
REPUBLIC OF KENYA


# Situational Analysis Report

## on Institutional Care for Children in Kirinyaga County

# Situational Analysis Report on Institutional Care for Children in Kirinyaga County

# Acknowledgement

The Government of Kenya is committed to the promotion of a childcare system that prioritizes family and community-based care as opposed to institutionalization of children. To anchor this agenda, in June 2022 the Government launched the National Care Reform Strategy for Children, a 10-year strategy whose expected result is that by 2032 all children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served. The Children Act (Cap 141) further buttresses this agenda.

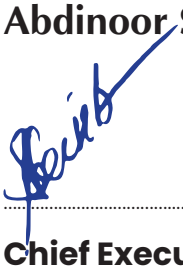
This Situational Analysis of childcare in Kirinyaga County seeks to provide baseline information and data to support implementation of the childcare reform agenda in the County. It is no doubt, an invaluable resource for state and non-state actors undertaking programming for children in the County.

Undertaking this Situational Analysis invariably involved collaborative efforts by multiple state and non-state stakeholders at both the national and county level. The National Council for Children's Services is indebted to everyone who made contributions towards the successful completion of this analysis. The Council recognizes the critical contribution of the Directorate of Children Services. We recognize the contribution of Ms. Jane Njoki, Jennifer Wangari, Peter Kabwagi and Mr. Kamwila Ngeke for dedicating their time in ensuring the success of the process.

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

This initiative would not have been possible without the timely involvement of the Catholic Diocese of Murang'a who provided the financial and technical support in undertaking this Situational Analysis. Special thanks to Joseph Muthuri, Martin Kiandiko and Jane Karanja for their leadership and technical support. Finally, we acknowledge the efforts of all those who played a role the process and who have not been mentioned. The Council appreciates your contribution.

**Abdinoor S. Mohamed**



**Chief Executive Officer**
National Council for Children's Services

# Acronyms and Abbreviations

| | |
|---|---|
| **CCI** | Charitable Children's Institution |
| **CDM** | Catholic Diocese of Murang'a |
| **CWD** | Children with Disabilities |
| **DCS** | Directorate of Children Services |
| **DSD** | Directorate of Social Development |
| **FGD** | Focus Group Discussion |
| **IGA** | Income Generating Activity |
| **KII** | Key Informant Interview |
| **L4C** | Legacy for Children |
| **NCCS** | National Council for Children's Services |
| **NCPWD** | National Council for Persons with Disabilities |
| **NCRS** | National Care Reform Strategy |
| **NGAO** | National Government Administrative Officers |
| **NGO** | Non-Governmental Organization |
| **SCCO** | Sub County Children Officer |
| **SCI** | Statutory Children's Institution |
| **SGBV** | Sexual and Gender-Based Violence |
| **SITAN** | Situational Analysis |
| **VAC** | Violence Against Children |

# Glossary of Key Terms

These definitions are adopted from the National Care Reform Strategy 2022-2032, the Children Act (Cap 141), and other national policy and legislative frameworks.

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

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

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

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

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

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

**Child:** Any person under the age of 18 years.

**Child Welfare Programmes:** include accessible holistic services and interventions designed and implemented to protect the rights and welfare of children within families and communities.

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

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

**Disability:** Includes any physical, sensory, mental, psychological or other impairment, condition or illness that has, or is perceived by significant sectors of the community to have a substantial or long-term effect on an individual's ability to carry out ordinary day-to-day activities.

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

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

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

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

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

**Redirection of resources:** The principle that existing financial and non-financial resources within the institutional system of care can be effectively redirected to support a reformed system of family and community-based care, thus ensuring that this reformed system has the resources it needs to support children to live in family and community-based care.

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

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

**Transition:** The process of holistic and systematic shift of the model of care from institutionalization to family and community-based care.

# Executive Summary

The main objective this situational analysis is to provide a broad understanding of Kirinyaga County's extent of institutional childcare and to identify strengths and potential barriers that may affect care reform implementation in the county. The analysis specifically aims to gather information on characteristics of the county's institutional care facilities, the demographics of children residing in the childcare institutions, the experiences of care leavers, children currently residing in the facilities and staff working in the institutions, as well as gather perceptions of the public and key stakeholders on the childcare reform agenda rolled out by the national government.

The situational analysis has used a mix of quantitative and qualitative methodologies for data collection and analysis. The study's procedural guidelines and data collection tools for both quantitative and qualitative data were based on Kenya's national toolkit for institutional childcare situational analysis, which was first published in 2020 by NCCS and DCS and reviewed in June 2023 to align it to the NCRS priorities. All known institutional childcare institutions in the county were targeted for quantitative data collection, while qualitative data was collected from all childcare institutions in the County, individuals, and communities. The respondents to interviews included staff in childcare institutions, parents, or guardians of children in institutional care, care leavers, children in care, community members, staff from the Directorate of Children Services (DCS), and other key stakeholders such as police and national government administration officers which play a critical gatekeeping role. The data was collected in August 2023 reaching a total of 222 persons and 12 institutional childcare facilities.

The key findings from the Kirinyaga County situational analysis include:

- The county has 12 institutional childcare facilities (10 private, one run by the national government, and one run by the county government), serving a total of 414 children and young people. Males account for 69% (287) of the population, while females make up 31% (127). There are no intersex children. 14 children (9 boys and 5 girls) have disabilities, while 23 (16 females and 7 males) have chronic illnesses.
- One-third of children in institutional care are aged 11-14 years. 15 children are aged three years and below (3.6% of the total population recorded), while 66 young people (59 males and 7 females) are aged 18 years and above but continue to live in childcare institutions.
- Regarding the registration status, the ten private care institutions indicate that they have been previously registered by the NCCS although their licenses have since expired. Some have initiated the process of renewing their registration.
- Approximately 70% of children in the CCIs come from Kirinyaga County. 153 (37%) of the children are from the same sub-county where the institution is located, while 129 (31%) are from other sub-counties in Kirinyaga.
- 66% of children in institutional care lack a court committal order, a legal requirement for admission. A review of 144 children's files (35% of the total number of children in care), shows that only 63 (44%) have a court committal order. Noteworthy, majority of the committal orders have expired. Only 16 files (25%) have active committal orders.

- According to 11 out of 12 managers of the institutions interviewed, poverty is the leading reason for admission of children into institutional care, followed by orphanhood (83%), and violence, abuse, or neglect (75%). Eight institutions (67%) mentioned access to education and abandonment as reasons for admission.
- The institutions cumulatively employ 106 staff members (47 males and 59 females), with females making up 56% of the total staff complement. Two institutions with a combined population of 40 children lack a social worker. Eight institutions employ 23 carers, while four have no house parents.
- 10 of the 12 institutions offer life skills training; 8 offer counseling/psychosocial support, 5 offer religious services, and 4 offer early childhood education. The findings indicate that institutions heavily rely on external service providers for education (primary, secondary, vocational, and early childhood), health care, and religious services. To reduce the number of children in institutional care, the majority of these services can be provided to them while in family or community-based care.
- A review of children's files found that many institutions lack effective filing systems and have incomplete records. Only one of the 144 files reviewed contained all of the required critical documents.
- A total of 286 (53%) children and young people in childcare institutions have been in care for three or more years, with an average stay of 6-10 years.
- Over the past three years (2021-2023), there have been more annual child admissions to care than exits. During this time, 176 children were admitted and 113 were discharged from institutional care. The study also found that most institutions have not implemented any child exit and after-care strategies to assist children and young people leaving institutional care.
- To gain insights into lived experience, focus group discussions were held with 17 care leavers and 58 children currently in care. They highlighted both positive and negative aspects of institutional care, as well as the challenges that young people face when leaving. The care leavers who took part in these discussions had been in institutional care for an average of 11.75 years, whereas the children who are currently in care had been there for an average of 6.7 years.
- Stakeholders expressed support for the government's efforts to transition away from institutionalizing children, despite limited understanding of the ten-year National Care Reform Strategy (2022-2032) and the Children Act (Cap 141).

This research and interactions with stakeholders reveals a number of opportunities for implementing the National Care Reform Strategy and related initiatives. Majority of children in the county's institutional care did not go through verifiable legal channels before admission. This demonstrates that the gatekeeping mechanisms were ineffective, and that legal procedures were not strictly followed. Furthermore, because relatively few institutions have individualized case management processes, child cases are not systematically examined, and services provided are not tailored to individual child and family needs. This has almost certainly resulted in extended or unnecessary stays in institutional care, as well as missed opportunities to strengthen families and prevent family separation. The stakeholders are optimistic about the care reform process, believing that if all stakeholders and community members collaborate to address the root causes of family separation, children can remain and thrive in their families.

The following summary recommendations are made based on the findings of this situational analysis:

1) State and non-state actors should raise public awareness about the importance of raising children in families and the risks of institutional care on a child's overall well-being.
2) DCS, the local administration and non-state actors should strengthen gatekeeping mechanisms at the community level to ensure only necessary cases get into institutional care as well as to identify and support families at risk of child-family separation.
3) The national and county governments should initiate and enhance county-level family-strengthening initiatives to prevent separation.
4) The County government and other actors provide community-level services for children with disabilities.
5) NCCS and DCS to conduct regular and comprehensive inspections and monitoring of CCIs and their welfare programs.
6) DCS to create a county-level contextualized donor education and information toolkit to assist CCIs in engaging their donors on the importance of transitioning financial and non-financial support from institutional to family and community-based care.
7) DCS to sensitize CCI staff on the National Care Reform Strategy, the Children Act (Cap 141), and related policies, legislations, guidelines, and regulations anchoring the care reform agenda in Kenya.
8) DCS and non-state actors to train frontline CCI staff especially social workers, counselors, and caregivers on their roles and effective case management practices.
9) DCS and other relevant authorities to review the court committal status for all children in institutional care in the county and provide guidance in accordance with section 71 of the Children Act that prohibits CCIs from admitting children without a court committal order.

# Table of Contents

## LIST OF FIGURES



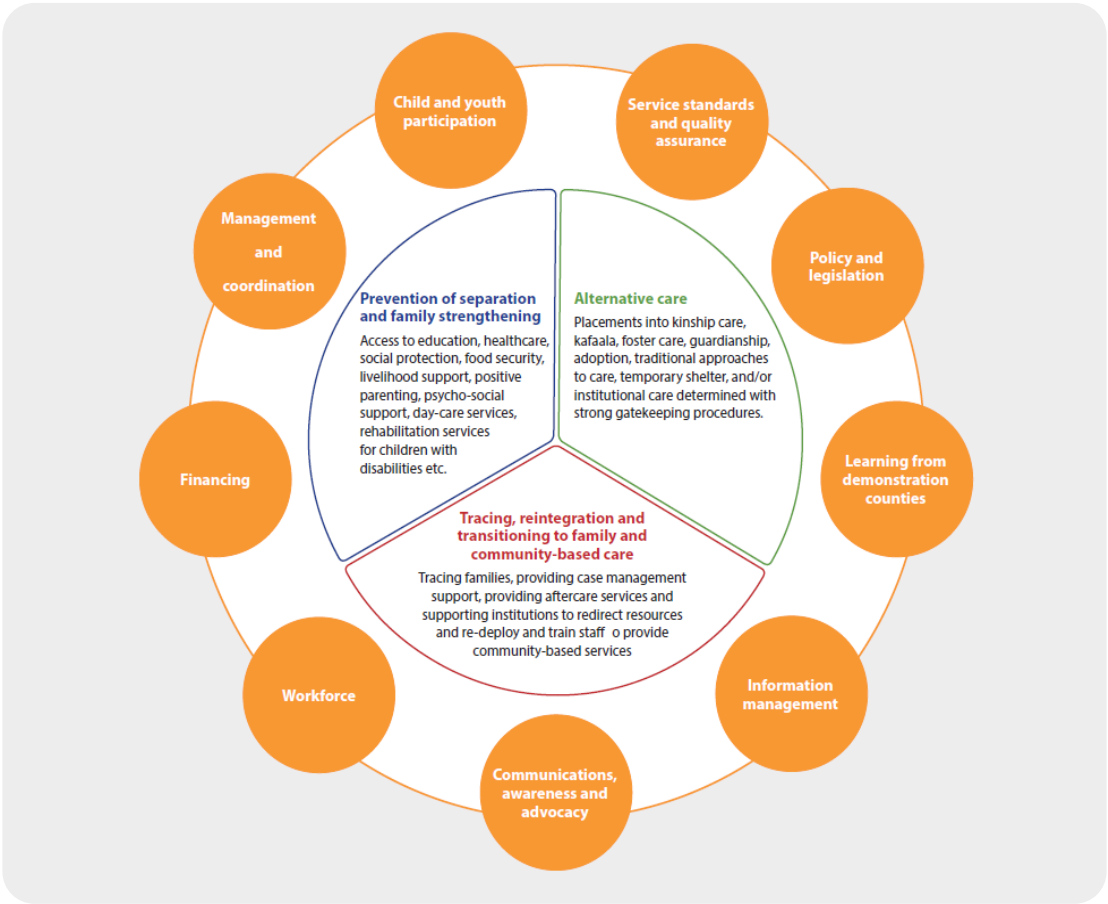
## LIST OF TABLES

# 1.0 Introduction

## 1.1 Background

In June 2022, the Government of Kenya launched the 10-year National Care Reform Strategy for Children in Kenya (NCRS) 2022-2032. The NCRS is a comprehensive plan developed under the leadership of the National Council for Children's Services (NCCS). The goal of the strategy is to direct national efforts towards the prevention of separation, promotion of family strengthening; availability of robust alternative family care; and tracing, reintegration, and transitioning from institutional care to family and community-based care for all children in need of care and protection. It outlines areas of focus in the sector over a 10-year period and encourages collaboration and active coordination to achieve collective impact. The strategy defines care reform as a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. It consists of three pillars namely 1) Prevention of separation and family strengthening, 2) Alternative care, and 3) Tracing, reintegration and transitioning to family and community-based care. Figure 1 depicts the three pillars from the national care reform strategy and other enabling factors that must all work and perform their purpose for care reform to be holistic and sustainable.

*Figure 1: Pillars of Care Reform in Kenya*



The NCRS vision is for all Kenyan children and youth to live safely, happily, and sustainably in family and community-based care where their best interests are served. This will be achieved by transitioning from a system of care where children and young people are living in institutional care, or are unaccompanied or separated, to a system that allows all children to live safely, happily, and sustainably in family and community-based care. The strategy is guided by principles that champion the best interests of the child; family being the best environment for a child; addressing the causes of family separation and institutionalization; prioritizing the most vulnerable; doing no harm; meaningful child and youth participation; dignity, respect and nondiscrimination; sustainability; the duty of the State to protect child rights; the importance of the Kenyan context; a collaborative and inclusive process; institutions as key partners; and care reform as a journey

Additionally, section 67 of the Children Act (Cap 141) provides that the placement of a child in a Charitable Children's Institution shall be done as a last resort in cases where (a) the child has no immediate access to parental care by the child's parent, guardian or relative if any; (b) no alternative family-based placement, is for the time being available to the child; or (c) the usual place of abode or home is not conducive to the well-being of the child. It further provides that unless there are compelling circumstances, a child shall not be placed in a charitable children's institution for a period exceeding three years. In sync with the 10 years of implementing childcare reform under the NCRS, the seventh schedule of the Act provides that Charitable Children's Institutions shall not undertake any activity after 10 years from the date of the commencement of the Act i.e., 26th July 2022.

The NCRS states that the focus on care reform at the county level is on the provision of family and community-based services for children and families, and the transition of children and young people to family and community-based care. Among the areas of responsibility at the county level include undertaking a detailed situational analysis to gather county-level data on institutionalized children and unaccompanied and separated children; children at risk of institutionalization or family separation; family and community-based services and systems including gatekeeping, case management, alternative care, and the workforce; county legislation, regulations, policies and procedures; financing of the care and child protection systems; any other relevant data needed to develop a detailed county action plan. This will take into consideration possible risks and put in place mitigation measures to ensure the safety and best interests of the child. It is expected that drawing on the data gathered from the county situational analysis, each county will develop a context-specific county action plan, the associated M&E plan, and a detailed budget for care reform implementation within the county.

