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Situational Analysis Report for Children's Institutions in Murang'a County

February 2020

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ACKNOWLEDGEMENT

I am grateful to the many organizations, partners and individuals who contributed to this assessment which provides an important snapshot of institutions providing care for children as well as the children living in them. This assessment comes at the heel of important commitments made by the Government of Kenya to reform the care system for children by moving away from residential care towards wider implementation of family-based and community care solutions.

We wish to acknowledge the invaluable contributions of the Department of Children's Services Alternative Family Care and Institutions sections under the leadership of Deputy Directors Ms. Carren Ogoti and Mr. Justus Muthoka, as well as the County Coordinators for Children's Services, Sub-County Children's Officers, Managers of Statutory Children Institutions, Kenya Association of Care Levers (KESCA) and enumerators from Kiambu, Kilifi, Kisumu, Murang'a, and Nyamira counties whose names are annexed to this report for their invaluable contribution. We also thank the National Council for Children Services (NCCS) under the leadership of Mr. Abdinoor Mohammed for the policy directions offered during the process.

I wish to also acknowledge the technical and financial support from our valued partners Changing the Way We Care (CTWWC), UNICEF, and Stahili Foundation. Special thanks go to Fredrick Mutinda and Martin Kiandiko for their invaluable leadership, as well as the technical support of Kelley Bunkers, Anna Jolly, and Joanna Wakia of the CTWWC team, Catherine Kimotho and Jackson Onyando of UNICEF, and Michelle Oliel of Stahili Foundation.

Lastly, we would like to express our appreciation and gratitude to the donors whom without their funding the assessment would not have been completed.



Noah M.O Sanganyi, HSC
Director, Department of Children's Services

REMARKS FROM THE GOVERNOR OF MURANG'A COUNTY

Families are at the heart of Kenyan society and have the greatest responsibilities for shaping children's future.

This important assessment on children in institutions across Murang'a County came at an opportune time as we celebrated the 30th anniversary of the United Nations Convention on the Rights of the Child and the 10th anniversary of the UN Guidelines for the Alternative Care of Children that underscore the primacy of families.

Institutionalising children runs counter to Kenya's traditional approach to caring for children outside of parental care, whereby children were typically cared for by extended families, friends or neighbours in their own communities, giving them a clear sense of belonging within families and communities. I am deeply concerned that more than 600 children are separated from their families and living in institutions across Murang'a County, as revealed by this ground-breaking assessment. We must confront this challenge head on to uplift children by ensuring that they thrive in families and receive the best start in life to enable them to contribute to the economic and social development of our country.

On 6 September 2019, I signed a declaration at Leiden University on the protection of children's rights, setting out a series of commitments to protect children by instituting resourced care reforms as an integral part of priorities in Murang'a County. These commitments include enacting a legislation to enhance protection by strengthening the County's social work force and establishing a children's office and ombudsperson.

This assessment comes on the heels of important commitments made by the national Government to reform the Kenyan care system by moving away from residential care institutions towards wider implementation of family-based care solutions. My administration is committed to leading the way in this initiative by finding sustainable local solutions to protect and empower our children and families.

In Kenya, devolved governments have a great responsibility for nurturing our children to grow into productive citizens. Together, we shall meet these obligations.



H.E. Mwangi Wa Iria
Governor, Murang'a County

LIST OF ACRONYMS

ACC	Area Advisory Council
BWC	Beneficiary Welfare Committee
CCC	County Coordinator for Children's Services
CCI	Charitable Children's Institution
CHV	Community Health Volunteer
CPIMS	Child Protection Information Management System
CPV	Child Protection Volunteer
CTWWC	Changing the Way We Care
DCS	Department of Children's Services
ECD	Early Childhood Development
NCCS	National Council for Children's Services
NGAO	National Government Administration Officer
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
PSS	Psychosocial Support
SCCO	Sub-County Children's Officer
SCI	Statutory Children's Institution
STF	Special Therapeutic Facility

CLASSIFICATION OF INSTITUTIONS

The situational analysis report refers to three categories of institutions:

1. **Statutory Children’s Institutions** (SCIs) which are defined in the Guidelines for the Alternative Family Care of Children in Kenya (2014) (Alternative Care Guidelines-Kenya) as:

“Children institutions established by the Government of Kenya for the purpose of

- a. rescuing children who are in need of care and protection (rescue homes),
 - b. for the confinement of children in conflict with the law while their cases are being handled in court (remand homes), and
 - c. for the rehabilitation of children who have been in conflict with the law (rehabilitation school).”
2. **Charitable Children’s Institutions** (CCIs) which are defined by the Children’s Act (2001) as: “A home or institution established by a person, corporate or noncorporate, religious organization or NGO, which has been granted approval by the National Council for Children’s Services to manage a program for the care, protection, rehabilitation or control of children”.
 3. **Specialised therapeutic residential care facilities** which, for the purposes of this report, are defined as residential care facilities with limited number of beds for the care and protection of children with special needs.

It is important to note that at the time of planning the situational analysis, the NCCS board was not fully constituted, and the NCCS had therefore been unable to approve CCI registration renewal applications since mid-2016; most existing CCI registration certificates have expired over that time. The NCCS board was constituted in May 2019, and the importance of this issue was recognized. The NCCS has since made plans to address CCI registration renewal applications.

As part of its commitment to care reform, the Government of Kenya issued a moratorium in November 2017 suspending the establishment and registration of any charitable children’s institutions. Any private charitable children’s institutions that were established after November 2017 are not eligible for approval or registration by the NCCS, and therefore cannot be categorized as CCIs. Also included in the category are any childcare institutions that have not sought any form of registration or have been registered with another body besides the NCCS. For instance, some institutions are registered as community-based organisations.¹

¹ Throughout this document, childcare institutions, residential care and institutions are used interchangeably.

Murang'a

Childcare Institution Situational Analysis Summary



635 children living in residential care



352 boys



282 girls

- **50** reported to be living with disabilities
- **35%** were ages 11-14 years
- **450** children were living in charitable children's institutions.
- **39** children were in statutory children's institutions.
- **146** in the state corporation operated institution.

79% of children came from the same sub-county as the institution in which they reside.

The most common reasons for placement were: violence; abuse and neglect; orphanhood; abandonment; poverty and access to education and health services

In conflict with Kenya's Guidelines for the Alternative Family Care of Children



7 in 10 of children in charitable children's institutions resided there for **3** years or more.



19 childcare institutions including 1 statutory children's institution, and 2 special therapeutic facilities (1 operated by a state corporation and 1 operated by the County Government)

Institutions most frequently provide:

- counselling or psychosocial support
- religious services
- education
- health care

Institutions rely on external services for:

- education
- health care

Of the **157** staff employed within institutions **only 11% were social workers and 27% were house parents** who are key to overseeing the daily care of children.

5 institutions did not have a social worker on staff.

But chiefs, institution staff, parents and guardians saw a potential to transition away from institutional care if adequate support is provided.

Care leavers and institution staff cited both **positives and negatives** related to institutional care.

