Services
Ann Wangui	State Department for Children Services
Leakey Rwigi	State Department for Children Services
Joseph Muthuri	Legacy for Children Kenya
Mary Kagendo	Legacy for Children Kenya
Fr. James Mathenge	Catholic Diocese of Nyahururu
Wanjiku Kihara	Catholic Diocese of Nyahururu
Chris Wadoyi	Facilitator
Peter Kamau Kamanda	Enumerator

Name	Designation/Organization
Grace Njeri Kamau	Enumerator
Jackline Wawira Kinyua	Enumerator
Beth Njoki King'ara	Enumerator

Name	Designation/Organization
Margaret Wambui Njoroge	Enumerator
Ibrahim Ndung'u Waweru	Enumerator

Annex 9: List of participants during the SITAN validation

No.	Name	Position	Organization / Station
1	Solomon Muraguri	Manager	Tumaini B
2	Daniel Kinuthia	CPV	S. Kinangop
3	Peter Waraga	CPV	N. Kinangop
4	Rahab Muiru	Manager	Hope Light Outreach
5	Anne Ndumbe	Manager	Little Bow Children's Home
6	Robinson Kimani	CDYD	Min. of Youth
7	Linna Maina	Probation	ODPP
8	Damaris Kalawango	Social Worker	Mt. Moriah
9	Pauline Gathii	Social Worker	FY Board
10	Sophia Gathuru	CPV	N. Kinangop
11	Mark Njeri Gachacha	CPV	South Kinangop
12	Jane Maina	Social Worker	Kingdom Builders
13	Margaret Mutwiwa	CDAF	Ministry of Labour

No.	Name	Position	Organization / Station
14	Josphat Mukubwa	Manager	Tumaini Main
15	John Kamau Mwangi	Manager	Bethesda C.C.E
16	Mary Wanjiku Gitonga	CPV	Ol Kalou
17	Rosy Waithika	CPV	Rurii
18	Elizabeth Mwangi	CPV	Olkalou
19	Beth Njoki	CPV	Kaimbaga
20	Hope Mwirithi	SCCO - Nyandarua Central	SDCS
21	Jane K. M'Ibulu	SCCO - Mirangine	SDCS
22	Leakey Muchiri Ruigi	SCCO - Kipipiri	SDCS
23	David M. Koigi	SCCO - Kipipiri	SDCS

No.	Name	Position	Organization / Station
24	Santana Lenambeti	SCCO - N. Kinangop	SDCS
25	Lilian Jelagati Mwai	Abbas Children's Home	S. Kinangop
26	Samuel Mwangi	NCPWD	NCPWD
27	Fortunate Karimi	MCPWD - DSO	NCPWD
28	Jemimah Bob	Advocate - State Counsel	OAG & DOJ
29	Rosebell Karanja	Advocate - State Counsel	OAG & DOJ
30	Lydia Njogu	County Civil Registrar, Nyandarua	Civil Registration Services
31	Esther Muchiri	Director, GOA-Homes	GOA
32	Steven Mwaura	SCCO - N. North	SDCS
33	Kiprop Nicholas	SCCO Nyandarua West	SDCS
34	Ann Wangui	Children Officer Nyandarua West	SDCS
35	Mwaura Teresa	Social Worker	Saint Martin CSA
36	Justus Chege Kanyi	Rehema Children Home	N. Nyandarua
37	Mwolumet Walter	Olkalau Probation	Probation Station

No.	Name	Position	Organization / Station
38	Esther Obengele	SCCO - S. Kinangop	SDCS
39	Japheth Ikapel	Gender Assistant	Gender office
40	Daniel Mamai	Board Director	Gender office
41	Benson Karanja	In Heaven's Eyes Centre Director	Director
42	Nashon Magare	CROP - Nyandarua	MRB
43	John Kariuki Mwangi	SCCO Kipipiri	SDCS
44	Rev. Josphat Kamau	Faith-Based Organization	FBO
45	Thomas Ndiritu	Manager	Big Rhino Child
46	Wanjiku Kihara	Rapporteur	Catholic Diocese of Nyahururu
47	Julius Ketuta	Social Development Officer	Directorate of Social Protection
48	Ngugi Bernard	CCC	SDCS
49	Paul Gathoni	Ol Kalou Disabled	Ol Kalou Disabled
50	Alan Mutwiri	DOM	L4C - DOM
51	Chris Wadoyi	Facilitator	Independent Specialist