In September 2023, the national government in collaboration with care reform stakeholders held a two-day forum in Nairobi to celebrate one year of implementing the national care reform strategy. During the forum, the Principal Secretary (PS) in the State Department of Social Protection and Senior Citizen Affairs highlighted Kenya's unwavering commitment to safeguarding the rights and welfare of children in families and communities as opposed to childcare institutions. To achieve this, he noted that the government would continue strengthening the childcare legal and regulatory frameworks,

financing options, coordination structures, and the workforce capacity.

On 20th November 2023, the Government of Kenya launched the "National Transition Guidelines for Child Care Systems in Kenya" and the "National Guidelines and Standards for Child Welfare Programmes". The transition guidelines are intended to provide practical and operational guidance on holistic and systematic transition of childcare system, children, and institutions from residential institutional care to family and community-based care. The child welfare programme guidelines on the other hand seek to, inter alia, provide minimum standards to be adhered to in the provision of childcare and welfare programmes and provide criteria for the establishment, application, assessment, and approval of these programmes.

In March 2024, the Government launched the Fourth Medium Term Plan (MTP IV), covering the period 2023-2027, which marks the final five-year plan of the Kenya Vision 2030, launched in 2008. Under the social protection sub-sector, MTP IV commits to the implementation of the Children Act (Cap 141) including establishment and operationalization of the Child Welfare Fund, implementation of Child Care Reforms Programmes, upgrading of the Child Protection Information Management System (CPIMS) to enhance case management, provision of child protection services in all sub-counties; and development of regulations to effectively implement the Act. It also commits to strengthening the capacity of families to foster healthy relationships and empowering parents and caregivers to enhance parenting knowledge, responsibilities, attitudes, skills, behavior and practices, and sensitizing community members on positive parenting.

On 15th May 2024, Kenya's first lady presided over the launch of the National Family Promotion and Protection Policy premised on article 45 of the Constitution Article 45 that recognizes the family as the natural and fundamental unit of the society and the necessary basis of social order. The policy goal is "to provide an environment that recognizes and facilitates family well-being, and empowers families to participate in the socio-economic development of the country".

## 1.2 Purpose of the Situational Analysis

The NCRS requires every county in Kenya to conduct a situational analysis to gather care-oriented data on institutionalized children, family and community-based services, legislation, policies, and financing. The data then informs development of a context-specific care reform action plan, M&E plan, communication and advocacy strategy and a resource redirection strategy. This analysis examines Kirinyaga County's institutional childcare facilities, their profile, and potential barriers to care reform, aiming to provide a comprehensive understanding of the county's institutional care. The analysis specifically aimed to gather information on the following:

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

2. The demographics of children residing in childcare facilities, including their numbers and profiles such as age, sex, disability, locations of origin, reasons for admission, and duration of stay.
3. The experiences of staff currently working in institutional care facilities and care leavers in the county.
4. The knowledge, attitudes, and practices of institutional care personnel, government officials, community members, care leavers, and other stakeholders regarding institutional, family, and community-based childcare.

This situational analysis report is expected to help inform county-level action planning and future assessments, which may include gathering child and family data for family-based care, developing frameworks for monitoring and evaluating care reform programmes, and developing transition strategies and policies.

# 2.0 Methodology

This situational analysis used a mix of quantitative and qualitative approaches to collect and analyze data. The study utilized the guidelines and data-gathering tools contained in the National toolkit for institutional childcare situational analysis in residential, published in 2020 by NCCS and DCS. In June 2023, a team of stakeholders led by NCCS reviewed the tools to better align them with NCRS objectives. Prior to gathering primary data, desk research was conducted to collect secondary data on child protection and childcare at the national and Kirinyaga County levels. Previous situational analyses conducted in other counties provided valuable insights into the design and implementation of this analysis in Kirinyaga County. The process used to carry out the situational analysis in the county is summarized below:

## 2.1 Preparation

To ensure that all key stakeholders participating in the situational analysis completely understood the rationale and process, the following preliminary activities were undertaken:

a) **National review of tools:** A multi-sectoral team under the leadership of the NCCS participated in the review of the tools contained in the national toolkit and made the necessary revisions to align them with the NCRS focus areas. The revised tools were used for the data collection in this situational analysis.

b) **Sensitization of county-level actors:** On 20th April 2023, a one-day county stakeholders' forum was conducted to create awareness to key stakeholders about the NCRS, as well as the objectives, methodology, and roles of stakeholders in the situational analysis process. The meeting was attended by 32 individuals from different state and non-state agencies.

c) **Training of CCI managers and social workers:** A three-day training for institutional managers/directors and their social workers was held from 25th - 27th April 2023. 27 attendees representing nine childcare institutions attended. The session, which was co-facilitated by the NCCS and DCS, aimed to sensitize participants about the NCRS in general and the care reform agenda, as well as to familiarize them with the situational analysis process, timelines, and data-gathering tools.

d) **Training of DCS officers and National government staff:** From the 10th -12th May 2023, the DCS staff in Kirinyaga County, along with National Government Administrative Officers (NGAO) and other key stakeholders such as the Directorate of Social Development (DSD) and National Council for Persons with Disabilities (NCPWD), participated in a three-day training on the national care reform strategy and the Children Act (Cap 141). The training, which was facilitated by staff from the NCCS and DCS Headquarters had 23 participants.

e) **Sub county-level sensitization forums**: Following DCS staff training, each sub-county children officer (SCCO) organized sensitization forums in their respective sub-counties, with a specially targeting the Sub-county Children Advisory Committees and the local administration, primarily chiefs and their assistants. These forums, held in May and June 2023, raised public and stakeholder awareness about the NCRS and the objectives of the situational analysis.

f) **Enumerators training**: The five enumerators recruited to conduct the situational analysis, along with the DCS officers as supervisors, received three days of training from 31st July to 2nd August 2023. The training was designed to give the research team an understanding of Kenya's general care reform agenda, the NCRS and its key concepts, the general provisions of the Children Act (Cap 141) and approaches to situational analysis. The training aimed to build the capacity of the research team and improve their skills in research ethics, interviewing procedures, and documentation. On the second day of training, the team conducted field testing of the tools in one of the CCIs to gain hands-on experience and figure out what to expect during the actual data collection process. The field-testing experiences of the tools helped the technical team improve and prepare the tools for data collection. At the conclusion of the training period, the research team created data collection schedules for the SCCOs to use in communicating and securing interview dates with the institutions and target groups.

## 2.2 Data Collection Tools

The study utilized both quantitative and qualitative tools for data collection as summarized below:

### 2.2.1. Quantitative Tools

1) **Institutional Questionnaire**: A standardized questionnaire designed to be completed by the institution's day-to-day administrator (director or manager), which collected general information about the institution, the number and profile of children residing there, staffing, services provided, case management practices, funding sources, and child exit planning.
2) **Case-file Review Checklist:** The checklist was used to review the information contained in the children's files. It was used to evaluate the institution's use of standardized case management practices, data completeness, availability of critical forms, and accessibility of the child's information. The checklist was based on the National Standards of Best Practices in Charitable Children's Institutions and consisted of a review of essential documents (e.g., referral documentation, admission forms, a copy of a birth certificate, a child photo, child and family assessments, an individual care plan, medical and educational records, and so on).

### 2.2.2. Qualitative Tools

A variety of tools were used to collect qualitative data, including Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). A separate interview guide was created for each category of respondents. The interviews and focus groups were intended to gather community perspectives, knowledge, attitudes, and practices regarding institutional care, reintegration, alternative family-based care, and childcare reform in general.

## 2.3 Sampling

### 2.3.1. Quantitative data

The study used a census design to gather quantitative data from all known children's institutional care facilities in the county. DCS officers worked with local administration officials to create a list of known childcare facilities in each sub-county. The list was put together prior to training the research team to allow for more effective data collection planning. As part of the survey methodology, any newly identified institutions were to be scheduled for data collection if discovered during the data collection process. The research team was tasked with administering the institutional survey questionnaire to all institutions and reviewing a random sample of at least 25% of the children's case files in each institution based on the child population at the time of collection.

### 2.3.2. Qualitative data

To collect qualitative data for the study, purposive sampling was used to select childcare institutions and communities for interviews and group discussions. The institutions chosen for qualitative data collection included statutory, registered, and unregistered private childcare centres. Geographic distribution was also considered, with institutions selected from across all the sub-counties. Once an institution was chosen, three interviews were conducted with members of the institution's staff; thus, the chosen institutions had to have at least one staff member from each of the required categories i.e., director/manager, social worker, and house parent. Community groups were targeted in areas with a high concentration of institutional care facilities and in locations with few institutional care facilities. DCS officers collaborated with CDM staff to create a data collection schedule for all targeted interviews in each sub-county. Thereafter, SCCOs contacted potential interviewees ahead of time to schedule interviews. The stakeholders targeted for interviews included:

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

## 2.4 Data Collection

Data collection at the institution and community levels was carried out by trained enumerators from 8th - 24th August 2023 under the leadership of the County Children's Coordinator and close supervision of the SCCOs and CDM personnel. The research team was divided into two groups, with separate data collection schedules. During all data collection exercises, the enumerators worked in pairs, with one taking detailed notes from study participants. The data was collected on printed paper forms, which were then reviewed for completeness by the supervisors before being forwarded to the data entry team at the conclusion of the data collection exercise. Data was collected from 12 institutions, 54 key informants, 15 focus group discussions with 98 participants, and a forum of 58 children in institutional care aged 10 - 17 years. The children who are currently in care were transported to centralized locations away from their institutions and divided into eight groups based on their ages, namely 10-14 years and 15-17 years. The children officers moderated the discussions using child-friendly methodologies, and the enumerators took notes during the sessions.

## 2.5 Data Entry, Analysis and Reporting

**Quantitative data:** The data from the institutional survey paper forms and case file checklists were entered into a data entry system created in the Kobo Tool box application, which included built-in verification checks to ensure data accuracy and enforce necessary skip logic. Any gaps discovered during data entry were addressed in collaboration with the research team and facility managers. The completed data was then exported to Microsoft Excel and SPSS for further cleaning and analysis. The cleaned data was used to generate univariate descriptive statistics like counts, means, percentages, ranges, and frequency distributions. The findings were then summarized in tables or depicted using charts.

**Qualitative data:** A team of experienced data clerks transcribed handwritten notes from KIIs and FGDs to Microsoft Word documents. To ensure that the data analysts had an accurate understanding of respondents' views and perspectives, the transcription captured the notes verbatim. The data was also thematically coded during analysis to better understand how respondents discussed each issue. An analysis of the situational data was carried out to supplement the quantitative data findings and gain a better understanding of different perspectives on the areas of study.

## 2.6 Scope and Limitations

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

- The situational analysis does not assess the operations or childcare environments of the institutional care facilities in accordance with the National Standards for Best Practices in Charitable Children's Institutions or other applicable guidelines. Furthermore, it does not assess individual children and family cases.
- Quantitative findings are a snapshot of the data collected on that day. For instance, children may have entered or exited childcare facilities, and case files may have been updated after data collection.
- The institutions targeted for data collection were identified based on the knowledge of DCS staff and local administration. Certain institutions are likely to operate without the knowledge of DCS or local administration, so they may not have been included in this study. However, every effort was made to connect with a diverse range of stakeholders to ensure that the study included every known institution in the county.

# 3.0 Situational Analysis Findings and Discussions

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

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

## 3.1 Characteristics of the Childcare Institutions

### 3.1.1. Distribution and Capacity of Care Institutions

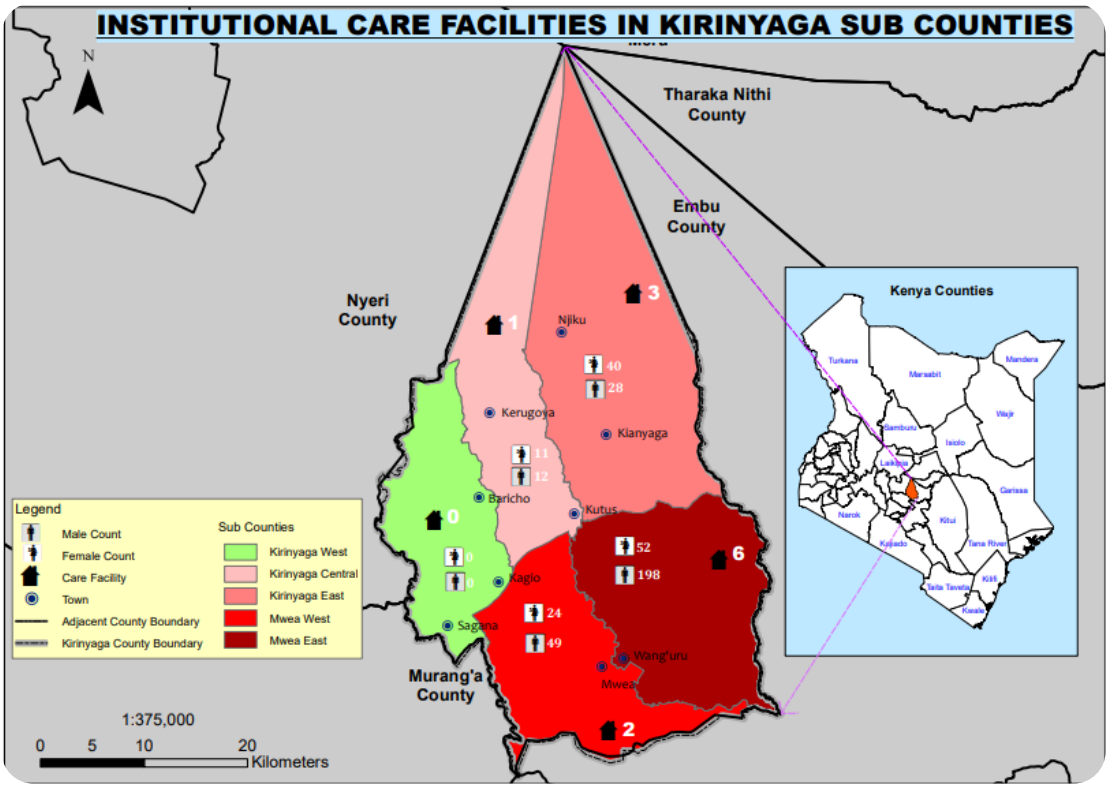
Kirinyaga County is situated in the former Central Province of Kenya, located South of Mount Kenya. It borders Nyeri County to the Northwest, Murang'a County to the West and Embu County to the East and South. It also borders a small part of Machakos County. The county covers an area of 1,478.1 square kilometers and had a population of 610,411 people according to the 2019 National Population and Housing Census. The county's capital is Kerugoya, and its largest town is Wang'uru. The county is divided into five sub counties namely Kirinyaga East, Kirinyaga West, Mwea East, Mwea West, and Kirinyaga Central and four constituencies namely Mwea, Ndia, Kirinyaga Central and Gichugu.

Prior to data collection, DCS officers and county administrators created a list of the county's known childcare facilities for use in the situational analysis. Data were collected from all 12 institutions targeted, including 10 private facilities, one statutory facility managed by the national government, and one facility managed by the Kirinyaga County government (see Table 1). There were no new institutions discovered during the data collection.