Parents find it comfortable placing their children in the CCI because they feel there are many opportunities in the CCIs.

-A parent

"There is more than meets the eye. There are families you may not easily note their vulnerability, but they need help to accept the reintegrated child. Provide after-care support and the relatives will love the care leaver."

-Chief

Many stakeholders recognized the benefits of family-based care.

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EXECUTIVE SUMMARY

The purpose of the situational analysis is to provide a snapshot of Charitable Children's Institutions (CCIs) (registered and unregistered), and Statutory Children's Institutions (SCIs), and the children living in them. The aim is to create a clearer understanding of the current situation of children in residential care in Murang'a and to identify strengths and potential challenges that may impact care reform work within the county. The assessment was conducted by the Department of Children's Services (DCS) and Stahili Foundation (Stahili) with technical support from Changing the Way We Care (CTWWC) and financial support from UBS Optimus Foundation.

A toolkit containing procedural guidance and data collection tools for both quantitative and qualitative methodologies was developed by CTWWC with support from the DCS. Identified registered and unregistered CCIs and other known privately operated institutions, as well as other institutions such as one State Corporation and a Specialised Therapeutic Facility in Murang'a County, were targeted. Quantitative and qualitative data was collected from purposively sampled institutions and communities including DCS county coordinators of children's services and sub-county children's officers (SCCOs), institution managers/directors, social workers and house parents, parents and guardians, care leavers. Area Advisory Council (AAC) members, police, national government administration officers, chiefs, assistant county commissioners, deputy county commissioners, and representatives from non-governmental organisations (NGOs) providing child protection services.

The results of the assessment, as well as key findings and recommendations, are designed to support the stakeholders involved in Moving Towards Family-Based Care in Murang'a, including the DCS, the Governor's office of Murang'a County, Stahili Foundation, CTWWC, and institution operators, among others. It is envisaged that this report will also be used by other government and development actors working on child protection and child welfare issues.

Findings include:

- There were 635 children and youth living in 19 institutions in Murang'a County (352 boys and 283 girls), including 50 children reported to be living with disabilities. More than one-third of the children living in institutions were 11-14 years old.
- Of 159 case files that were reviewed in Murang'a CCIs/SCIs, 66% contained some form of referral documentation, most frequently in the form of a referral letter from a chief, an Occurrence Book number from police or parental consent. Most did not contain a Court Committal Order (the legally required document for admission of children into residential care).
- Seventy-nine percent of children living in institutions originated from the same county while 21% of children originated from another county within Kenya.
- Violence, abuse and neglect at home was most frequently cited by directors as a reason for children's admission to institutions, followed by orphanhood, lack of access to education, and poverty.
- Most children living in institutions have either biological parent(s) or other relatives. There is a widely held view across all stakeholders that poverty and parental neglect or irresponsibility are key drivers of institutionalisation.
- Children tended to stay in childcare institutions substantially longer than the statutory institution: 64% of children living in institutions in Murang'a had resided there for three years

of more at the time of data collection. The median duration of stay for children reported by the State Corporation manager was 6-10 years, whereas the median stay for children living in CCIs and other institutions was 3-5 years.

- Institutions most frequently provided psychosocial support, religious services, early childhood education and life skills training, and largely relied on external service providers for health services, primary education and secondary education. Few institutions provided support to families.
- There were 157 staff employed by Murang'a institutions, with more than 70% of these being general operations staff (kitchen, security, groundskeepers, house parents) as compared to specialised staff (teachers, health workers, social workers). House parent-to-child and social worker-to-child ratios were higher than guidance provided within the National Best Practice Standards for CCIs, and sampled case files overall did not meet the guidance in National Best Practice Standards for CCIs.
- Care leavers and institution staff cited both positives and negatives related to residential care, and identified a range of challenges that adolescents/young adults face upon exiting institutions.
- Parents/guardians of children living in residential care were somewhat resistant to the notion of children returning to their families (they felt children were better behaved in residential care and may be negatively influenced by peers and others in the community). Staff from the institutions expressed positive views about transitioning to family-based care. AAC members, chiefs, and community members expressed positive opinions about care reform, while concurrently expressing concerns about the motivation of operators, noting that they may actively recruit children and may be operating for the purposes of financial or other gain.
- Twenty-eight percent of institutions in Murang'a receive some form of government support. The majority of privately-run charitable children's institutions are funded by individual donors and sponsors, followed by foreign churches or Faith-based Organisations (FBOs), as well as income-generating activities.
- More than half of the institutions reported receiving either local or international volunteers or interns, the majority of whom are locals, referred from schools, colleges, universities, friends and churches.

Overall, the findings present a multitude of opportunities for care reform. These include, for example, transitioning the workforce to community-based service provision, utilising independent income streams to support the transition to community-based service provision models, and leveraging the proximity of most families to childcare institutions, thereby requiring few additional financial resources to conduct tracing and assessment in preparation of reunification of children. Additionally, the findings indicate that many children did not pass through the appropriate channels before being admitted to residential care. This means that cases were not systematically reviewed, and services provided were not targeted to meet the needs of individual children and families. This has most likely resulted in longer or unnecessary stays in residential care and missed opportunities to strengthen families and avoid family separation.

It is recommended that:

- Further investigation be conducted to gain a better understanding of the issues raised by the findings, including: the factors which lead more boys than girls to live in institutions; the overrepresentation of particular age groups of children in Murang'a's institutions; sub-county

level differences affecting the numbers of children in residential care; the precise government ministries and departments funding CCIs; and details about children with disabilities living in Murang'a's institutions.

- Regulatory measures could help to improve Murang'a County's care system, including: assessment of institutions against the National Standards for Best Practices in CCIs and development of individualised institution action plans, and implementation of the alternative family care standard operating procedures and the case management SOPs and tools for reintegration of children to family and community-based care.
- Frequent contact between children living in residential care and their families and communities should be facilitated in preparation for reunification and eventual reintegration.²
- Preparation for reintegration of infants, children with disabilities and adolescents age 18 years and above should be prioritised.
- Reintegration of children into family or community-based care should be utilised as an approach to move closer to appropriate staff-to-child ratios, as compared to employing additional staff.
- Sensitisation efforts should continue to promote the benefits of family and community-based care, and children and young people should be meaningfully engaged in all care reform efforts.

The workforce should explore how to better link vulnerable families, including those in the reintegration process, to social protection programmes, especially cash transfer programme.

² As per the Interagency Guidelines on Children's Reintegration (2016) and reflected in the case management for reintegration package, reunification is defined as the physical reuniting of a child and his or her family or previous caregiver with the objective of this placement becoming permanent. Reintegration is defined as the process of a separated child making what is anticipated to be a permanent transition back to his or her family and 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.