Annex 10: 3-Year Care reform Implementation Matrix

Strategic Focus	Activities	Output Indicator	Lead Agency	Supporting Agencies	Timelines	Estimated Cost (KES)
Pillar 1: Prevention of Separation and Family Strengthening						
Family Strengthening and Empowerment	Identification and training of Positive Parenting TOTs, Facilitators, Community champions and parents	No. of TOTs, Facilitators, Community champions and parents trained	SDCS	Non-state actors	Year 1	2,000,000
	Provision of emergency response and food support	No. of vulnerable families supported	SDCS	County Govt., Non-state actors	Continuous	3,000,000
	Undertaking livelihood assessment, training, and economic empowerment support for vulnerable families	No. of vulnerable families trained	SDCS & County govt.	Non state actors	Continuous	100,000
	Developing a framework for mapping, profiling and linking vulnerable households to national and county social safety nets	No. of vulnerable families linked to social safety nets	SDCS & County govt.	Non-state actors	Continuous	1,000,000
Stakeholder engagements	Stakeholders Mapping	Stakeholder database/ referral framework established	SDCS	County Govt., Non-state actors	Year 1	1,000,000
	Quarterly and biannual stakeholder meetings	No. of stakeholder meetings conducted	SDCS	Non-state actors	Continuous	3,000,000
	Training of stakeholders groups on general care reform including CHPs, CPVs, Judiciary, NPS, Police, NGAO, Clergy, MOH	No. of stakeholders trained on care reform.	SDCS	Non-state actors	Year 1	2,000,000

Strategic Focus	Activities	Output Indicator	Lead Agency	Supporting Agencies	Timelines	Estimated Cost (KES)
	Training SGBV champions to address sexual and gender based violence cases	No.of SGBV champions trained	County govt. & SDCS	Non state actors	Year 2-3	1,000,000
	Community campaigns on SGBV	No. of community campaigns on SGBV conducted/No. of beneficiaries reached				
Pillar 2: Alternative Care						
Strengthening provision of Family and Community-based Alternative Care for Children and Young Persons	Sensitization and training for community members on alternative care	No. of placements monitored	SDCS	Non state actors	Continuous	1,500,000
	Placement and monitoring of children in family and community based care	Monitoring reports produced	SDCS	Judiciary; Non state actors	Continuous	3,000,000
	Recruitment, training and empowerment of foster parents, kinship caregivers, guardians and adoptive parents among other AFC providers.	Numbers of providers recruited, trained and certified	SDCS	Non state actors	Year1-2	3,000,000
	Establishment and strengthening of Care Leavers Network	No. of Care Leavers supported/Networks established and strengthened	SDCS	Non state actors	year 2-3	1,000,000
	Linking care leavers to government and NGO support programmes	No. of care leavers linked to support programmes	SDCS	County Govt., Non-state actors	Annual	1,500,000
	Identification, training, and linkage of mentors for SIL and SCHH	No.of mentors for SIL and SCHH identified, trained, and successfully linked.	SDCS	Non state actors	Year 2-3	1,000,000

Strategic Focus	Activities	Output Indicator	Lead Agency	Supporting Agencies	Timelines	Estimated Cost (KES)
	Formation and strengthening of caregiver/foster care/ guardianship/Disability support groups	No. of caregiver support groups formed and strengthened/ Number of beneficiaries reached	SDCS	Non state actors	Year 2-3	2,000,000
Pillar 3: Tracing, Reintegration and Transitioning to Family and Community Based Care						
Strengthening Case Management for reintegration Systems Institutional compliance	Training SCCOs and Institution staff on Care Reform, Case Management and transition	No. of officers trained	SDCS	Non state actors	Year 1	1,500,000
	Undertaking Children and Family Assessments, reunification placements, and postplacement support	No. of children and families supported	SDCS	Non state actors	Continuous	3,000,000
	Rescue, Rehabilitation, and Reintegration of street-connected children	No. of children traced and reintegrated	SDCS	County Govt., Police, Non state actors	Continuous	1,000,000
	Periodic monitoring of CCIs	No. of periodic monitoring visits conducted for (CCIs) and SCIs	SDCS	Non state actors	Continuous	1,500,000
Capacity Building	Train SCCOs and institutions staff on CPIMS	No. of persons trained	SDCS	NCCS	Year 1	1,000,000
	Train SCCOs and stakeholders on transition guidelines and child welfare program guidelines	No. of stakeholders trained	NCCS	SDCS	Year 1-2	1,200,000
	Sensitization forums for donors and management of CCIs on care reform	No. of persons reached	NCCS	SDCS, Non state actors	Year 2-3	500,000