*Table 1: Ownership and distribution of institutional care facilities in the county*

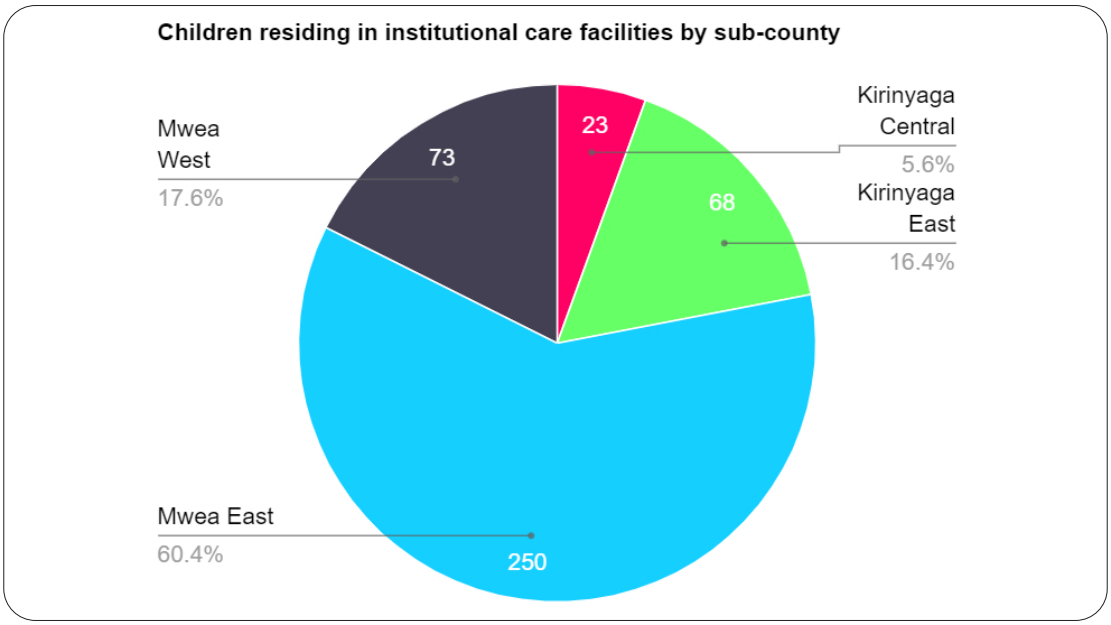
| Sub-county | Private | County Government | National Government | Grand Total |
|---|---|---|---|---|
| Kirinyaga Central | 1 | 0 | 0 | **1** |
| Kirinyaga East | 2 | 1 | 0 | **3** |
| Mwea East | 6 | 0 | 0 | **6** |
| Mwea West | 1 | 0 | 1 | **2** |
| Kirinyaga West | 0 | 0 | 0 | **0** |
| **Grand Total** | **10** | **1** | **1** | **12** |

*Figure 2: Distribution of institutional care facilities by Sub-County*




In terms of children population, Mwea East holds the majority of the children in institutional care with 250 (60%), Mwea West has 73 (18%), Kirinyaga East has 68 (16%) and Kirinyaga Central with 23 (6%), see Figure 3 below.

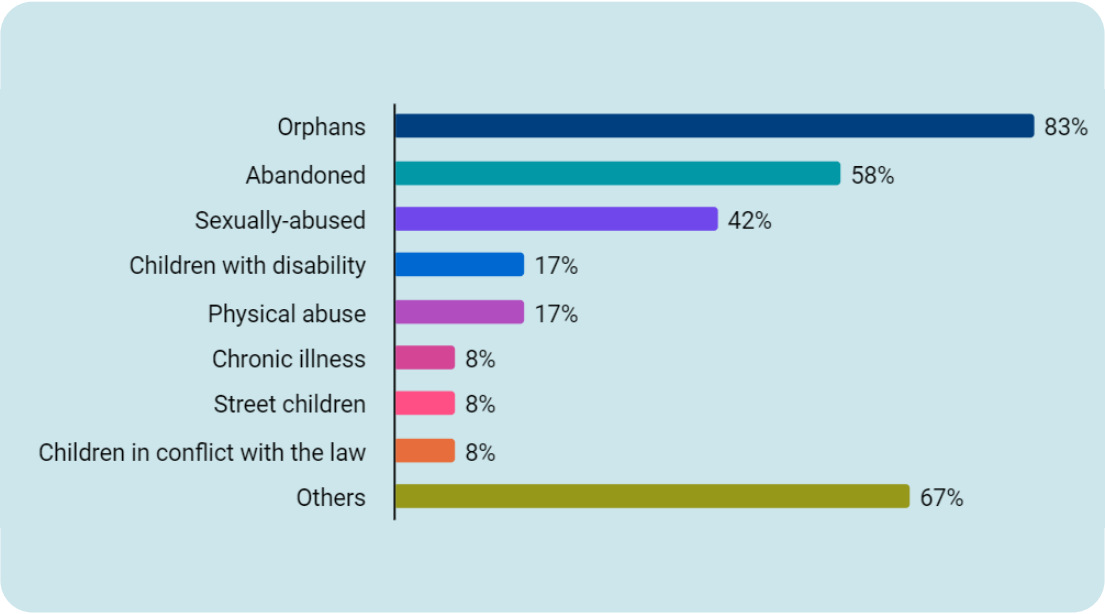
*Figure 3: Population of children in care by Sub-County*



Discussions with community groups and key informants revealed that high poverty levels, child labour on Mwea irrigation rice farms, and child neglect all contribute significantly to the high number of children in institutions in the Mwea East sub-county. The study also looked at the types of children admitted to care facilities in order to better understand what factors contribute to children entering institutional care. The findings as illustrated in Children with chronic illnesses, street-connected children, and children in conflict with the law were all mentioned by one institution (8%). Other reasons that some institutions may consider include neglected children, children of imprisoned mothers, and children born to mentally unstable mothers. It is important to note that an institution may admit children to more than one category; thus, the chart bars represent the number of institutions mentioning that specific category but do not represent the proportions of children in care at the time of data collection.

Figure 4 show that most institutions prioritized admission of orphans, as reported by ten out of twelve managers (83%), with abandoned children accounting for 58% (7 institutions). Five institutions identified sexually abused children (42%), while two institutions identified disabled children and those who had been physically abused (17%) as leading factors. Children with chronic illnesses, street-connected children, and children in conflict with the law were all mentioned by one institution (8%). Other reasons that some institutions may consider include neglected children, children of imprisoned mothers, and children born to mentally unstable mothers. It is important to note that an institution may admit children to more than one category; thus, the chart bars represent the number of institutions mentioning that specific category but do not represent the proportions of children in care at the time of data collection.

*Figure 4: Category of children admitted by care institutions, self-reported by managers (N=12).*



### 3.1.2. Establishment and Registration of childcare institutions

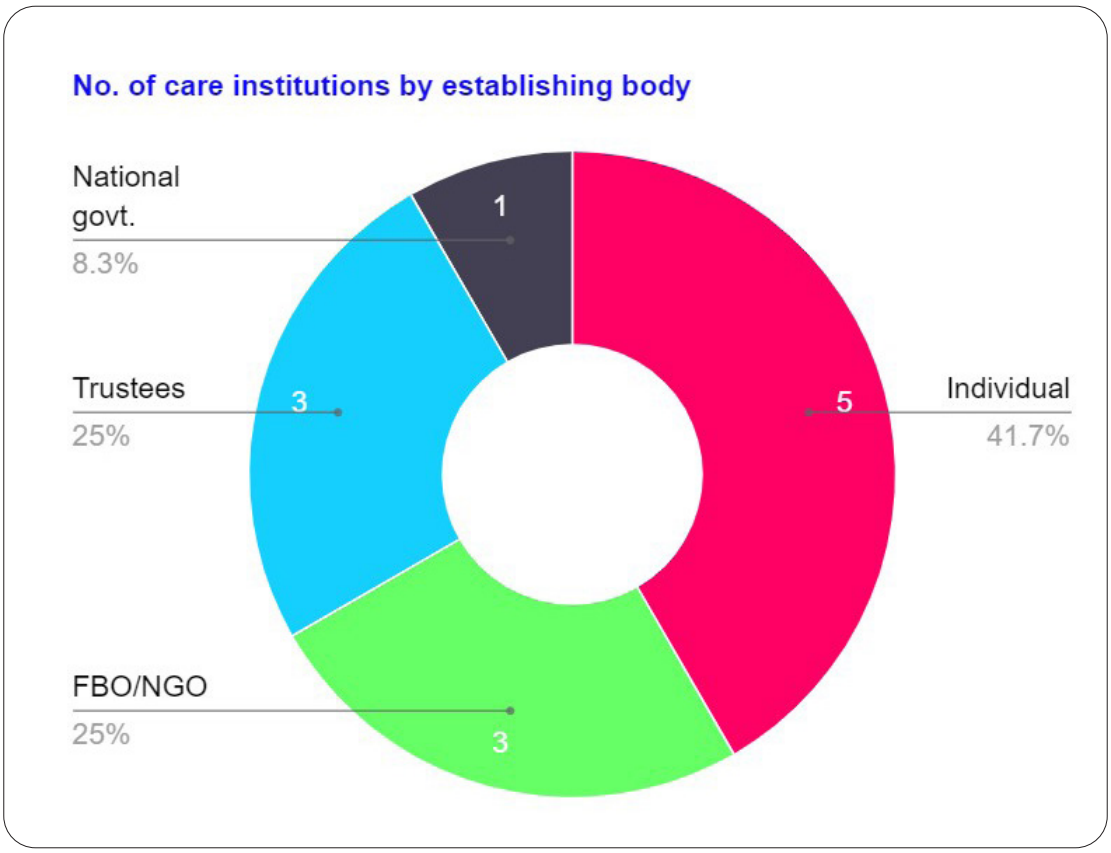



*Figure 5: Establishment of childcare institutions*

The study sought to gain a better understanding of how the institutions were founded and their primary objectives. As illustrated in Figure 5, five institutions in Kirinyaga County are founded by individuals, three by FBOs or NGOs, three by trustees, and one by the national government. The primary goal of the founders of most CCIs was to provide care and protection for vulnerable children such as orphans and those with chronic illnesses, whereas the government-run institution primarily rehabilitates children in conflict with the law.

The Children Act (Cap 141) establishes NCCS as the sole government agency responsible for registering CCIs. Privately-run charitable children's institutions account for the largest proportion (92%) of childcare institutions in the County. It was established that all the eleven privately-run institutions had previously registered with NCCS. However, at the time of data collection, all the CCIs' licenses had expired, and only one CCI (9%) had reportedly applied to renew their registration. It's worth noting that most of the licenses had expired more than five years ago (in 2017-2018), with no renewals. Furthermore, two of the CCIs had additional registrations with the registrar of societies, one as a community-based organization and another with the Ministry of Education.

### 3.1.3. Property Ownership and Duration of Operation

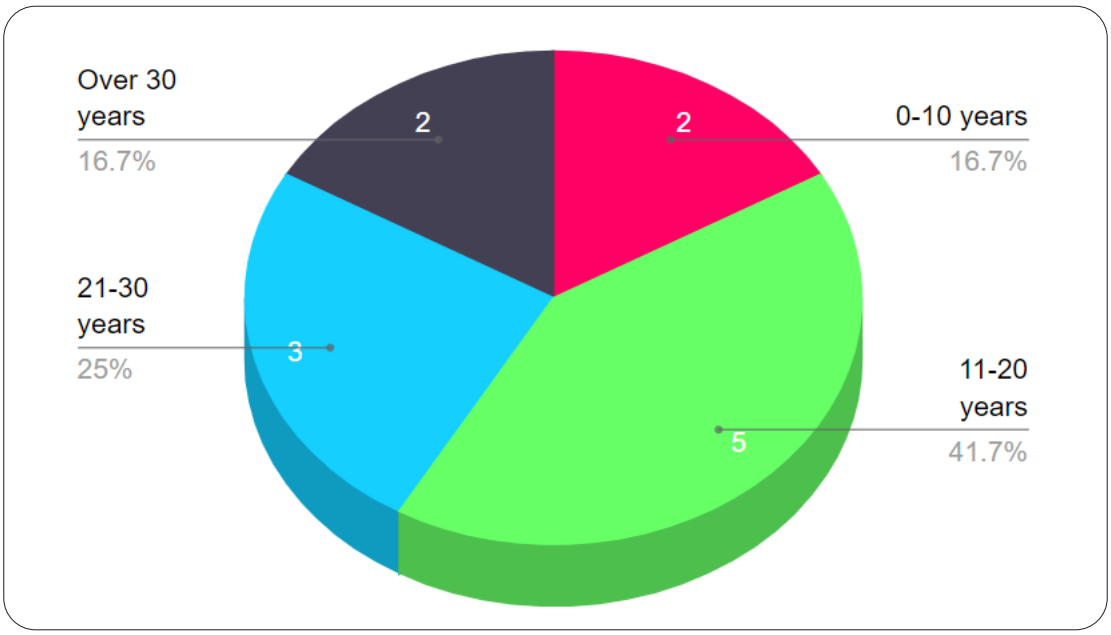



*Figure 6: Duration of operation of children's care institutions in Kirinyaga County, N=12*

Ten of the twelve institutions (83%) stated that they own the land on which the institution is located, with one on leased land and the other on communal property. It's worth noting that in four institutions, the land was registered (owned) in the name of an individual rather than the name of the institution or organization, which is contrary to national CCI regulations that require the title deed to be recorded in the name of the institution or its trustees.

Regarding duration of existence, two institutions were founded during the last 10 years preceding the study, five were founded 11-20 years ago, three were founded 21-30 years ago while two institutions have been in operation for more than 30 years (i.e., 46 years and 69 years). It is worth mentioning that no new institutions were founded in the last five years (2018-2022), which corresponds to the period when the moratorium on the registration of new CCIs has been in effect.

## 3.2 Children Living in Institutional Care

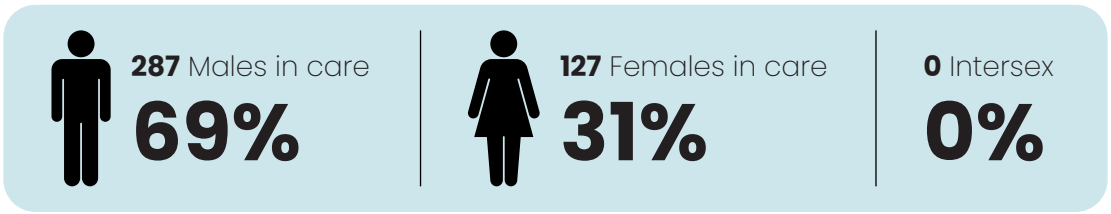
### 3.2.1. Number and gender of children in care by Sub County

At the time of data collection, there were 414 children and youth in institutional care, 287 (69%) males and 127 (31%) females. The majority of the children, 345 (83%) were in private care institutions, while 69 (48 boys, 21 girls) were in the national government-run Wamumu rehabilitation school and the county-run Kianyaga children's home. No intersex child was reported. The managers also reported that 14 children (9 boys and 5 girls) had disabilities, including eight with mental impairments, four with hearing impairments, one with a physical impairment, and one with multiple disabilities. 23 children (16 females and 7 males) were reported to have chronic illnesses.

*Table 2: Children in Care by Sub-County*

| Sub-County | Male | Female | Total |
|---|---|---|---|
| Kirinyaga Central | 12 | 11 | 23 |
| Kirinyaga East | 28 | 40 | 68 |
| Mwea East | 198 | 52 | 250 |
| Mwea West | 49 | 24 | 73 |
| **Grand Total** | **287** | **127** | **414** |

The high number of boys in care suggests that there may be factors that contribute to more boys being placed in institutions than girls. Except for Kirinyaga East, all sub-counties had more boys than girls in care. Although discussions with community groups did not explicitly identify the root cause, some leaders suggested that factors such as land inheritance play an important role. Boys born out of wedlock or to remarried mothers are not easily accepted by their new families, and as a result, they may be placed in childcare facilities.