1. PURPOSE OF SITUATIONAL ANALYSIS

The purpose of the situational analysis was to provide a snapshot of Charitable Children’s Institutions (CCIs) and Statutory Children’s Institutions (SCIs), and the children living in them, in Murang’a County. The aim was to create a clearer understanding of the current situation of children in residential care in Murang’a, and to identify strengths and potential challenges that may impact care reform work within the county.³ In particular, the situational analysis sought to investigate:

1. **CCIs/SCIs:** quantity, size, location, funding, staffing, services provided, case management practices, exit strategies and use of community-based services.
2. **Children in CCIs/ SCIs:** number and characteristics, including age, sex, disability, home location, entry reasons and means, exit means and length of stay.
3. **Experiences** of staff and care leavers.
4. **Knowledge, attitudes and practices** of staff, authorities, community members and others in relation to institutions and family-based care.

The findings within this report are intended to be complementary to information already existing within the Child Protection Information Management System (CPIMS) and other government endorsed data. It is hoped the information will be helpful for the Murang’a County government and the national government, as well as non-governmental organisations, community groups and advocates in working to improve the care system within Murang’a County.

The situational analysis does not provide an assessment of the operations of the CCI/other private childcare institutions/SCIs or the care environments as per the national Best Practice Standards for Charitable Children’s Institutions. Nor does it assess individual child and family cases. Rather, it is envisaged that the situational analysis is a first step of many to collect and use information for care reform strategies nationally, by county/sub-county and even at the individual organisation (or CCI/other private childcare institution/SCI) level.

It is hoped that this report will inform further assessments (including child and family data for family-based care, assessment of CCIs/SCIs against the national Best Practice Standards for Charitable Children’s Institutions, service mapping, etc.), development of monitoring and evaluation frameworks, programme interventions, action planning, transition strategies and policy.

³ Care reform comprises actions taken by government and other recognised actors to bring about changes to social welfare institutions mandated with child welfare and protection, and practices to improve outcomes for children who are especially vulnerable to risks (such as those living outside of family care).

2. METHODOLOGY

The situational analysis was conducted using a mix of quantitative and qualitative methodologies for data collection. Prior to primary data collection, a desk review was completed to extract secondary data related to child protection and childcare at the national and county level; information collected helped to inform the development of an approach and tools, planning and logistics for data collection. A toolkit containing procedural guidance and data collection tools for both quantitative and qualitative methodologies was developed by Changing the Way We Care (CTWWC) with support from the Department of Children's Services (DCS). In designing the toolkit, CTWWC reviewed more than a dozen toolkits, individual tools and mappings of residential care created by different organisations and used in countries in Eastern European, Africa and East Asia. The toolkit has standardised tools for use by any partner supporting DCS to conduct situational analysis in other counties. Data enumerators were trained to use the methodology from a standard training curriculum delivered by CTWWC, Stahili Foundation (Stahili), and DCS. Below is a summary of the methodology utilised for the situational analysis, with the detailed methodology given in Annex A.

An in-person meeting was held between DCS Murang'a and Stahili to discuss the schedule and work plan and provide detailed feedback on the tools developed by CTWWC and DCS prior to the collection of data. The methodology was minimally modified to adapt to the county context in consultation with DCS which included meeting chiefs and assistant chiefs as noted below. Prior to collecting the data, DCS and Stahili carried out sensitisation activities with the following stakeholders:

- County Coordinator of Children's Services and 24 Children's Officers (DCS)
- 31 managers/staff from 17 CCIs/SCIs/other institutions
- Murang'a County Commissioner
- Eight (8) Deputy County Commissioners
- 40 Assistant County Commissioners
- 89 Chiefs
- 17 members of the Area Advisory Council Gatanga

2.1 DATA COLLECTION TOOLS

2.1.1 Quantitative

Two instruments were utilised to collect quantitative data from institutions:

1. a structured questionnaire, and
2. a case file review checklist.

The questionnaire was administered to each institution's manager or director and collected information about the institution, the numbers and profiles of children residing in the institution, staffing, services offered, case management practices, and funding sources.

The case file review captured the information collected by institution staff about the children in their care and the extent to which standardised case management is utilised within the institution (including assessing the recency, completeness and accessibility of the child's information). The review instrument comprised a checklist of critical documents informed by the Government of Kenya Best Practices in Charitable Children's Institutions (e.g. copy of birth certificates, referral documentation, child and family assessments, individual care plans, medical and education records, etc.).

2.1.2 Qualitative

Qualitative data was collected via semi-structured, in-depth key informant interviews (KIIs) and focus group discussions (FGDs). Eight distinct KII/FGD tools were created for different respondent categories. Qualitative interviews explored community perceptions, knowledge, attitudes and practices of residential care, reintegration, and alternative family-based care.

2.2. SAMPLING

2.2.1 Quantitative

All SCIs, known charitable children's institutions (registered and unregistered) were targeted for quantitative data collection. DCS Murang'a identified and compiled a list of institutions in each sub-county to be included in the analysis. This information was supplemented by desk reviews and KIIs as well as semi-structured interviews (SSIs) with chiefs to identify institutions offering care for children and operating in Murang'a. The data collection team also undertook SSIs with chiefs in the form of courtesy calls when visiting each location in the county to ask chiefs to identify the institutions and services they were aware of in their community. Through this process, the research team met and administered SSIs to 65 chiefs and 16 assistant chiefs, representing 81 locations across the County. If new institutions were discovered during data collection, they were added to the list and included wherever possible.

The questionnaire was administered to the individual responsible for day-to-day management of the institution, usually the institution's manager or director.

For the case file review, random sampling was employed to review 25% of children's case files per institution. These files were collected and reviewed to note which documents were included from the checklist.

2.2.1 Qualitative

Qualitative data was collected from purposively sampled institutions and communities. The selection of the institutions for the qualitative discussions considered a mix of statutory, registered, and unregistered CCIs. Geographical distribution was also considered such that institutions were selected from various sub-counties. Once an institution was selected, three interviews were conducted with different staff in the institution. The selected CCIs had at least one staff in each of the required categories (i.e. director/manager, social worker, and house parent). The community groups were targeted in areas with higher numbers of reported residential care institutions. Before the data collection, a data collection schedule for all targeted interviews in the county was developed jointly by DCS and Stahili.

Participants involved in qualitative data collection included:

- DCS county coordinator for children's services
- Sub-county children's officers
- Institution managers/directors
- Institution social workers
- Institution house parents
- Parents and guardians
- Young adults who spent time in residential care as children (referred to as care leavers)
- Community members, including:

- AAC members
 - Child protection centre staff
 - Members of child protection committees
 - Village elders
 - Religious leaders
 - Community policing initiative (*nyumba kumi*⁴) chairpersons
 - Child protection volunteers (CPVs)
 - Beneficiary Welfare Committee (BWC) members
 - Community health volunteers (CHVs)
 - Representatives from the business community
- Other key stakeholders, including:
- Police
 - National government administration officers (NGAOs, i.e.chiefs, assistant county commissioners, deputy county commissioners)
 - Health personnel
 - Representatives from NGOs providing child protection services

Table 1 lists the number of respondents in each category who were involved in data collection in Murang'a.