Strategic Focus	Activities	Output Indicator	Lead Agency	Supporting Agencies	Timelines	Estimated Cost (KES)
	Sensitize institutions and donors on resource redirection to family and community based care	No. of donor sensitization forums conducted	NCCS	SDCS, Non state actors	Year 2-3	1,500,000
Cross-Cutting Themes						
Strengthening Child care governance and oversight Structures	Training of the CCAC, SCCACs and CRCs on child care reform	No. of persons trained	SDCS and NCCS	Non state actors	Year 1	2,500,000
	Quarterly CCAC, SCCACs and CRCs meetings and developing quarterly reports	Quarterly reports	NCCS	SDCS	Continuous	2,000,000
	Training of CUCs and CCUs at the County and Court station level	No. of CUC and CCUC members trained at the County and Court level	Judiciary	NCCS; Non state actors	Continuous	1,500,000
	Establishment of an inter-county coordination framework between Nakuru, Nyandarua, and Laikipia counties to support reunifications	No.of inter-county coordination frameworks formally established	SDCS	Non state actors	year1-2	1,000,000
	Issuance of court committal orders leveraging on the Children Service Month	No. of court committal orders issued	Judiciary	SDCS	Continuous	1,500,000
Development and Implementation of County Children Policy	Formation of the County Children TWG	TORs for the TWG and appointment letters	County Govt.		Year 1-2	
	Policy development	Children Policy launched	County Govt.	SDCS	Year 2-3	5,000,000
	Quarterly meetings of the Children TWG	Quarterly reports	County Govt.	SDCS	Year 2-3	500,000

Strategic Focus	Activities	Output Indicator	Lead Agency	Supporting Agencies	Timelines	Estimated Cost (KES)
Promotion of public/ Community awareness on care reform	Development of IEC materials on care reforms	IEC materials developed and disseminated	SDCS	Non state actors	Continuous	500,000
	Sensitization forums on child protection, reporting, and referral mechanisms	No. of stakeholders sensitized	SDCS	Non state actors	Continuous	1,000,000
	Media Engagement Forums	No. of journalists reached	SDCS	Non state actors	Year 1-2	1,500,000
Mainstreaming Disability programming	Community sensitization forums on disability	No. of persons reached	NCPWD	SDCS,Non state actors	Year 1-2	1,000,000
	Mass assessment and registration of children with disabilities	No. of children assessed and registered	NCPWD	SDCS,Non state actors	Year 2	1,500,000
	Training on Home-Based Care for CWDs	No. of care givers trained	NCPWD	SDCS,Non state actors	Year 2	1,000,000
	Provision of assistive devices	No. of CWDs provided with appropriate assistive devices	NCPWD	SDCS,Non state actors	Year 2-3	1,500,000
	Formation and training of caregiver support groups for CWDs	No. of caregiver support groups for CWDs formed and trained	NCPWD	SDCS,Non state actors	Year 2-3	1,200,000
Child Participation	Formation and strengthening of Kenya Children Assembly (KCA)	No.of children participating during KCA Forums	SDCS	Non state actors	Continuous	1,000,000
	Celebration of international, regional and national children and family days	No. of children participating	SDCS	Non state actors	Continuous	1,000,000

Annex 11: Photo Gallery

County Stakeholders Forum

The Data Collection Team

SITAN CCAC Validation Forum

CCI Managers Sensitization Forum

County Stakeholders Forum

Consultative Forum with the NGAO

Notes:

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