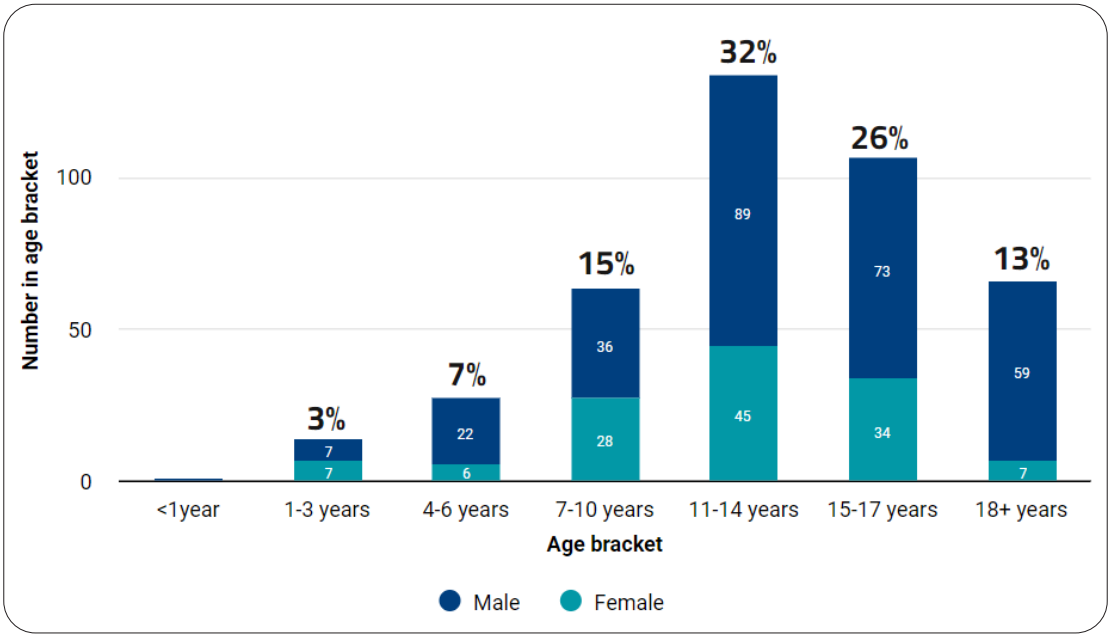



### 3.2.2. Ages of children in institutional care

Children aged 11 to 14 years make up the majority of children in institutional care, accounting for 134 (32%) of the total. 15 children aged three years and below (3.6% of the total population recorded) were living in childcare facilities. This runs contrary to the Kenya's Guidelines for Alternative Family Care of Children and the global body of research, both of which indicate that institutional care is harmful and inappropriate for children of this age. Section 67(4) of the Children Act states unequivocally that, unless there are compelling circumstances, a child under the age of three years shall not be placed in alternative care in an institution, and even then, for no more than three months.

66 young people (59 men and 7 women) over the age of 18 are still in institutional care. This is significant because it represents 16% of the total population. One of the institutions, which had a total population of 77 children and young people (all male), contributed to this large number by housing 44 youth over the age of 18. Surprisingly, the study discovered that no child had been released from this institution in the preceding three years. According to the National Standards for Best Practices in Charitable Children's Institutions, it is not recommended that institutions house young people aged 18 and over. Figure 7 shows the distribution of children across the ages.

*Figure 7: Ages of children in institutional care facilities*




## 3.2.3. Children's Locations of Origin

The majority of the children (282) living in institutions in the county are from within Kirinyaga County, while 122 are from other counties. The origin of 10 children cannot be verified. Mwea East and Mwea West sub counties host 95% of the children from other counties. 153 children (37%) come from the same sub-county within which the institution is located, 129 (31%) from other sub-counties within Kirinyaga county, and 122 (29%) from other counties in Kenya. The counties that contribute most of the children in care are Embu (28), Nairobi (20), Murang'a (10), Laikipia (6), and Isiolo (5).

*Table 3: Localities of origin for children in care*

| Sub county | Same sub-county as the institution | Other sub-counties in the county | Other counties | Unknown origin | Total |
|---|---|---|---|---|---|
| Kirinyaga Central | 6 | 11 | 6 | 0 | 23 |
| Kirinyaga East | 44 | 19 | 0 | 5 | 68 |
| Mwea East | 99 | 71 | 75 | 5 | 250 |
| Mwea West | 4 | 28 | 41 | 0 | 73 |
| **Grand Total** | **153** | **129** | **122** | **10** | **414** |
| **Percent** | **37%** | **31%** | **29%** | **3%** | **100%** |

These findings show that Kirinyaga County accounts for nearly 70% of the children. Additionally, Embu and Murang'a counties which border Kirinyaga County. This makes family tracing, assessments and the overall case management for reintegration process easier to implement.

A review of 144 randomly selected children's files, on the other hand, revealed that only 6% contained family assessments and only 1% contained family visiting information. This demonstrates that institutions are not making full use of the proximity of the families of children in their care to work towards reunification and reintegration. To make family tracing and placement preparations easier, working relationships must also be established with the counties whose children are residing in Kirinyaga County childcare institutions.

## 3.3 Workforce in the Institutional Care Facilities

There are 106 employees (47 males and 59 females) across the 12 childcare facilities. Female employees account for 56% of the total number. On the terms of employment, 60 are on permanent terms, 33 on contract, and 13 are casual workers. The section below discusses the findings regarding two critical cadres in an institutional care facility: Social workers and house parents.

**Social workers:** A social worker is essential in a childcare facility because they supervise children's care and are typically in charge of assessments, planning, and monitoring of the case management processes. In total, 13 social workers were employed in ten institutions. Two institutions with a combined population of 40 children lack a social worker. When comparing the total number of children and young people living in institutions to the total number of social workers employed by the institutions, a social worker in a private institution has an average caseload of 39 children, while a social worker at the SCI has an average caseload of 9 children. This only applies to children who are currently residing in institutional care facilities and excludes those who have left care and require monitoring and follow-up. Only three of the twelve institutions complied with the National Best Practice Standards for CCIs' recommendation of a caseload of up to 20 children per social worker. Some of the social worker-to-child ratios are as high as 65, indicating that the social worker is unable to provide all the necessary services to every child. In terms of qualifications, all the social workers hold professional diplomas or certificates.

**House parents:** House parents are typically the primary caregivers in an institutional care facility, overseeing sleeping arrangements, food, clothing, and household chores. Based on the data gathered, 23 caregivers are employed by eight institutions, whereas four institutions have no house parents. A caregiver-to-child ratio of not more than 1:10[1] is recommended by the National Standards for Best Practices in CCIs. The analysis established that the average caseload per houseparent is 14 children and only four institutions achieve the recommended ratio of one house parent for every ten children or less. In two institutions, a houseparent is responsible for more than 60 children meaning they are unlikely to provide adequate care as required. It's also worth noting that in some institutions the various roles are shared among the existing staff.

**Volunteers**: Four institutions routinely accept volunteers. At the time of data collection, three institutions housed a total of 13 local volunteers. The managers stated that the key tasks performed by the volunteers in the institutions included community service (mentioned by three of four institutions), physical education (two of four institutions), religious instruction, case management, and fundraising (all mentioned by one institution).

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

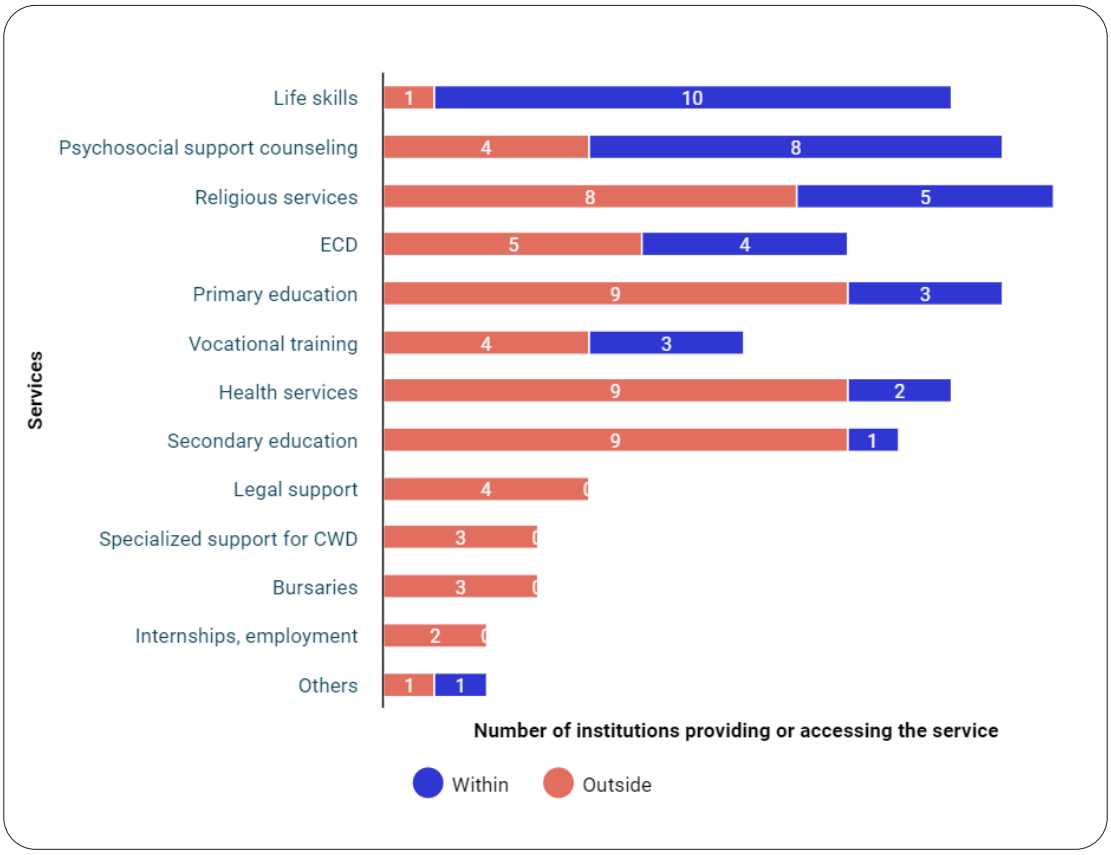
## 3.4 Service provision to children in care

Provision of services to the child and the family is one of the critical elements of alternative care for children. In Kenya, most children are separated from their families or placed in institutional care due to poverty, family breakdown, medical and health crises, abuse, or lack of sufficient supportive services at the community level. Institutions must conduct thorough assessments to understand the children's needs in order to provide necessary services and support them in returning to family or community care. The study evaluated the services provided both within and outside of the institutions, and the results are summarized below.

### 3.4.1. Services provided within and outside the institutions of care.

The most common services provided in the institutions are life skills training, which is provided by ten out of twelve institutions, followed by counselling/psychosocial support services, religious services, and early childhood development (ECD). The findings show that institutions depend heavily on external service providers for education (primary, secondary, vocational, and early childhood), health care, and religious services, see Figure 8.

*Figure 8: Services provided within and outside the institutional care facility.*



The data reveals that:

- Outside organizations provide most services to children in care, including education and healthcare.
- Only about one-fifth of the institutions mentioned providing family assistance as a service, which may be a missed opportunity given that 37% of the children's families live in the same sub-county within which the facility is located. Family support and outreach programmes could help address the underlying causes of separation and promote long-term reintegration.
- Only five managers identified exit planning as a key strategy for the institution, which may explain why 66 young people (16%) over the age of 18 remain in institutions. Institutions do not prioritize exit planning, and therefore many children remain in institutional care with no exit plans in place. A care leaver from Kirinyaga East remarked, "*Preparation for exit should have started from day one of admission and shouldn't be done when we are already grown-ups*".
- Childcare facilities offer a variety of services that they could still provide to children living in families or communities. Instead of removing children from their communities and placing them in institutions, the emphasis should be on supporting families and communities and addressing issues that affect them.

## 3.4.2. Services to prepare children and young people for their transition out of institutional care.

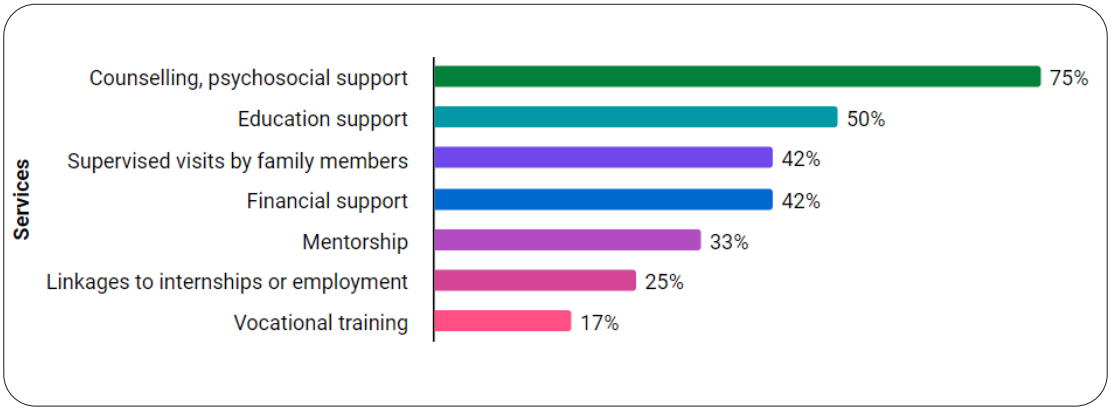
### 3.4.2.1. Preparation for reunification and reintegration

Global studies[2] have shown that over 80 percent of children in institutions have one surviving parent or a traceable close family member. In many instances, if given the proper support, these family members could care for their children. Child-centered reunification is multifaceted, beginning with an assessment of both the root causes of separation and the family's current circumstances. When the child has lost contact with his or her family and the location of the family is unknown, the procedure begins by tracing the family with the assistance of qualified case workers, media outreach, site visits to the community of origin, and consultation with local authorities.

Reintegration of families is not a one-time event. It takes extensive collaboration to determine if it is in the best interests of the child, to identify and facilitate appropriate family-strengthening services, to prepare the child and family, to supervise pre-placement communication and visits to encourage reconnection, and to provide regular post-placement follow-up support. The study reviewed the services provided to children and young people preparing for reunification, and the findings are summarized in Figure 9 below. The percentage is calculated by counting the number of institutions that mention the service out of the 12 institutions. Psychosocial support is the most common services, with more than half of institutions providing it.

2 Children in institutions: the global picture. Retrieved from https://bettercarenetwork.org/sites/default/files/1.Global%20Numbers_2_0.pdf

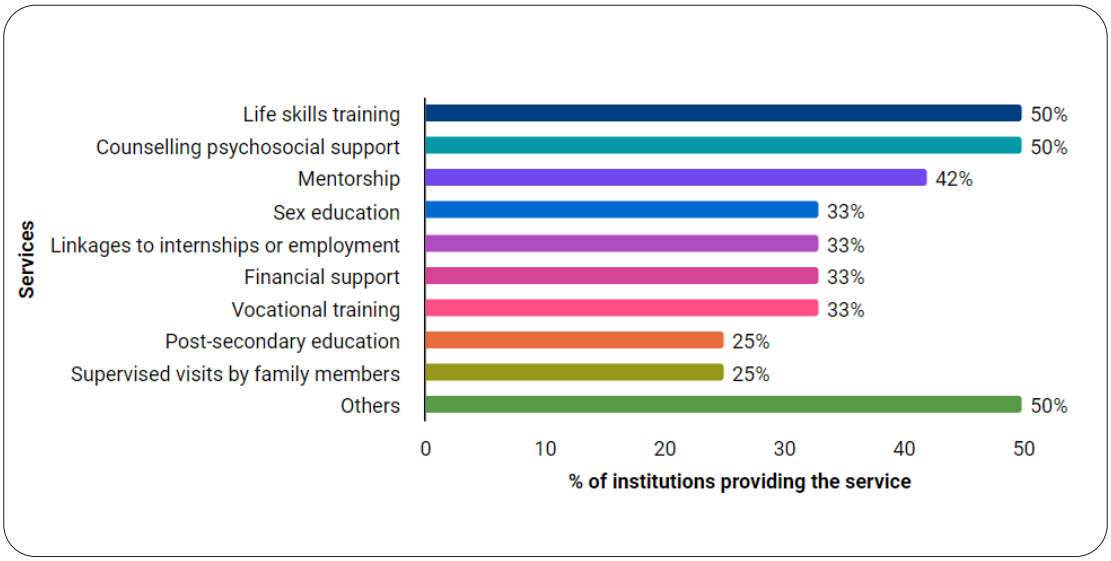
*Figure 9: Services provided to prepare young people for reintegration, N=12*




### 3.4.2.2. Preparation for independent living

Youth who have been in institutional care and have attained the age of independence (typically 18 or older) require planning and follow-up support. Discussions with managers and social workers reveal a lack of proper planning and preparation for young people transitioning to independent living. The top three services provided by the institutions to those preparing for independent living are life skills training, counselling/psychosocial support (6 out of 12), and mentorship (5 out of 12). Other services provided include referrals to health facilities for those suffering from chronic illnesses, as well as the provision of clothing and personal items, see Figure 10. According to Kenya's Alternative Care Guidelines, DCS in collaboration with alternative care providers and civil society partners, must develop follow-up support arrangements for the young person for 2-3 years after transition. The study found that institutions do not have a structured process for preparing young people to transition out of institutional care, and thus the DCS should collaborate with the institutions to streamline this process.