RESPONDENTS FOR KEY INFORMANT INTERVIEWS (KII)	
CCI/SCI manager	19
CCI/SCI social worker	12
DCS county coordinator for children's services	1
DCS sub-county children's officer	4
Other key stakeholder (police, NGAO, health personnel, NGO service providers)	30
PARTICIPANTS IN FOCUS GROUP DISCUSSIONS (FGD)	
Care leavers	13
Area Advisory Council (AAC) members	25
Community members	39
House parents	40
Parents or guardians	23
PARTICIPANTS IN SEMI-STRUCTURED INTERVIEW (SSI)	
Chiefs	81
Total	287

Table 1. Respondents by category

2.3 DATA COLLECTION

The data collection exercise was jointly planned and executed by DCS and Stahili. A four-day training of enumerators and DCS staff was conducted in July 2019 to equip the data collectors with the necessary skills and to familiarise them with the tools. The training programme included a field-testing

⁴ *Nyumba kumi* (Kiswahili phrase for 10 households) is a community policing initiative that was introduced in Kenya through a presidential order in 2013 and intended to anchor community policing at the household level, estate or market with the aim of achieving a safe and sustainable neighborhood.

exercise so that the enumerators improved their confidence in administering the tools. A total of eight enumerators, including four DCS staff in Murang'a, were trained in the methodology and their roles, and participated in developing the field logistical plan covering all targeted interviews.

Data collection took place between 1 May and 15 July 2019 under close supervision of DCS sub-county children's officers and Stahili staff. The structured quantitative questionnaire was programmed into a mobile application (CommCare) and data was collected using tablets. Data was collected in an offline mode and synced to the secure cloud-based servers at the end of each day. The submitted data was reviewed for completeness by Stahili team members.

2.4 DATA ENTRY AND ANALYSIS

2.4.1 Quantitative

Submitted data was exported from the CommCare mobile application platform to Microsoft Excel for further cleaning and analysis. Data was analysed in Microsoft Excel to calculate univariate statistics, e.g. ranges, frequencies, counts, means and percentages.

2.4.2 Qualitative

The majority of KIIs and FGDs were recorded using audio devices and later transcribed into Microsoft Word documents by a team of trained enumerators. The transcription was done in verbatim mode to ensure that data analysts gained an accurate understanding of respondents' discussions and opinions. Where interviews were not recorded, detailed notes were taken and later transcribed into Microsoft Word documents using a standard guidance and template. Data coding was conducted using an agreed coding structure. Coded quotes were then exported to Microsoft Excel for analysis. Data was filtered by code and respondent type to understand how different respondents spoke about each topic.

2.5 LIMITATIONS

The findings of the situational analysis should be considered considering the limitations noted below:

- Quantitative findings reflect a **snapshot of the day of data collection only** – children may have entered/exited institutions and case files may have been updated since data collection.
- Some interviews were input as **notes rather than transcripts** due to voice recorder malfunction or interviewee preference, which could have slightly altered the wording and intended meaning of participants' responses. The impact of this was minimised since the qualitative analysis highlights common themes across multiple interviews and group discussions and uses quotes to highlight these themes.
- The **method of identifying CCIs** was largely dependent on the knowledge of the county coordinator for children's services (CCC) and SCCOs. It is possible that there are institutions operating without the knowledge of either the CCC or SCCOs. The method was supplemented by working with chiefs. The research team was able to conduct SSIs with chiefs/assistant chiefs in 89 out of 100 locations, meaning that not all locations were covered. It is also possible that chiefs may not have been aware of all facilities in their areas, especially small, informal and newly established ones.

- Some institution staff members were new to the institution at the time of data collection and may not have had all the information requested.
- There were challenges with respect to the **accuracy and completeness of institution records**, especially with respect to age and origin of children since respondents could not always easily find answers in their documentation. Whenever possible, follow-up calls were made to institutions to seek clarification on missing or inconsistent data.
- For several focus group discussions and interviews, **DCS was involved in directly collecting data**. There is a chance this could have caused a social desirability bias.⁵ In order to minimise this issue, institution directors were engaged ahead of the data collection exercise to clearly explain the purpose, and those involved in data collection were carefully trained to ensure a consistent approach was taken.
- There were challenges with respect to the **accuracy and completeness of institution records**, especially with respect to age disaggregation and aggregation and origin of children.

Random sampling was employed to review child case files in each institution. To this end, the sample comprised 25% of the case files from the total number of children residing in each institution identified (see Annex B).

Overall supervision and management of the data collection process was jointly led by DCS and Stahili. Both DCS and Stahili each appointed a leader for the overall project. Data collection was divided by sub-county (eight sub counties in total), with four data collection teams responsible for two sub-counties. All team members completed training designed and delivered by CTWWC prior to conducting the data collection.

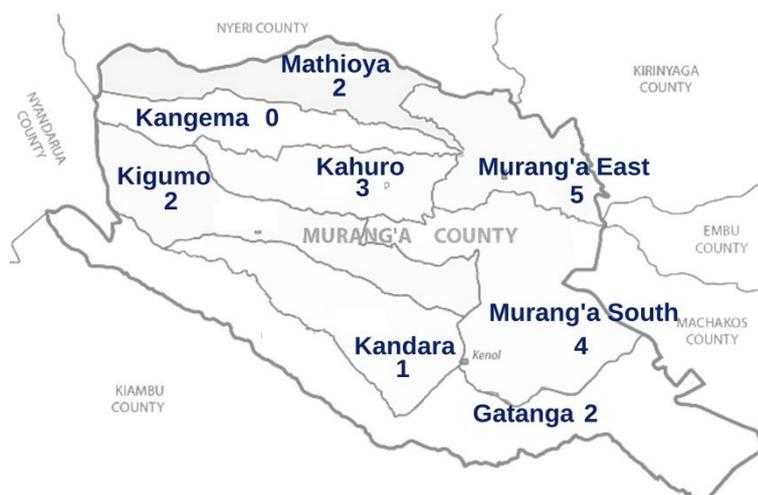
⁵ Social desirability bias refers to the tendency of research respondents to provide responses reflective of positive social attitudes/practices rather than their true feelings. The likelihood of bias increases where there is a power dynamic between researcher/respondent and where the scope of the study involves socially sensitive issues.

3. FINDINGS

3.1 CHILDREN LIVING IN INSTITUTIONS

3.1.1 Current location and location of origin

The situational analysis was conducted in all the listed and identified (registered and unregistered) institutions in Murang'a County across eight sub-counties. In addition to the institutions identified by DCS, through SSIs with chiefs and a desk review, the research team identified an additional eight institutions which reportedly provided residential care for children. The team visited the identified institutions, confirming the existence of one Special Therapeutic Facility (STF) for children with cerebral palsy and one additional unregistered and privately-run CCI. Four institutions were deemed not to fall within the scope of the present assessment,⁶ while the remaining two cases were referred to statutory authorities for further investigation (see Annex C).



Map: Number of institutions by sub-county

The assessment revealed that at least 635 children/youth (352 boys and 283 girls) live in 19 institutions across seven out of the eight sub-counties in Murang'a.⁷ While there are currently no institutions in Kangema sub-county, one local chief stated that “there is a hope for a CCI because there is a donor from France who has already bought land in the area to support vulnerable children and elderly in the area” and reported seeing “donors moving around with their cars.”