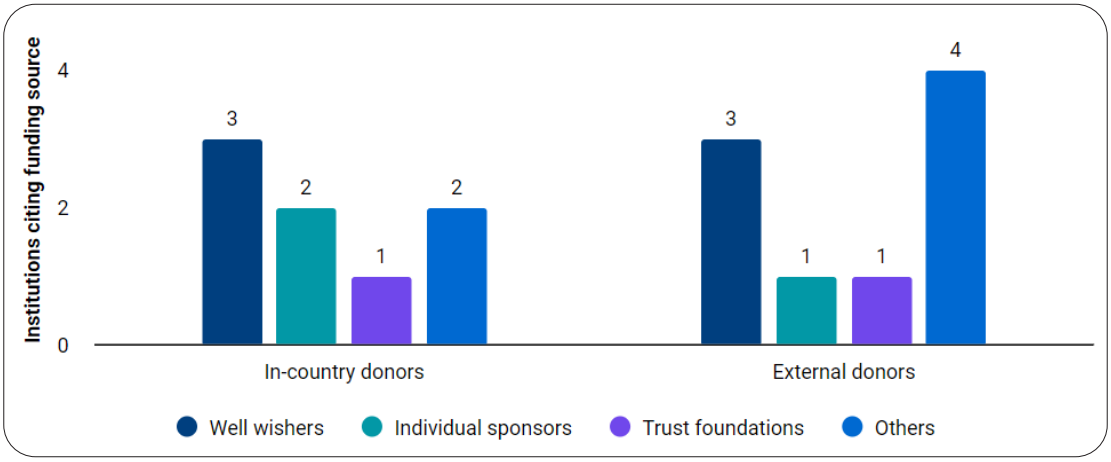
*Figure 10: Services provided to prepare young people for independent living, N=12*



## 3.5 Funding sources

Private institutions receive funding from both external donors (from outside the country) and internal donors. Five institutions identified partnerships with both external and internal donors as the most common forms of financing. The countries of origin of external donors include Australia, Germany, and the United States. Other funding sources mentioned include donations from CBOs, NGOs, and the local churches. The rehabilitation school run by the Directorate of Children Services (national government) receive funding solely from the national government, whereas the county government-operated institution receive funding from the Kirinyaga County government. Further, institutions engage in income generation activities (IGAs) to supplement their funding sources. Eight out of twelve institutions operated IGAs primarily in agriculture or service provision. The most commonly mentioned agricultural activities were poultry, dairy, and crop farming, while commercial services provided include borehole water sales, car washing, and real estate.

*Figure 11: Sources of funding*




Surprisingly, three institutions stated that they rely heavily on well-wishers, close relatives, or family friends as their primary source of funding, implying that they do not have a consistent stream of revenue. This has an impact on the quality of services provided, as well as the inability to employ adequate staff in each category of essential childcare. CCIs must diversify their revenue streams to avoid becoming overly reliant on well-wishers. CCI management should also be open to collaboration and strategic planning with other service providers in the sector. Discussions with care leavers, children in care, and institution staff revealed areas for improvement that could be attributed to inadequate funding. For example, consultations with children in care suggested that food rations in some CCIs were not adequate and should be increased. DCS officials also made observation regarding staffing in CCIs:

> *"Most institutions rely on well-wishers and donors which make it hard for them to afford employing professionals" – Sub county Children's Officer*

## 3.6 Experiences of care in institutions

A vital component of any childcare system is lived experience. It refers to the unique insights and perspectives gained through personal encounters with a care system and can significantly enhance the concepts of meaningful engagement as well as advocating for system improvements. The study specifically targeted and included children in care and young people who have left institutional care to learn about their individual experiences with the care they received. The research team conducted four focus group discussions with 17 care leavers and 58 children in care. The care leavers who took part in these discussions had been in institutional care for an average of 11.75 years and a total of 188 years, whereas the children currently in care had been there for an average of 6.7 years and a total of 370 years. In retrospect, the care leavers reflected on the care they received and shared their thoughts on the type of care and ways to improve the system. When asked what they liked best about institutional care, the majority mentioned the availability of basic necessities such as food, education, health, shelter, and safety.

**In their words:**

*"Children in institutions get all other basic needs other than parental love and attention. In fact it can be seen as if some CCIs provide better care to the vulnerable children compared to some families but family love and care cannot be substituted"- Care leaver, Mwea West FGD.*

*"Institutional care was the only option available to me because my parents passed on and there wasn't anyone willing to take care of me" – Care leaver, Mwea East FGD.*

*"Children in institutions suffer stress due to rejection by their families and being negatively labelled by the society. In school, we faced discrimination and stereotyping by other children who had families" – Care leaver, Mwea West FGD.*

When asked what they would advise CCIs to do more to facilitate effective care for, many of the care leavers advised CCIs to employ enough and qualified staff, facilitate more family visits, adequately prepare children who are about to leave care and offer after-care assistance such as continued psychosocial support. For those being prepared to exit and live independently, the CCIs should provide more mentorship on life skills and link them to potential employers as expressed by a care leaver in Mwea East Sub County, ***"The CCI should help children get jobs and empower them to fit in the society".*** Another recommended to the government to ***"...assist the orphaned and vulnerable with programs to support them financially e.g. school fee and bursary and cash transfer."***

The children in care indicated that some of the things they love about being in institutions is access to education, clothing, shelter, food, good medical attention and participating in sports. Some of things they didn't like included verbal insults, lack of freedom of movement, and insufficient food at times. On visitation by family members and friends, there was indication that some children have never been visited and they felt lonely and abandoned because they don't know their relatives.

It is apparent from these lived experiences that institutional care cannot replace family and community-based care. According to care leavers, children currently in care, and data triangulated from institutional questionnaires, the majority of children are placed in institutions for longer than the recommended maximum of three years, with no plan for how they will be transitioned back to the community. In certain instances, children are released from institutions after completing their primary or secondary education, implying that they were solely in the institution to access education opportunities. In certain other circumstances, exits are determined by reaching the age of majority (18 years). Each institution of care should be sensitized to treat institutional care as a last resort and as a temporary measure in accordance with the Children Act and other existing legal frameworks.

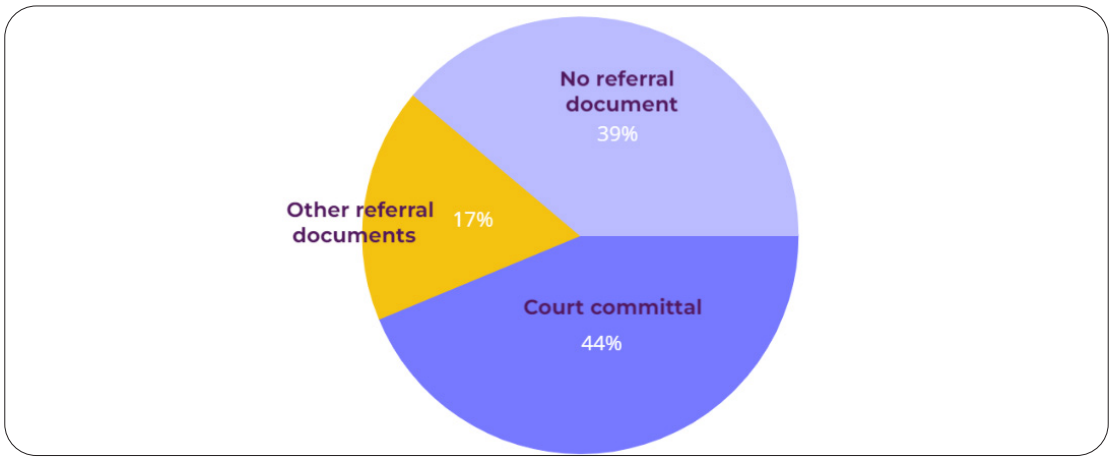
## 3.7 Gatekeeping

Gatekeeping[3] of children refers to the prevention of inappropriate placement of a child in formal care. It involves making decisions about care in the best interests of children who have lost or are at risk of losing parental care. It is a systematic procedure that aims to ensure that alternative care for children is used only when it is necessary, and that the child receives the most suitable support. The situational analysis sought to evaluate how well the gatekeeping principles of necessity and suitability were followed in the admission of children to institutional care by reviewing children case files and conducting interviews with care facility managers. The findings are summarized in the following subsections:

### 3.7.1. Referrals for admission contained in children files

The research team reviewed the casefiles using a checklist to determine whether or not necessary forms were available in the files, as specified in the National Standards for Best Practice for CCIs filing policy. 144 files (35% of all children in care) were reviewed. Only 63 (44%) of the 144 files reviewed include a court committal order. However, upon further examination of the orders, it was discovered that the majority of the court committal orders had expired, leaving only 16 files (25%) with an active committal order.

*Figure 12: Admission referral documents in case files*



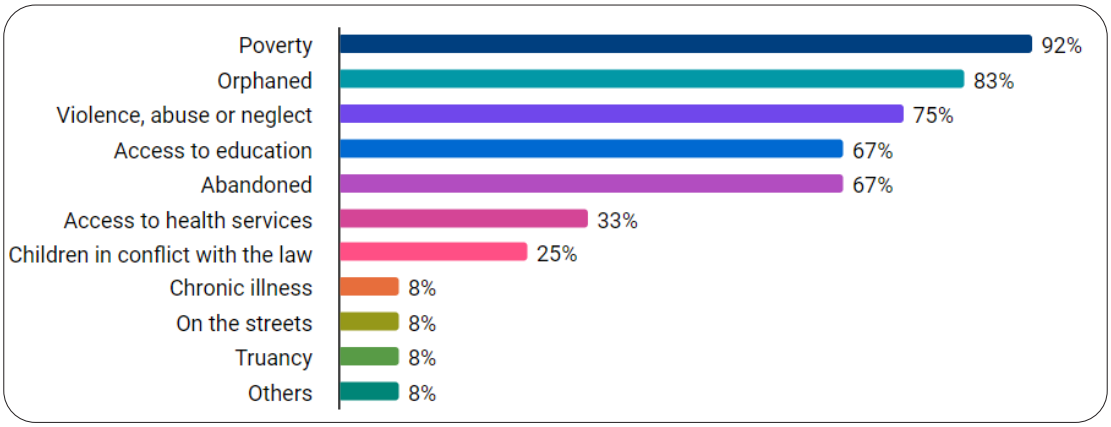

3 Gatekeeping - Making Decisions for the Better Care of Children. Retrieved from https://bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/gatekeeping-making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in

An additional 25 files (17%) included one or more referral documents. On the other hand, 56 (39%) of the files reviewed lacked any referral evidence, raising concerns about how those children were admitted to care facilities. This is contrary to section 71 of the Children Act which states that "a Charitable Children's Institution shall not admit a child into its care without a court committal order specifying, among other things, the maximum period for which the child shall be accommodated in the institution". According to the data from the institutional questionnaire, only 148 children (36% of the 414 children in care) had active court committal orders. This means that 266 (64%) children are in institutional care facilities without a court order.

### 3.7.2. Reasons for admission into institutional care

The study team discussed with the institutions' management about the factors that lead to children being admitted to care facilities. 11 out of 12 managers (92%) cited poverty as the primary reason for institutionalization, followed by orphanhood (83%), and violence, abuse, or neglect (75%). Access to education and abandonment were both cited by eight institutions (67%) to complete the top five reasons for institutionalization in the county. Other grounds for admission stated by less than a third of the institutions were access to health, children in conflict with the law, truancy, chronic illnesses, and children living on the street, see Figure 13. According to the manager of the statutory rehabilitation school, the most common reasons for admission to the facility were truancy and conflict with the law. It should be noted that many of these factors are interlinked, and a child may end up in an institution as a result of multiple factors.

*Figure 13: Reasons for children's admission into institutional care (as reported by the managers)*




Discussions with institution staff and community members revealed that poverty and caregiver neglect have been a major reason behind children admission into institutions. This could explain why a large number of children in care don't have committal orders, as poverty is not a valid reason for placing a child in institutional care.

Some of the insights from the interviews and community group discussions are presented below:

*Family issues that prompt this decision (placing a child in an institution) include low income that forces the children to join the institution for the sake of accessing education – CCI Social worker.*

A community member from Kirinyaga West FGD also mentioned poverty as driving factor to institutionalization, *"inability to take care of the children in families or provide for their basic needs makes parents give up their children to institutions".*

*In another FGD with community members in Mwea West, "Financial burden at home leading to placement" was mentioned by a majority of the participants.*

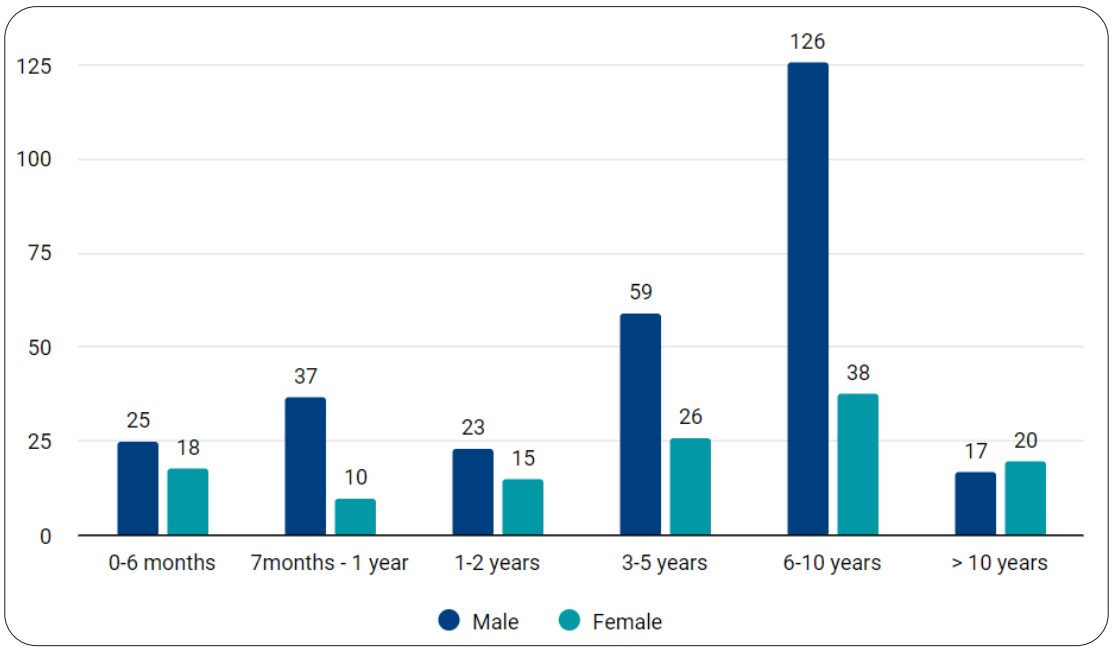
It should however be noted that Section 12 (4) of the Children Act (Cap 141) describes the principles that must be considered when placing a child in alternative care, and clearly outlines that "poverty, disability, or provision of education shall not be the driving factor for removing a child from his or her family and placing him or her in alternative care".

### 3.7.3. Duration of stay and exit from institutions

According to Kenya's Guidelines for Alternative Family Care of Children, placement of children in institutional care is a last resort and should not last more than three years unless prolonged by a court order. Further, the guidelines recommend case reviews must be undertaken every three months to ensure that adequate efforts are being made to safely transition the child out of the facility and back into family-based or community-based care. Further section 67 (3) of the Children Act (Cap 141) is categorical that "unless there are compelling circumstances, a child shall not be placed in a charitable children's institution for a period exceeding three years.

286 (53%) of children and young people residing in childcare institutions in Kirinyaga County have resided there for three or more years. Four out of every ten children have been in institutional care for six to ten years. See Figure 14 and Annex 4 for more information.