Murang'a East sub-county recorded the highest number of institutions (5) with a total of 272 children (159 boys and 11 girls), representing 43% of the total number of children in institutions in Murang'a County. The large number of children in the sub-county is explained by the presence of a government-run institution with 146 children reported, more than five times the average number of children in all

⁶ The research team visited four additional institutions largely identified by chiefs. The status of these institutions was concluded to be as follows: (i) a mixed day and boarding school which is not registered with the Ministry of Education; (ii) a private home of a woman who, contrary to reports, did not have any children in her care; (iii) a vocational and rehabilitation centre; and (iv) a school for children with special needs.

⁷ One unregistered institution in Kigumo sub-county was closed by DCS following the collection of data from the institution. Five of the children residing there were reunified with families, while the remaining children, according to DCS CCO, were transferred to another institution in Murang'a East. The team further noted that Respondents and media reports also confirm the closure of an institution at the end of 2018 following allegations of sexual abuse committed against children in the institution.

other institutions. Murang’a South, while hosting the second highest number of institutions (4) – all of which are privately run – only hosts 13% of the children in institutions.

19 institutions in 7 out of 8 sub-counties



The majority of the children (499) placed in institutions in the County are from Murang’a County itself, while only 136 have been placed from other counties (see Annex D). Most children who come from outside the County reside in Murang’a East (68), followed by Murang’a South (38). On the other hand, a smaller proportion of children from outside Murang’a County are placed in institutions in Kandara (7%), Kahuro (12%), Mathioya (12%), Gatanga (17%), and Kigumo (16%). Children from outside the County account for one quarter of all placements in Murang’a East and nearly half of all placements in Murang’a South (41%). This may be explained by the fact that Murang’a East is the most urbanised sub-county and includes Murang’a town, the capital of the County. In Murang’a East, a state corporation, which operates institutions across the country, also runs an institution.

The SCI is similarly located in Murang’a East, serving also Kirinyaga and Embu counties. As reported by SCI staff, the institution has previously admitted children from Tanzania, most of whom have physical disabilities and are victims of forced begging/trafficking. AACs also noted with concern that the “remand home is mixing the child offenders with those who need care and protection and also those with disabilities.”

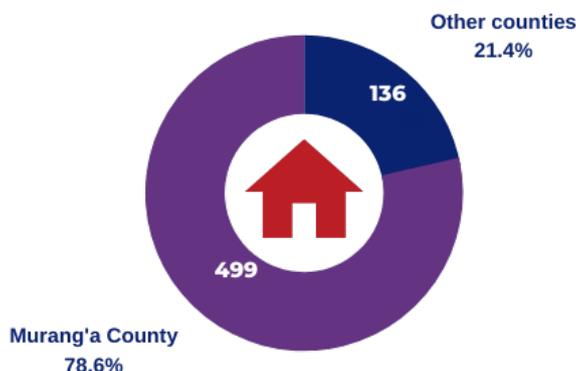


Figure: Origin of children in institutions in Murang’a

Excluding the large government-run institution in Murang’a East, which reported 146 children, the STF (27), and the SCI (39), the average number of children across all other 16 institutions is 26. Of those institutions, eight institutions are small (between one and 25 children), seven are medium-sized (between 25 and 50 children), while one CCI reported more than 60 children. Of the small-sized institutions – all of which are privately operated and unregistered – only two institutions reported under 10 children and one under 20.

One CCI in Kigumo sub-county reportedly operates a second institution in Kwale County while one institution registered as a CBO in Murang'a South sub-county has purchased land and will be moving its operations to Embu County, despite the fact that none of the children placed in the institution come from Embu, with most coming from Murang'a and Kirinyaga counties. In addition, one unregistered institution was closed by DCS in Kigumo sub-county during the assessment but following the collection of data from the institution, with 14 children transferred to another institution in Murang'a East and five reunified with their families.

3.1.2 Age, gender, and disability

More boys than girls live in institutions across six of the seven sub-counties, with only Gatanga reporting more girls than boys. Although more boys than girls live in institutions, the data collected does not explain factors contributing to this difference.⁸

Among the 635 children, 50 reportedly have disabilities, accounting for 8% of the surveyed population. Half of the children with disabilities living in institutions in Murang'a County reside in a Specialised Therapeutic Facility (STF) for children with Cerebral Palsy (CP), accounting for 4% of all children with disabilities in institutions in the County.

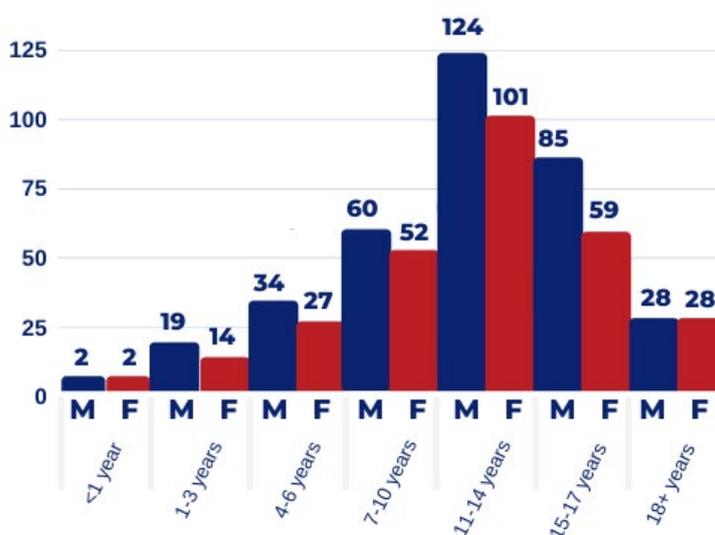
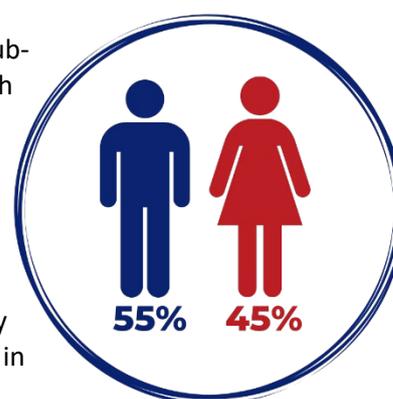


Figure: Children by age and gender living in institutions in Murang'a

Most children living in institutions (481) are between the ages of 7-17 years. The most common demographic of a child in an institution in Murang'a County is a boy aged between 11 and 14 without a disability. Children below one year of age account for only 1% of the total number of children

⁸ Notably, only two institutions in Murang'a County included gender as a requirement for placement. Girls are reportedly treated better than boys in institutions and in some institutions, caregivers are joined by their own children who are treated better than the children in the institution. One careleaver offered an explanation for there being more boys than girls in institutions across the County, suggesting that issues pertaining to the boy child are neglected and therefore unattended to, thus leading to placement in a CCI. However, the majority of careleavers recognised the benefits of reintegrating children in families, stating that children "feel parental love" when staying with relatives, boosting their confidence and enhancing social and interpersonal skills.

institutionalised in the County, with all four children in this category in one institution in Murang’a East. A significant number of children (56) are over the age of 18, accounting for 9% of the total number of children in institutions in Murang’a County.