*Figure 14: Duration spent in institutional care*



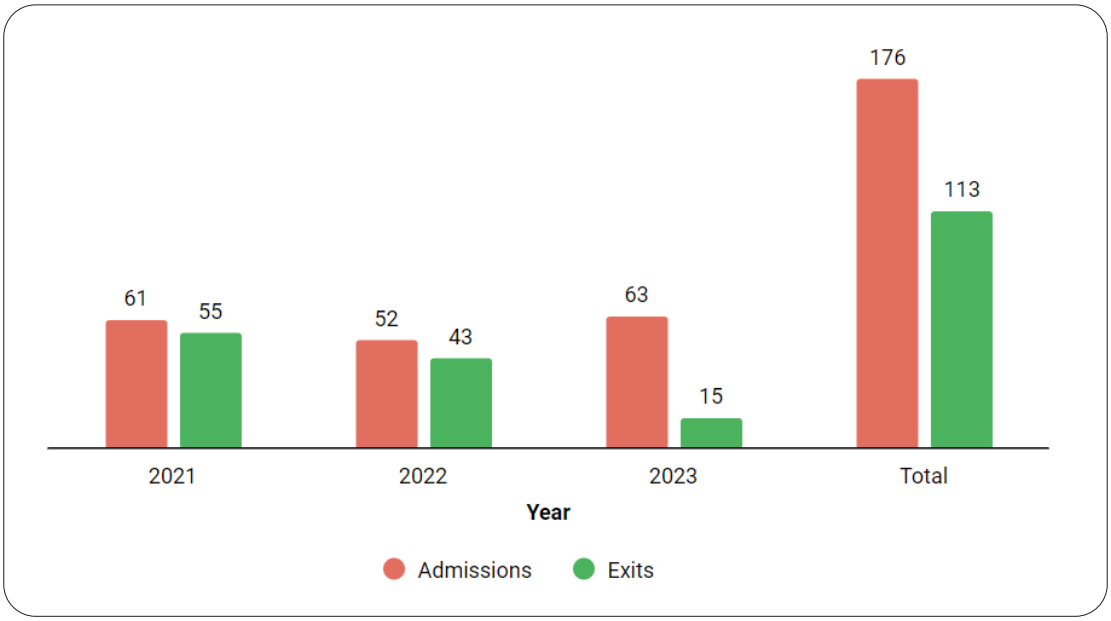
### 3.7.4. Exit from institutional care

According to the UN Guidelines for Alternative Care of Children, 2009, the CRC, the Children's Act 2022, and the Kenyan Constitution, the family is an essential component of society and the natural environment for children's growth, well-being, and protection. As a result, efforts should be primarily directed towards assisting the child in remaining or returning to the care of his or her parents or other close family members. This implies that CCIs should strengthen the system and capacity for reintegrating children back into their families and communities.

The situational analysis examined the admission and exit statistics for children over the previous three years. Starting from 2021, a total of 176 children were admitted, and 113 were discharged from institutional care during this time. The data show that there were more annual admissions than exits (Figure 13). Although ten of the twelve institutions stated that they have an exit strategy for children in care, subsequent discussions with managers and other administrators revealed that this is not the case, and the majority of children overstay in institutions. The data on duration of stay and exits supports this conclusion, as there are fewer exits than admissions, and the majority of children remain in care for long periods.

An exit strategy is described by the National Standards for Best Practice for CCIs as a systematic and detailed plan describing how a child will finally leave the care of a CCI. A child's exit strategy/plan covers the short-term and long-term activities that will be carried out throughout their stay at CCI. The strategy and plan ensure that the child leaves the CCI in the shortest time possible. The implementation of an exit strategy ensures that a child leaves or transits from a CCI in an explained, planned, and sensitive manner. The management of an institutional care facility is responsible for each child's preparation, transitional preparations, and after-care follow-up. It is advised that alternate family-based or community-based care arrangements be found for children who are unable to remain with their biological parents and other relatives.

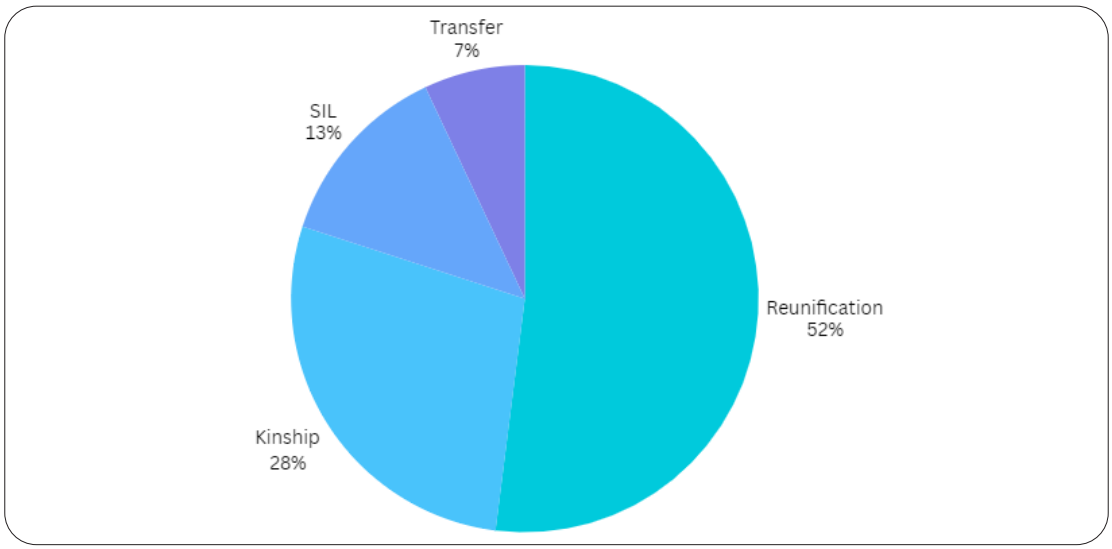
*Figure 15: Admissions and exits from institutional care 2021-2023*



## 3.8 Placements from institutional care

The study examined the placements of 58 children and youth who had exited institutional care within the previous two years prior to data collection and established that 30 (52%) of those exited were reunified with their families of origin, 16 (28%) were placed into kinship care, 8 (13%) went into independent living, and 4 (7%) were transferred to other institutions, (Figure 16).

*Figure 16: Placements in the last two years preceding data collection*




## 3.9 Case Management

Case management is the process of ensuring that an identified child's needs for care, protection, and support are catered for as recommended by both the Guidelines for the Alternative Family Care of Children in Kenya and the National Standards for Best Practices in CCIs. This is usually the responsibility of an assigned social worker who meets with the child, the family, any other caregivers, and professionals involved with the child to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress. In the absence of a systematic case management approach, children may be unable to meet their needs and hence remain in institutional care for extended periods.

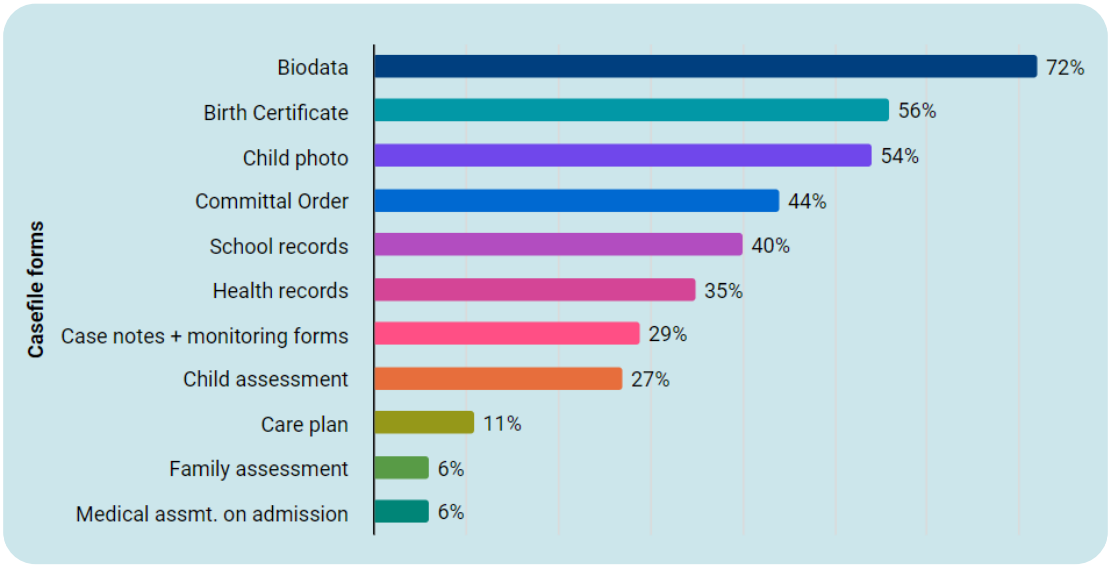
Although the majority of the institutions stated that they carry out case management activities such as registration, child assessment, family assessments and tracing, preparation of care plans, exit planning, and supervised visits, a review of the case files revealed that very few files contained the essential forms to demonstrate this. Based on a review of 144 randomly selected case files from all 12 institutions, it is evident that many of the institutions are not opening and maintaining child files in accordance with the filing policy contained in the National Standards for Best Practices in CCIs. From the case files review checklist, the files were analyzed to assess those that contained the critical documents on referral for admission, biodata, medical assessment on admission, child assessment (including a photo of the child), birth certificate, family assessment, care plan, school records, health records, and case notes or monitoring forms. Only one file out of 144 files had all the required critical documents meaning that 99.3% of the files were incomplete.

Upon admission, it's expected that a biodata (admission) form is filled in for the child but only 104 (72%) of the files had this important document. Further, the child should undergo a comprehensive medical assessment by a qualified medical practitioner. Children with special needs should also receive additional assessments to determine the extent of their challenges, among other things. The child case file review established that only 8 files (6%) had medical assessments done on admission. Additionally, only 78 (54%) of the files had a photo of the child though the National Standards for Best Practices in CCIs recommends that a photo of the child be taken on the date of admission and kept in the file. The availability status of the other documents is presented in Figure 17 below:

**99.3%**

OF SAMPLED CHILD CASE FILES WERE INCOMPLETE.

*Figure 17: Availability of critical documents in the sampled child case files as per the CCIs filing policy*




## Case planning

Case planning is the process of collaborating with the child and family to identify the goals to be reached with available assistance. As outlined in the Caseworkers Guidebook[4] on Case Management for Reintegration, case plans are developed with the objective of minimizing the time that a child spends in institutional care as well as ensuring that children and/or young adults are returned and retained to family- or community-based care. This is accomplished by working with the child and family to define the goals to be achieved with the resources available. A case plan should include an assessment of the child and his or her needs, as well as the actions required to guarantee that institutionalization is only a temporary solution.

From the 144 files reviewed, there is very little documentation for family tracing and assessment with only 9 files (6%) having a family assessment form while 39

4 CM for Reintegration Caseworker's Guidebook. Retrieved from https://www.nccs.go.ke/sites/default/files/resources/7.11_CM-for-Reintegration-Package_Caseworker_s-Guidebook-1.pdf

files (27%) had a child assessment form and a further 16 files (11%) contained a case plan. This reveals that individualized care planning has not been prioritized in many institutions, which may contribute to the long periods of time that children spend in institutional care. Similarly, family visitation records (used to strengthen the bond between a child and his or her family while they are separated) were extremely low. Interviews with institution staff, particularly managers and social workers, revealed varied understanding of the case management process and the respective documents that must be completed at each stage.

## 3.10 Perceptions of Transitioning from Institutional Care Services

According to the 7th Schedule (transitional provisions) of the Children Act (Cap 141), all Charitable Children's Institutions registered under the repealed Children Act, 2001 shall not undertake any activity after ten years from the date of the commencement of the new Act i.e. 26th July 2022. This means that the government and the operators of these institutions must put in place proper transitional measures. The survey sought to understand the perspectives of diverse stakeholders (CCI staff, chiefs, community health volunteers, community child protection volunteers, parents and guardians/caregivers of children in institutional care, care leavers, children in care, the national police service, and community leaders of various cadres) in Kirinyaga County on the government's determination to transition away from institutional care and promote family and community-based childcare. The perceptions of the various actors are synthesized and summarized as follows:

- Evidently, most of the stakeholders engaged during the data collection had not fully understood the National Care Reform Strategy 2022-2032 or the Children Act (Cap 141).They however generally supported the government's resolve to transition from the institutionalization of children. However, there was caution from almost all stakeholders that the communities need to be sensitized on the new strategy for buy-in and to promote sustainability of the care reform agenda. A manager from a CCI observed, *"The strategy is a nice idea because it will help the children not to lose their identity in their community and they will be brought up in a good manner according to the customs of the community they belong to".* Another manager indicated that "*Supporting children at home is the best option other than being in the institutions. The manager can act as a link between donors, well-wishers, the institution, and with children in their families".*
- Based on the reasons mentioned by respondents as key drivers to institutionalization, most stakeholders narrowed down to three factors that have contributed to most children being in institutions of care. These are poverty, neglect/abuse due to parents' separation, and an inadequate number of alternative families (guardians, relatives, and families willing to take care of the children). Most of the guardians or parents of children in institutional care were worried as they think they would be burdened with raising the children back at home. One of the guardians expressed her concerns as follows, *"If the government leaves us on our own, it will be very challenging to tend to these reintegrated children. The government should remember and cater for their needs even while at home".* Another guardian from Mwea East observed that *"There are no basic needs for the child at home. The children might end up in the streets when they stay in families, so it would be better when they are in the institutions".*

As a result, there is a need for the government and other actors to ensure that family-strengthening initiatives are established across all counties. One of the guardians with a child in the government-run rehabilitation school expressed the need for early interventions to prevent children from committing crime e.g. through counseling and also addressing the menace of drug and substance abuse among children. He further advised that, *"There is a need to educate parents on the process of preventing and responding to truancy and those parents who neglect their children should be reported and arrested".*

- Children in institutional care had varied feelings about care reform. While some were excited at the prospect of reuniting with their families and guardians, others were quite skeptical and openly said they'd prefer institutional care. For instance, a child in a CCI said, "*I would like to stay with my grandfather or aunt, but it would not be possible because of poverty and high number of siblings".* Another was very excited and said, *"I will be able to interact and mingle with friends and also receive parental love".*
- Community members also feared that the children to be reintegrated from the institutions will face stigmatization and the children may also find it difficult to fit into the community. Some of the children are viewed as undisciplined and that's why they were taken into institutions in the first place and therefore are not well received when finally reunited back into the community. However, the community members expressed optimism in the receptive nature of African communities. An FGD participant in Mwea East indicated that *"Kinship is highly practiced for orphaned children and young children have even been breastfed by their kin in African set-ups. The clan can also protect children from being mistreated by relatives"*. This means there is great potential for community support and buy-in if thorough sensitization is conducted. A DCS officer also cautioned that "*the more the child stays in institutions, the more it turns hard for them to be reintegrated thus losing inheritance*". The issue of inheritance was also raised by other stakeholders and several cases of disinheritance were cited during the discussions. This is corroborated by one of the care leavers from Kirinyaga East Sub- County, "*When it comes to sharing of the family property while in the institution, the child is affected because they are forgotten or their share is maliciously taken by relatives".*

## 3.11 County policy, Legislative and Regulatory Framework on care reform

To support the implementation of childcare at the county level, the National Care Reform Strategy recommends that every county develops a county action plan. Among the areas the county action plan should address includes "developing and strengthening county legislation, regulations, policies and procedures so they are supportive of family and community-based care". As discussed below, Kirinyaga County has put in place a number of legislations, policies, strategies and programs that are responsive to childcare reform. However, there are notable gaps that need urgent action for effective implementation of childcare reform in the county.

The 3rd Generation Kirinyaga County Integrated Development Plan (CIDP) 2023 – 2027 provides an integrated development planning framework in the county and a sole basis for preparing county budgets. Under the CIDP, the gender and

youth department has a mission "to formulate, mainstream and implement responsive policies through coordinated strategies for sustained and balanced socio-cultural and economic development of the county and empowerment of vulnerable and marginalized groups and areas". Among the department's strategic objectives is "to lead the process of mainstreaming disability assistance and promote a rights-based approach to meeting the needs of children and adults with disability". Under the Children services program, the county seeks "to provide a safe environment, care and protection for needy children" through children rehabilitation and reintegration and school feeding programs. It is important that the county integrates childcare reform in the Annual Development Plans (ADPs) and provides adequate budgets to support transition of childcare from institutions to families and communities.