SUB-COUNTY	NO. OF CHILDREN			% OF CHILDREN	NO. OF INSTITUTIONS
	BOYS	GIRLS	TOTAL		
Murang’a East	159	113	272	43%	5
Murang’a South	47	35	82	13%	4
Mathioya	41	33	74	12%	2
Kahuro	36	30	66	10.39%	3
Kandara	39	22	61	9.61%	1
Gatanga	17	31	48	7.56%	2
Kigumo	13	19	32	5.04%	2
Kangema	0	0	0	0%	0
TOTAL	352	283	635	100.00%	19

Table 2: Distribution of children living in Murang’a institutions across sub-counties.

Responses across all stakeholders suggest that most children in institutions in Murang’a County have families and many children in institutions maintain some contact with their families, either immediate or extended. While in the institution, most careleavers reported a lack of parental love and care, with one careleaver stating, “deep down I wish I had a family”. Loneliness, low self-esteem, and discrimination in school are among the challenges reported by careleavers. A lack of personal identity and autonomy was also raised by some careleavers: “In the families children get what they want and can use alone, but in the CCI everything is shared.” In one institution, children were reportedly “overworked” by housemothers.

“CHILDREN ARE OFTEN MEDITATING ABOUT THEIR PARENTS, WHAT HAPPENED AND LONELINESS. CHILDREN UNDER CARE IN CHILDREN’S HOMES USUALLY MISS THEIR FAMILIES.”

–HOUSEPARENT, MATHIOYA SUB-COUNTY

Others spoke fondly of the institutions they attended compared to life with their families, noting neglect, abuse, child labour, discrimination, and exploitation at the hands of extended family members, most of whom struggle to provide for basic needs as a result of having to provide for other children in the household. Frequently, biological children are favoured overstep-children or children

taken in from extended family who have lost one or both parents. In that sense, for some careleavers the CCIs represent a source of security, stability, and attachment.

3.1.3 Reasons for admission

Respondents indicate that poverty is the main reason given for the institutionalisation of children in Murang'a County, followed by parental neglect, family separation or breakdown, the death of one or both parents, and lack of access to basic services such as education and health. Reflecting a widely held view, the CCO in Murang'a County reported poverty and parental neglect or irresponsibility as the main reasons for admission. SCCOs reported that abandonment, disability, illness of parents (especially HIV), parental negligence/neglect, abuse (physical, emotional, and sexual), family breakdown, child marriage, and early pregnancy as reasons for admission. Children of parents in conflict with the law or incarcerated are also often admitted to CCIs.



Figure: Top 10 reasons for admission to institutions as reported by all respondents

One SCCO noted that “some parents are comfortable with the children in the homes since the government is supporting them.” There was also a sense that CCIs themselves sometimes play a role in attracting admissions from families who are experiencing poverty. The CCO stated that “some managers of the CCIs create a ‘good environment’ for the placement by at times moving around soliciting for children to help them obtain donations which are not necessarily meant to help these kids.”

“POVERTY HAS BEEN A KEY CONTRIBUTOR OF CHILDREN BEING PLACED IN CCIS. PARENTS SEE THE NEED OF TAKING THEM TO CHILDREN’S HOMES, AS 3 MEALS A DAY IS GUARANTEED AND ALSO EDUCATION AND SHELTER.”

–FGD COMMUNITY, MARIIRA LOCATION

Most of the parents/guardians who were interviewed reported placing their child(ren) in a CCI after being unable to provide for their basic needs. Many noted that they lack financial stability and depend

on irregular or casual labour for livelihood. One parent noted that she loves her child but that the CCI offers a chance for a “brighter future”. In two separate cases, guardians to children of their deceased siblings noted placing children in an institution since they already had other children which they struggled to support. One respondent stated that she would “willingly take them back to reside at their deceased grandmother’s home where she may struggle to help them in collaboration with well-wishers.” One mother noted that she brought her child to the institution nine years ago after she was remarried.

“IF I WAS TO DECIDE, I WOULD HAVE LOVED TO TAKE CARE OF THEM MYSELF, BUT NOW MY HUSBAND IS THE HEAD OF THE FAMILY. IF I COULD HAVE BEEN ALONE NOT MARRIED I COULD HAVE TRIED TO TAKE CARE OF THEM WITH MAYBE EDUCATION SUPPORT.”

**–PARENT OF CHILD IN INSTITUTION,
KAHURO SUB-COUNTY**

These sentiments were echoed by careleavers, who overwhelmingly cited the inability of families to provide for their children and the discrimination and rejection from extended families they faced as a result to be among the factors leading to admission. A careleaver who lived in an institution in Kahuro sub-county reported that orphaned children are admitted to institutions because “relatives are not able to help them” or a child is not accepted by a stepparent. One careleaver reported that it is community leaders who advise parents and families to institutionalise children as “most vulnerable families do not know about the CCI.” Access to education and food security at home was a key issue raised by all careleavers. One careleaver in Gatanga sub-county noted pressure from extended family to get married. Careleavers in Murang’a South and Mathioya sub counties reported neglect of parental responsibilities and children living on the streets as factors. Other factors reported by careleavers include abuse and truancy, with one careleaver noting that children are sometimes placed in institutions to “improve their behaviour”.

All stakeholders agreed that poverty was a primary factor leading to admission. Among the many examples, one CHW stated that families “struggle to meet the basic needs which include food, shelter, clothing and education, hence opt to place the children at the CCI.” Families struggling to care and provide for children reportedly sometimes place their youngest child in an institution. Stakeholders also considered orphanhood one of the main reasons for placement, with children who are orphaned often left with family members (e.g. aunts/uncles) or elderly grandparents who struggle to provide for them and often have other children to care for. Inheritance was also raised by one NGO in Gatanga sub-county which noted that extended “family may think the child will inherit his parent’s wealth and decide to place them in the CCI.”