The Kirinyaga County Education Act 2016 "provides for early childhood development education centers, child day-care centers, child day-care services, county polytechnics, home-craft centers and for connected purposes". It defines a child day-care center as any premises in which childcare services are offered during daytime to more than three children at any given time. Child day-care services on the other hand are defined as the temporary care and supervision of children below the age of three years during the day by a person or persons other than the children's legal guardians or members of their immediate family. The Act provides for establishment of both county and private-run child day-care centers. Section 7 of the Act prohibits any person from establishing or running an early childhood development and education center, a child day-care center or child day-care services without a valid license or certificate. However, the Act is not contextualized to childcare reform. The County lacks specific legislation addressing childcare reform in general and childcare facilities in particular.

The Kirinyaga County Persons with Disability Bill 2023 provides for the institutional framework for protecting, promoting and monitoring the rights of persons with disabilities and those with special needs and to provide them with incentives and reliefs. Whereas the Bill provides for, inter alia, the rights to education, health, and employment and outlaws discrimination against persons with disabilities, it provides no specific reference to support for children with disabilities and those with special needs especially those under institutional care.

Section 61 of the Children Act stipulates the role of County Governments in protecting and promoting the rights of children. It stipulates that:

1. In the discharge of the functions specified in Part II of the Fourth Schedule to the Constitution, every county government shall:
   a. Provide or facilitate the provision of pre- primary education; and
   b. Provide or facilitate the provision of childcare facilities.
2. Every county government shall, in consultation with the Cabinet Secretary, develop policies and guidelines for the better carrying out of the functions specified in subsection (1).

Kirinyaga County lacks a comprehensive children policy. Such a policy would be useful in ensuring children related programs and interventions across the country are well planned, coordinated and funded. The county should adopt lessons from Murang'a, Bungoma, Makueni, Nyamira and other counties that have developed their children's policies in the recent past.

# 4.0 Conclusion and Recommendations

## 4.1 Conclusions

The goal of the situational analysis was to provide a general understanding of institutional care of children in Kirinyaga County, including the number and nature of care facilities, a description of the children who live in them, and gathering opinions and recommendations from stakeholders and the public on the transition from institutional care to family-based care. This analysis and stakeholder engagements have revealed several opportunities for implementing the national care reform strategy and related activities. It was also discovered that the vast majority of children in institutional care did not go through the proper channels prior to admission. This suggests that the gatekeeping measures were ineffective, and the legal procedures were not followed.

Furthermore, because relatively few institutions have individualized case management processes, cases are not systematically examined, and services are not tailored to the needs of individual children and families. This has resulted in longer stays in institutional care, as well as missed opportunities to strengthen families and prevent family separation. The stakeholders are optimistic about the care reform process, believing that if all stakeholders and community members collaborate to address the root causes of family separation, children will be able to stay with their families. Respondents suggested raising awareness of the benefits of family-based care (including among communities, institution staff, and donors), developing workforce capacity, increasing the availability of alternative family-based care options, and assessing and assisting families in managing the challenges that lead to child-family separation.

Overall, the situational analysis reveals several areas that require attention, including the necessity of placements, the standard of care, the suitability of services, staff capacity, oversight from authorities, and reporting, highlighting the need for a county-level action plan to implement the national care reform strategy.

## 4.2 Recommendations

Based on the findings of the situational analysis and stakeholder validation sessions with state and non-state actors held in February 2024, a set of recommendations for transitioning institutional care to family and community-based care were developed. The recommendations are structured around the three pillars of the National Care Reform Strategy, namely: 1) Prevention of separation and family strengthening, 2) Alternative Care and 3) Tracing, reintegration and transitioning to family and community-based care. Some recommendations were deemed to cut across the strategy's three pillars and were thus classified as crosscutting recommendations. Based on the research findings, some areas for future research have been suggested.

1. **Prevention of separation and family strengthening:** Recommendations under this pillar revolve around support measures and services which strengthen families and prevent children being separated from their families.

**1.1.** **Raise the general public's awareness about the importance of raising children in families and the risks of institutional care on a child's overall well-being.** The SITAN findings have demonstrated that stakeholders and the community does not understand the danger/harm that institutionalization causes to children. Public awareness and sensitization using such means as local FM stations, religious gatherings, and *barazas* should be undertaken by both state and non-state childcare actors to promote positive parenting skills, strengthening families, and supporting children and young people transitioning from institutional care to family and community-based care.

**1.2.** **Strengthen gatekeeping mechanisms from the village level.** This should be achieved through training those with a role in gatekeeping and establishing strong collaborations between Directorate of Children's Services, the county and sub-county care reform structures and the National Government Administration Officers (NGAO). Chiefs, Assistant chiefs, area managers, Community Health Promoters, lay counselors and Community child protection volunteers should be trained and equipped to effectively support families at risk of separation.

**1.3.** **Initiate and strengthen county-level family-strengthening initiatives to prevent separation.** Such initiatives should target the most vulnerable families where children are most at risk of separation and families reuniting with children leaving institutional care. The government should support families living in extreme poverty in caring for their children without releasing them to CCIs. Child-headed households and young care leavers living independently should also be prioritized. The government should ensure that such families are given priority in the various government-funded social safety net programmes e.g., the *Inua Jamii.* The County Government should also provide for such targeted family-strengthening and support programs to prevent separation. The situational analysis has not revealed the existence of such programs in Kirinyaga County.

1.4. Provide community-level services for children with disabilities and those with special needs. Ease of access to critical services for the children with disability will ensure that families do not resort to institutional care as a way of guaranteeing such services to their vulnerable children. As guided by section 62 of the Children Act, the County Government should establish welfare schemes that respond to the needs of children with disabilities and those with special needs.

**1.5.** **Develop and implement a contextual county Communication and Advocacy strategy to guide messaging on care reform across the county.** It is a requirement of the NCRS that every county shall develop a communication and advocacy strategy to support the implementation of childcare reform. The communication and advocacy strategy should be informed by the known beliefs, social norms, attitudes and behaviors influencing the placement of children in institutional care in the county. It should include the objectives of care reform, key messages on the various types of alternative family care, mapping of stakeholders and identification of the best county-based media to disseminate the care reform messages.

2. **Alternative Care:** Recommendations under this pillar focus on strengthening and extending family and community-based alternative care options for children who, for any reason are unable to live with their parents. Effective alternative care includes kinship care, kafaala, foster care, guardianship, adoption, traditional approaches to care, places of safety and temporary shelter, and institutional care, as well as strong gatekeeping mechanisms.

   2.1. **Strengthen alternative family and community-based care options in the county.** The directorate of children services should be concerted efforts to identify, train, register and certify foster parents and carers, as well as to enhance community understanding about formal kinship care, guardianship, and other family-based care options. This will allow children to grow within their communities, providing them with a sense of belonging in society and allowing them to thrive and realize their potential.

   2.2. **Ensure regular and comprehensive inspection and monitoring of CCIs and their welfare programs.** The Children Act requires that area advisory bodies inspect CCIs on a regular basis. The NCCS, DCS, and the inspection committee must ensure that CCIs follow the provisions of the Act. The inspection committees should review the CCI facilities on a regular basis to ensure that they meet safety standards and that the CCI is providing quality care and protection to the children.

   2.3. **Create and strengthen community-level gatekeeping measures to identify and support families at risk of child-family separation.** The majority of FGD participants believed that children thrive in families and that the African society has a long history of helping the disadvantaged, even when their parents are no longer alive. The county should provide targeted capacity building for people involved in gatekeeping mechanisms, particularly national administration officers and community-based child protection structures.

   2.4. **Create a county-level contextualized donor education and information toolkit to assist CCIs in engaging their donors on the importance of transitioning financial and non-financial support from institutional to family and community-based care.** The donor community has a key role to play in the implementation of care reform for the purposes of resource redirection. To do this, NCCS and the DCS should provide opportunities to meet with and enlighten donors on the overall care reform goal, as well as how to support child welfare programs thus transitioning their support to family and community-based care.

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

resources from institutional care to family and community-based care, as well as the retraining and redeployment of institutional personnel.

**3.1. Sensitize CCI staff, management, and boards of directors on the National Care Reform Strategy, the Children Act and related policies, legislations, guidelines, and regulations anchoring the care reform agenda in Kenya.** This will serve to demystify myths and misconceptions about the care reform agenda and the role CCIs are expected to play in the processes of tracing, reintegration, and transitioning of children into family and community-based care.

**3.2. Train frontline CCI staff especially managers, social workers, counselors, and house parents on effective case management practices.** The training should impart practical knowledge and skills on the case management process, necessary documentation on child files, case conferencing, care planning, exit planning strategies, and aftercare support for exited children. The DCS should thereafter work collaboratively with CCIs to ensure optimal implementation of proper case management including developing individualized care plans for all children in institutional care.

**3.3. Develop holistic resource redirection strategies and transition plans at the CCI level to guarantee that existing financial and non-financial resources within the institutional system of care can be effectively redirected to support family and community-based care.** The NCCS and DCS should support CCIs to transition to Child Welfare Programs (CWP) envisioned under the Children Act and guided by the 2023 National guidelines for transitioning childcare system in Kenya and CWP guidelines.

**3.4. Review the court committal status for all children in institutional care in line with section 71 of the children Act that prohibits CCIs from admitting children without a court committal order.** Over 65% of children in Kirinyaga County do not have Court committal orders and are thus unlawfully residing in CCIs.

**3.5. Sensitize law enforcement and justice agencies (the police, the ODPP, the judiciary, the probation) on the National Care Reform Strategy, the Children Act and related policies, legislations, guidelines, and regulations anchoring the care reform agenda in Kenya.** This should include sensitization and engaging the CUC to develop frameworks to address related childcare reform challenges.

**4. Crosscutting Recommendations:**

**4.1. Strengthen the county policy, legislative, budgetary, and regulatory frameworks to better respond to the care reform agenda**. The County Government of Kirinyaga should integrate the care reform agenda in its budgets, development plans and medium-term frameworks. This will allow for county resources to be used to provide support to children, families, and community-level initiatives. The County should develop a comprehensive

children policy, enact a legislation on care reform and ensure the Persons with disability bill currently before the County assembly is responsive to the childcare reform agenda.

**4.2. Strengthen the County level institutional frameworks responsible for childcare reform.** The County and sub-county Children Advisory Committees provided for under sections 54 and 55 of the Children Act should be established and strengthened to effectively support the childcare reform agenda across the County.

**4.3. Clear linkages and synergies among institutions providing children services.** There is need for closer collaboration between the Directorate of Children Services, the Directorate for Social protection, and the National Council for Persons with Disabilities at the County and Sub-County levels to ensure coordinated and holistic programming for children across the County.

## Areas of future research

There is need for more in-depth studies on:

a. Factors contributing to the higher number of institutionalization of boys as compared to girls in order to devise strategies to curb the challenge.
b. Community mapping for services supporting or inhibiting childcare reform in the County.

# 5.0 References

Government of Kenya. (2022). The Children Act 2022. Retrieved from http://www.kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=No.%2029%20of%202022

Ministry of Gender, Children and Social Development. (2013). National Standards for Best Practices in Charitable Children's Institutions. Retrieved from https://bettercarenetwork.org/sites/default/files/National%20Standards%20for%20Best%20Practices%20in%20Charitable%20Children%27s%20Institutions.pdf

National Council for Children's Services. (2022). National Care Reform Strategy for Children in Kenya. In https://www.socialprotection.go.ke/. Retrieved from https://www.socialprotection.go.ke/wp-content/uploads/2022/06/The-National-Care-Reform-Strategy-for-Children-in-Kenya-2022-2032.pdf

UNICEF ESARO. (2021). Care Reform Journey in Kenya. Retrieved from https://pdf.usaid.gov/pdf_docs/PA00Z3GG.pdf

Ministry of Labor and Social Protection of Kenya, Department of Children's Services. Violence against Children in Kenya: Findings from a National Survey, 2019. Nairobi, Kenya: 2019.

Republic of Kenya, Ministry of Labor and Social Protection, Department of Children's Services (2020). Toolkit for a residential childcare institution situational analysis in Kenya. Retrieved from https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/toolkit-for-a-residential-childcare-institution-situational-analysis-in-kenya-pilot-in-kisumu

Republic of Kenya (2019). Situational analysis report for children's institutions in five counties. Retrieved from https://bettercarenetwork.org/sites/default/files/2021-03/18.21_SitAn%20Summary.pdf

# 6.0 ANNEXES

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

| | | Institution Details | |
|---|---|---|---|
| **SN** | **Institution Name** | **Sub- County** | **Institution ownership** |
| 1 | Good Faith Children Home | Kirinyaga Central | Private |
| 2 | Josephine Wambui Orphanage and Rehabilitation Centre | Kirinyaga East | Private |
| 3 | Kianyaga Children Home | Kirinyaga East | County Govt |
| 4 | Peaceful Children Home | Kirinyaga East | Private |
| 5 | Bethlehem Children Home | Mwea East | Private |
| 6 | Dar Abdallah Children Home | Mwea East | Private |
| 7 | Joy Rescue Centre | Mwea East | Private |
| 8 | To Africa with Love Orphan House | Mwea East | Private |
| 9 | Urathi wa Yohana | Mwea East | Private |
| 10 | Utugi Children Centre | Mwea East | Private |
| 11 | Little Angels Centre for Orphans | Mwea West | Private |
| 12 | Wamumu Rehabilitation school | Mwea West | National Govt |
| | **TOTAL** | | |

## Annex 2a: Population of children in institutional care and their origin

| SN | Institution Name | Sub-County |
|---|---|---|
| 1 | Good Faith Children Home | Kirinyaga Central |
| 2 | Kianyaga Children Home | Kirinyaga East |
| 3 | Peaceful Children Home | Kirinyaga East |
| 4 | Josephine Wambui Orphanage and Rehabilitation Centre | Kirinyaga East |
| 5 | Joy Rescue Centre | Mwea East |
| 6 | Utugi Children Centre | Mwea East |
| 7 | Bethlehem Children Home | Mwea East |
| 8 | To Africa with Love Orphan House | Mwea East |
| 9 | Urathi wa Yohana | Mwea East |
| 10 | Dar Abdallah Children Home | Mwea East |
| 11 | Little Angels Centre for Orphans | Mwea West |
| 12 | Wamumu Rehabilitation school | Mwea West |
| | **TOTAL** | |

| | | Child Population | | | | Staffing | | |
|---|---|---|---|---|---|---|---|---|
| Reg. with NCCS | Bed Capacity | Total Pop | Under 3 | 18+ | CWD | Total | Social Workers | House parents |
| Yes | 68 | 23 | 5 | 0 | 0 | 5 | 1 | 0 |
| Yes | 20 | 8 | 0 | 0 | 0 | 6 | 1 | 2 |
| Yes | 50 | 44 | 2 | 2 | 4 | 14 | 1 | 5 |
| Yes | 25 | 16 | 1 | 5 | 0 | 3 | 0 | 2 |
| Yes | 80 | 47 | 1 | 4 | 0 | 5 | 1 | 0 |
| Yes | 80 | 65 | 0 | 4 | 0 | 9 | 1 | 1 |
| Yes | 40 | 38 | 1 | 4 | 2 | 4 | 1 | 1 |
| Yes | 23 | 19 | 2 | 0 | 0 | 14 | 1 | 6 |
| Yes | 8 | 4 | 0 | 1 | 0 | 0 | 0 | 0 |
| Yes | 96 | 77 | 0 | 44 | 1 | 19 | 2 | 1 |
| Yes | 44 | 48 | 3 | 1 | 7 | 8 | 1 | 5 |
| N/A | 104 | 25 | 0 | 1 | 0 | 19 | 3 | 0 |
| | | **414** | **15** | **66** | **14** | **106** | **13** | **23** |

| Child Population and Origins | | | |
|---|---|---|---|
| Total | Within the County | Other Counties | Origin unknown |
| 23 | 17 | 6 | 0 |
| 44 | 39 | 0 | 5 |
| 16 | 16 | 0 | 0 |
| 8 | 8 | 0 | 0 |
| 38 | 25 | 8 | 5 |
| 77 | 69 | 8 | 0 |
| 47 | 26 | 21 | 0 |
| 19 | 12 | 7 | 0 |
| 4 | 4 | 0 | 0 |
| 65 | 34 | 31 | 0 |
| 48 | 31 | 17 | 0 |
| 25 | 1 | 24 | 0 |
| **414** | **282** | **122** | **10** |

## Annex 2b: 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 | No. of children |
|---|---|
| Baringo | 1 |
| Bungoma | 1 |
| Embu | 28 |
| Garissa | 3 |
| Homabay | 1 |
| Isiolo | 5 |
| Kajiado | 1 |
| Kericho | 1 |
| Kiambu | 4 |
| Kisii | 1 |
| Kisumu | 1 |
| Kitui | 1 |

| County | No. of children |
|---|---|
| Laikipia | 6 |
| Machakos | 1 |
| Migori | 1 |
| Murang'a | 10 |
| Nairobi | 20 |
| Nakuru | 1 |
| Nyandarua | 2 |
| Nyeri | 4 |
| Siaya | 2 |
| Wajir | 1 |
| West Pokot | 1 |
| Tana River | 1 |

## Annex 3: Ages and Sex disaggregation of the children and youth in care

| Age group | Male | Female | Total | Percent |
|---|---|---|---|---|
| <1year | 1 | 0 | 1 | 0% |
| 1-3 years | 7 | 7 | 14 | 3% |
| 4-6 years | 22 | 6 | 28 | 7% |
| 7-10 years | 36 | 28 | 64 | 15% |
| 11-14 years | 89 | 45 | 134 | 32% |
| 15-17 years | 73 | 34 | 107 | 26% |
| 18+ years | 59 | 7 | 66 | 16% |
| **Total** | **287** | **127** | **414** | **100%** |

## Annex 4: Children's duration of stay in institutions.

| Sub county | Institution Name | 0-6 Months | 7 months - 1 yr | 1-2 yrs | 3-5 yrs | 6-10 yrs | > 10 yrs |
|---|---|---|---|---|---|---|---|
| Kirinyaga Central | Good Faith Children's Home | 3 | 5 | 2 | 6 | 6 | 1 |
| Kirinyaga East | Josephine Wambui Orphanage and Rehabilitation Centre | 1 | 0 | 0 | 0 | 5 | 2 |

| Sub county | Institution Name | 0-6 Months | 7 months - 1 yr | 1-2 yrs | 3-5 yrs | 6-10 yrs | > 10 yrs |
|---|---|---|---|---|---|---|---|
| Kirinyaga East | Kianyaga Children's Home | 8 | 1 | 3 | 7 | 16 | 9 |
| | Peaceful Children's Home | 0 | 1 | 0 | 0 | 0 | 15 |
| Mwea East | Bethlehem Children's Home | 3 | 8 | 7 | 15 | 14 | 0 |
| | Dar Abdallah Children's Home | 4 | 6 | 2 | 30 | 23 | 0 |
| | Joy Rescue Centre | 2 | 3 | 10 | 3 | 10 | 10 |
| | To Africa with Love Orphan House | 1 | 0 | 1 | 16 | 1 | 0 |
| | Urathi wa Yohana | 0 | 0 | 0 | 0 | 4 | 0 |
| | Utugi Children's Centre | 2 | 2 | 1 | 2 | 70 | 0 |
| Mwea West | Little Angels Centre for Orphans | 14 | 9 | 4 | 6 | 15 | 0 |
| | Wamumu Rehabilitation school | 5 | 12 | 8 | 0 | 0 | 0 |

| Duration | Male | Female | Total | Percent |
|---|---|---|---|---|
| 0-6 months | 25 | 18 | 43 | 10% |
| 7months - 1 year | 37 | 10 | 47 | 11% |
| 1-2 years | 23 | 15 | 38 | 9% |
| 3-5 years | 59 | 26 | 85 | 21% |
| 6-10 years | 126 | 38 | 164 | 40% |
| Over 10 years | 17 | 20 | 37 | 9% |
| **Total** | **287** | **127** | **414** | |

## Annex 6: Additional data tables from the findings

### 1) Completeness of child files

Level of completeness assessed based on the following key case management documents: Referral document for admission (Committal order, letter from the chief, SCCO report), biodata forms, medical assessment on admission, child assessment (including a photo of the child), family assessment, care plan, school records, medical records, and case notes or monitoring forms.

| Sub county | Institution | Total files reviewed | 0-3 docs | 4-6 docs | 7-8 docs | All 9 docs |
|---|---|---|---|---|---|---|
| Kirinyaga Central | Good Faith Children's Home | 16 | 16 | - | - | - |

| Sub county | Institution | Total files reviewed | 0-3 docs | 4-6 docs | 7-8 docs | All 9 docs |
|---|---|---|---|---|---|---|
| Kirinyaga East | Josephine Wambui Orphanage & Rehabilitation Centre | 8 | 2 | 6 | - | - |
| | Kianyaga Children's Home | 13 | 13 | - | - | - |
| | Peaceful Children's Home | 7 | - | 6 | 1 | - |
| Mwea East | Bethlehem Children's Home | 13 | 12 | 1 | - | - |
| | Dar-Abdallah Children's Home | 17 | 17 | - | - | - |
| | Joy Rescue Centre | 13 | 11 | 2 | - | - |
| | To Africa with Love Children's Home | 10 | 9 | 1 | - | - |
| | Urathi Wa Yohana | 4 | - | 4 | - | - |
| | Utugi Children's Centre | 20 | 13 | 7 | - | - |
| Mwea West | Little Angels for Orphans | 13 | 10 | 3 | - | - |
| | Wamumu Rehabilitation Centre | 10 | - | 1 | 8 | 1 |
| | **Grand Total** | **144** | **103** | **31** | **9** | **1** |
| | **Level of completeness** | | **72%** | **22%** | **6%** | **1%** |

## 2) Availability of critical documents in the sampled case files as per the filing policy in the National Standards for Best Practices in CCIs

| SN | Institution Name | Files reviewed | Biodata | Committal order | Child photo | Child assessment | Family assessment | Care plan | Medical assmnt. on admission | School records | Health records |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Bethlehem Children's Home | 13 | 13 | 11 | 8 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2 | Dar-Abdallah Children's Home - Kutus | 17 | 15 | 0 | 1 | 13 | 0 | 0 | 0 | 0 | 1 |
| 3 | Good Faith Children's Home | 16 | 10 | 4 | 2 | 0 | 0 | 0 | 0 | 15 | 10 |
| 4 | Josephine Wambui Orphanage & Rehabilitation Centre | 8 | 4 | 5 | 8 | 4 | 0 | 1 | 0 | 6 | 1 |
| 5 | Joy Rescue Centre | 13 | 10 | 3 | 2 | 1 | 0 | 0 | 2 | 3 | 6 |
| 6 | Kianyaga Children's Home | 13 | 0 | 6 | 10 | 1 | 0 | 0 | 0 | 5 | 3 |
| 7 | Little Angels For Orphans | 13 | 12 | 3 | 12 | 8 | 0 | 0 | 0 | 0 | 5 |
| 8 | Peaceful Children's Home | 7 | 6 | 7 | 7 | 3 | 1 | 1 | 0 | 6 | 4 |
| 9 | To Africa With Love Children's Home | 10 | 5 | 8 | 6 | 0 | 0 | 0 | 2 | 0 | 10 |
| 10 | Urathi Wa Yohana | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 4 | 1 |
| 11 | Utugi Children's Centre | 20 | 15 | 2 | 8 | 0 | 0 | 5 | 2 | 9 | 4 |
| 12 | Wamumu Rehabilitation Centre | 10 | 10 | 10 | 10 | 9 | 8 | 9 | 2 | 9 | 5 |
| *Grand Total* | | 144 | 104 | 63 | 78 | 39 | 9 | 16 | 8 | 58 | 50 |
| *Document availability %* | | | 72% | 44% | 54% | 27% | 6% | 11% | 6% | 40% | 35% |

### 3) Files with court committal orders

| Sub - county | Institution Name | Total files reviewed | Files with court committal order | % of files with court committal order | Active Committal orders |
|---|---|---|---|---|---|
| Kirinyaga Central | Good Faith Children's Home | 16 | 4 | 25% | 0 |
| Kirinyaga East | Josephine Wambui Orphanage & Rehabilitation Centre | 8 | 5 | 63% | 0 |
| | Kianyaga Children's Home | 13 | 6 | 46% | 2 |
| | Peaceful Children's Home | 7 | 7 | 100% | 0 |
| Mwea East | Dar-Abdallah Children's Home | 17 | 0 | 0% | 0 |
| | Utugi Children's Centre | 20 | 2 | 10% | 0 |
| | To Africa with Love Children's Home | 10 | 8 | 80% | 2 |
| | Joy Rescue Centre | 13 | 3 | 23% | 2 |
| | Bethlehem Children's Home | 13 | 11 | 85% | 0 |
| | Urathi Wa Yohana | 4 | 4 | 100% | 0 |
| Mwea West | Wamumu Rehabilitation Centre | 10 | 10 | 100% | 10 |
| | Little Angels for Orphans | 13 | 3 | 23% | 0 |
| **Grand Total** | | **144** | **63** | **44%** | **16** |

## Annex 7: Summary of Study Respondents

| Data collection method | Data Sources | Number of Respondents |
|---|---|---|
| Survey Tool | Managers/administrators of institutions | 12 |
| Focus Group Discussion (FGD) | Formerly institutionalized children (care leavers) – 4 groups | 17 |
| | Community members – 7 groups | 59 |
| | Parents or guardians of children in institutions – 4 groups | 22 |
| | Children currently in institutional care – 8 groups | 58 |

| Data collection method | Data Sources | Number of Respondents |
|---|---|---|
| Key Informant Interview (KII) | Managers of institutions | 5 |
| | Social Workers in institutions | 6 |
| | Caregivers/house parents in institutions | 5 |
| | Government staff with a gatekeeping role (DCS, chiefs, ACC, DCC) | 20 |
| | Other key stakeholders in child protection (police, magistrates, religious leaders, health personnel, NGO staff) | 18 |
| **TOTAL** | | **222** |

## Annex 8: Qualitative Analysis Codebook

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

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

# List of Contributors & Participants

## List of Contributors

| | |
|---|---|
| **NCCS** | Mary Thiong'o |
| | Janet Mwema |
| | Kennedy Owino |
| | Stanley Hari |
| | Arnold Mwanake |
| **DCS Headquarters** | Jennifer Wangari |
| | Jane Munuhe |
| | Peter Kabwagi |
| **DCS Kirinyaga County** | Kamwila Ngeke |
| | Loise Gikuhi |
| | Irene Komu |
| | Phenny Nyaboke |
| | Angeline Macheru |
| | George Wainaina |

| | |
|---|---|
| **DCS Kirinyaga County** | Mercy Nyawira |
| | Jemimmah Mumbi |
| | Nahashon Gichobi |
| **Enumerators** | Mary Mwangi |
| | John Nzuki |
| | Mathew Peter |
| | Kelvin Murimi |
| | Franklin Ekaka |
| **Catholic Diocese of Murang'a** | Jane Karanja |
| | Elizabeth Kiilu |
| | Peter Macharia |
| **L4C Kenya program** | Joseph Muthuri |

## List of participants during the Stakeholders Validation Workshop at the Bekam Hotel in Kerugoya on 26th February 2024

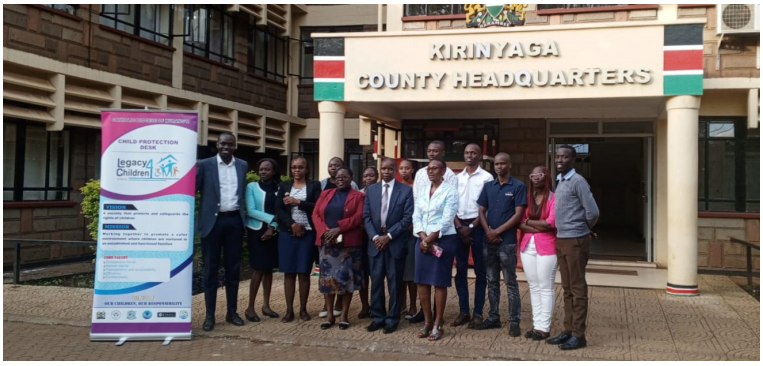
| SN | Name of Participant | Organization |
|---|---|---|
| 1 | Janet Mwema | National Council for Children's Services |
| 2 | Emmanuel Mugesani | National Council for Children's Services |
| 3 | Daniel Musembi | Directorate of Children's Services – Regional |
| 4 | Jennifer Wangari | Directorate of Children's Services – HQ |
| 5 | Kamwila Ngeke | Directorate of Children's Services |
| 6 | Jemimmah Mumbi | Directorate of Children's Services |
| 7 | Irene Komu | Directorate of Children's Services |
| 8 | David Magogo | Directorate of Children's Services |
| 9 | Mercy Maina | Directorate of Children's Services |
| 10 | Angeline Macheru | Directorate of Children's Services |
| 11 | Phenny Nyabuto | Directorate of Children's Services |
| 12 | Nahashon Gichobi | Directorate of Children's Services |
| 13 | Loise Gikuhi | Directorate of Children's Services |
| 14 | Wainaina George | Directorate of Children's Services |
| 15 | Jane Karanja | Catholic Diocese of Murang'a |
| 16 | Isaac Kiura | Catholic Diocese of Murang'a |

| SN | Name of Participant | Organization |
|---|---|---|
| 17 | Peter Kibe | Catholic Diocese of Murang'a |
| 18 | Rahab Macharia | Catholic Diocese of Murang'a |
| 19 | Susan Wambura | County Govt of Kirinyaga |
| 20 | George Karoki | County Govt of Kirinyaga |
| 21 | Mutai Kipngetich | County Information office |
| 22 | Isaac Mujesia | Ministry of Interior and Coordination of National Govt. |
| 23 | Edwin Gitonga | Ministry of Interior and Coordination of National Govt. |
| 24 | Hon. Sarah Manyura | Judiciary |
| 25 | Joy Njogu | Kenya National Bureau of Statistics |
| 26 | Maureen Murugi | Ministry of Labour |
| 27 | Nancy Munga | Ministry of Education |
| 28 | Zipporah Miringu | National Council for Persons with Disabilities |
| 29 | Roseline Kiptum | National Police Service |
| 30 | Doris Soyian | Office of the Director of Public Prosecutions |
| 31 | George Waiganjo | Office of the Director of Public Prosecutions |
| 32 | Mercy Njoka | Probation Department |
| 33 | Lucy Kirimo | Directorate of Social Development |
| 34 | Samuel Waigwa | Bethlehem Children's Home |
| 35 | Ali Ibrahim | Dar Abdalah Children's Home |
| 36 | Samuel Chuma | Good Faith Children's Home |
| 37 | Dorothy Wanja | Josephine Children's Home |
| 38 | Brenda Kiguru | Joy Rescue Centre |
| 39 | Rose Kiongo | Kianyaga Children's Home |
| 40 | Magdalene Gachau | Little Angels Centre for Orphans |
| 41 | Vincent Gathungu | Little Angels Centre for Orphans |
| 42 | Agnes M. Mjogoo | Peaceful Children's Home |
| 43 | John Mwangi | To Africa with orphan house |
| 44 | Shelmith Njiru | Utugi Children's Centre |
| 45 | Mary Mwangi | Enumerator |
| 46 | Matthew Peter | Enumerator |
| 47 | Hannah Ng'ang'a | Kerugoya Parish |
| 48 | Charles Siguna | LVCT Health |
| 49 | Benson Gachoki | Vijana Tubange |
| 50 | Idd Abdulrahman | Faith-Based Organization |
| 51 | Joseph Muthuri | L4C Kenya Program |

# Photo Gallery

Training of enumerators and children officers in preparation for data collection

Sensitization session for CCI Managers on Childcare reform in preparation for data collection




Data collection team on duty at the County Headquarters

Kirinyaga County children coordinator, Mr. Kamwila Ngeke addressing children during data collection at Catholic church hall, Kutus.

REPUBLIC OF KENYA

NATIONAL COUNCIL FOR CHILDREN'S SERVICES
NCCS
A PROTECTED AND EMPOWERED CHILD

Supported by:

Catholic Diocese of Murang'a

Legacy 4 Children KENYA