CCIs are often seen as a way out of poverty. At the same time, there is a “dependency syndrome” among some families which regards the CCI as a source of hope and possibility. As one social worker remarked, “parents find it comfortable placing their children in the CCI because they feel there are

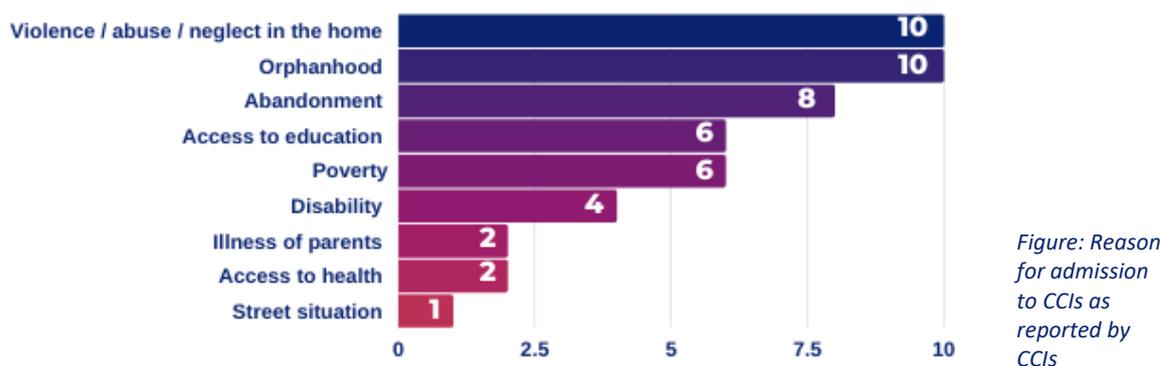
many opportunities in the CCI.” Some respondents pointed to an information gap, suggesting that parents and guardians who consider sending their children to CCIs are not well-informed about the institutions and their long-term effects on children. To counter this, more and better information should be made available in communities as well as strengthening families to prevent separation and improving access to existing poverty alleviation mechanisms such as cash transfers. Choice is also seen as a key factor. In the words of one social worker, “institutionalisation is a choice because there are families who are poor but stay with their children.”

All respondents across all categories of stakeholders expressed concern over the status of the family in communities across Murang’a County. Family breakdown was consistently reported as a factor, with children in the care of single parents or stepparents more likely to end up being placed in an institution. Violence in the home (physical and sexual), typically committed by family members, as well as misuse of alcohol, were also reported as principal drivers towards institutionalisation across all respondents. Child marriage and early pregnancy were reported by chiefs and social workers.

Stigma was also reported among stakeholders in relation to children born because of rape/incest or where children have disabilities, leading to placement in an institution. One social worker in Gatanga stated, “in case a child has a disability, some families do not want to associate with them and at times hide them and will decide to take them in the CCI.” Children of parents with disabilities are also institutionalised as the parents are either presumed to be unable to care for their children or lack the support to do so.

3.1.4 Responses of managers and staff

Of the 18 CCIs in Murang’a, violence, abuse, and neglect as well as orphanhood were reported by institution managers and staff as reasons for children’s admission, with 10/18 institution managers/staff noting receiving children for these reasons. Abandonment (8/18) was closely followed by poverty and access to education (6/18), disability (4/18), and lack of access to health services and illness of parents (2/18). While only one manager referred to children living in street situations as reported in the figure above, qualitative data collected from other staff indicates that three institutions admit children in street situations. The SCI in Murang’a reported only receiving admissions for children in conflict with the law, truancy, or who are victims of child labour, trafficking and/or forced begging. One privately-run institution is for pregnant girls who remain in the institution until they are close to their delivery date or shortly thereafter.



Most institutions in Murang’a reported that they do not admit children with disabilities as they lack the facilities, with some referring children to institutions in other counties. For children with disabilities, stigma as well as a lack of therapy services, poor diet, and absence of suitable caregivers at home lead to their admission. In one institution for children with disabilities, neglect, child abuse and abandonment are among the reasons cited for admission.

Poverty and lack of access to essential services are among the primary reasons reported by institution staff. According to most respondents, children are placed in institutions so they can get essential services families are unable to provide. This was attributed, in part, to the lack of employment opportunities in Murang'a. One institution manager in Kandara sub-county noted that casual employment leads to poverty, family separation and neglect. In Murang'a East, one manager noted that children are neglected, especially by young single mothers, relocating to cities in search of employment and leaving children behind.

Most institution managers and staff referred to the evasion/abscondment of parental responsibilities as a leading factor contributing to admission, a sentiment strongly echoed across all respondents. KIs and FGDs with institution staff revealed family breakdown to be among the key factors, noting that children of parents who are separated/remarried are more likely to enter care. For instance, one manager in Mathioya sub-county reported "a case where the father married a wife with 4 children and told the wife she needs only one – so the others were brought here. That's why I decided to enroll them though their parents are alive."

Relatives of children who have been orphaned will often place a child in a CCI as they are unable to provide for the child. One CCI Manager in Gatanga reported that families "cannot handle" large numbers of children, especially orphans – "they will see such orphans as outsiders and place them in the CCI." Inheritance was also raised by one manager in Murang'a East who stated that boys are often neglected and abandoned by extended family because of future demands of property inheritance.



3.2 INSTITUTION PROFILES

3.2.1 Registration status

As noted above, one institution surveyed is a SCI pursuant to the Children’s Act, while one institution is operated by a state corporation.⁹ One of the institutions identified during this assessment is an STF for children with CP in a hospital and registered with the Ministry of Health (MoH). Privately-run charitable children’s institutions account for the largest proportion (84%) of institutions in Murang’a County. Of the 16 privately run institutions, only nine had ever registered through the NCCS by the time this assessment was conducted. Out of the nine registered CCIs, only two (22%) CCIs had reportedly renewed their registration at the time of the assessment.

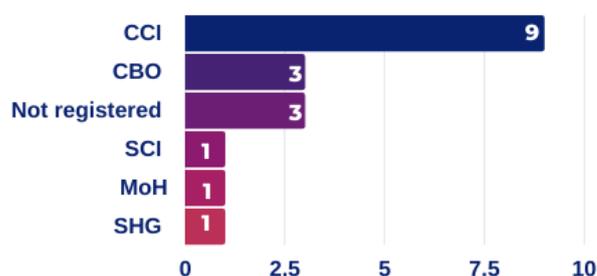
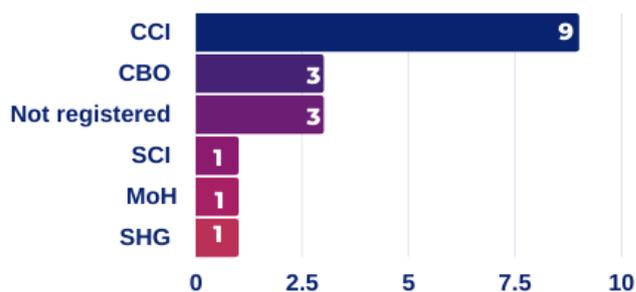


Figure: Registration status of all institutions in Murang’a

Out of the seven remaining institutions identified, three were registered as CBOs, one as a SHG, while three institutions operated and provided care for children but did not hold any valid registration with any government body. One manager of an institution in Gatanga, which has operated since 2008 and holds no registration at all, reported that she was “prepared to close the institution in December 2019” as instructed by DCS following the recommendation of the AAC. She stated, “after all, I only receive 2,000,000 KSH from my donor and other support from well-wishers.” Another CCI in Kahuro sub-county was not registered as a CCI at the time of the assessment exercise because it failed to meet the required number of children in its care to be registered, although DCS was aware of its being in operation.



⁹ Legal Notice No. 58 of 2014 was published under the State Corporations Act, Cap 445 creating a state corporation known as the Child Welfare Society of Kenya.

Most institutions have roots in Murang’a County while only three institutions have been in existence for less than five years. The STF, for instance, has only been open for more than one year while the SCI and institution run by the state corporation have operated in Murang’a County for 23 and 20 years, respectively. More than six institutions have reportedly been in existence for more than 20 years. Two CCIs have operated for 41 and 51 years, respectively, and are also funded by the County government.¹⁰ The deep entrenchment of institutions and support by government is a likely contributing factor to the placement of children without consideration for more appropriate family and community-based care placements within the community.

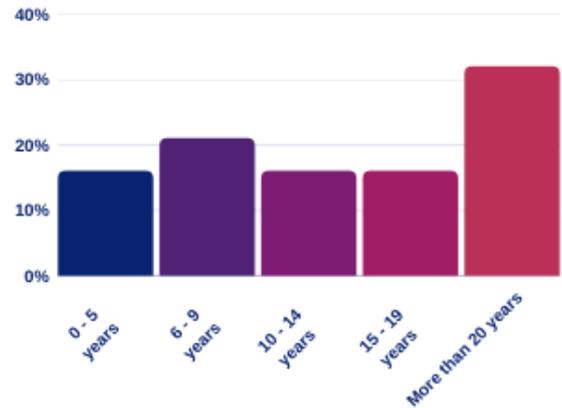


Figure: Length of time institution in existence

3.2.2 Purpose of establishing the institution

Respondents were asked about the objectives of their institutions and the general purpose for which they started the CCI. Most of the institutions (56%) reported being established for the purpose of providing basic needs to neglected, abandoned, orphaned and vulnerable children (including shelter, food and clothing), while 39% reported being established to provide education support to orphans and vulnerable children. Only one institution (5%) reported being established with the purpose to rescue, rehabilitate, reintegrate and re-socialise street boys. Other reasons included providing basic needs of HIV/AIDS orphans and children most at-risk.

The SCI was established to provide custody for children in conflict with the law while the state corporation was established to “promote, protect and secure the rights of children and young persons in order to realise their full potential”. Two of the institutions surveyed provide care for particular purposes. One is a government-run STF for children with cerebral palsy which was established “to help parents ease the burden of children in the unit so that they are set free to find a living.” The second is a privately-run institution for pregnant girls who remain in the institution until they are close to their delivery date or shortly thereafter, and also to prevent the termination of pregnancy. The social worker at the institution noted that “instead of a mother aborting we just take in the child.”

“YOU NEED TO PROBE CCI MANAGERS TO ESTABLISH WHY OR WHAT WAS THEIR OBJECTIVE TO START THE CCIS, TO HELP CHILDREN OR THEMSELVES? PRIVATE CCIS – THEIR MAIN TARGET IS TO GET DONORS TO FUND THEIR LIFESTYLES BUT NOT TO HELP CHILDREN, MOSTLY IT’S A BUSINESS. THEY MOVE AROUND ASKING IF THERE ARE VULNERABLE CHILDREN TO ENROL. MOST CCIS HAVE FUNDS BUT THEY ALWAYS APPLY FOR CDF BURSARY FUNDS IN THE NAME OF ORPHANS.”

– COMMUNITY FGD, MATHIOYA SUB-COUNTY

¹⁰ The two CCIs funded by the County government were among those registered with NCCS but held expired registrations and had applied for renewal of certificates at the time of this assessment.

Contrary to these responses by institutions, other stakeholders expressed concern that some institutions in the County are actively recruiting children and may be operating for the purposes of financial or other gain. Contrary to the response of one institution in Kahuro sub-county, a chief from the same sub-county reported that “children were directly recruited from families” and that the institution was established for the purpose of “grabbing public land”. In one FGD, references to trafficking were made: “some of these homes have been the hub for child trafficking where children are monetised and exploited for money which harms these children and hampers their development. Some of the homes are businesses only for personal gains.” Similar sentiments were shared by a number of community members more generally. During another FGD with community members in Gatanga, participants stated that “children are perceived as business for individuals who want to become rich.”

3.2.3 Services provided within the institution

Services provided within institutions in Murang’a County are diverse and sometimes depend on the initial purpose for which the institutions were established. Services offered within the CCIs include counselling and psychosocial support, religious services, early childhood education (ECD), life skills, exit planning and support to the biological family. Two CCIs (Murang’a East and Murang’a South, respectively) offer primary education within the institution, while the institution in Murang’a South also offers both secondary education as well as primary healthcare. The SCI in Murang’a County offers legal services, psychosocial support and exit planning. It was also reported that children in the SCI do not access education for the period they stay in the institution. All other services are sought from outside the SCI. On the other hand, a number of services were sourced from outside the institution such as public primary and secondary education, health services, legal services, vocational training, bursaries, support to biological families, psychosocial support, and internships or employment opportunities.

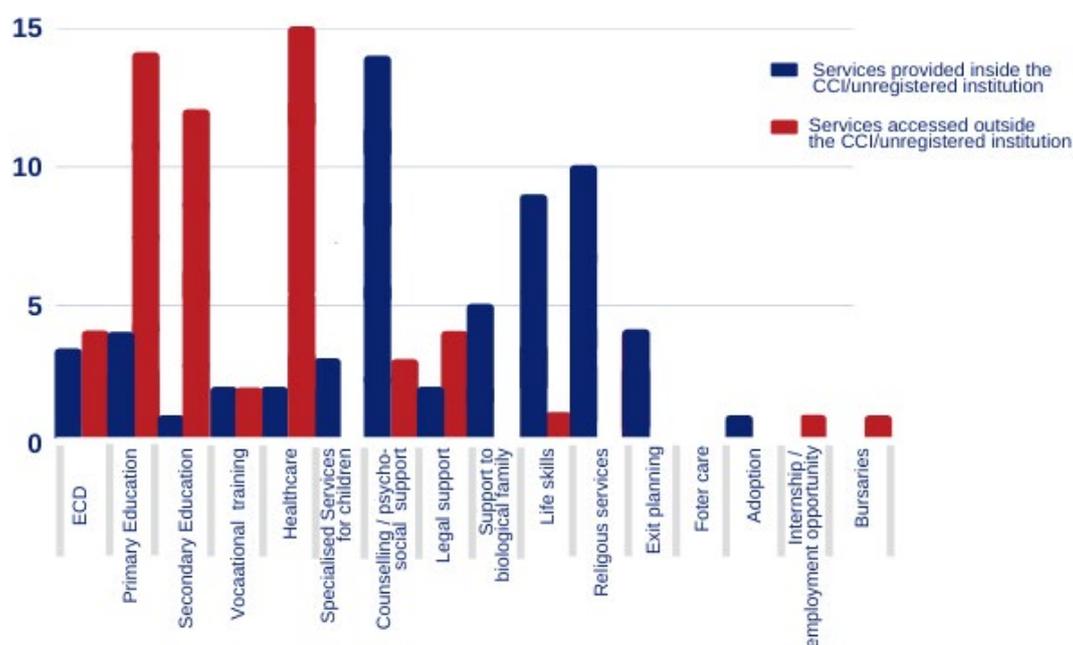


Figure: Services offered inside and outside institutions in Murang’a

The services offered by institutions in Murang’a County for children who are preparing to exit care for reintegration or placement into an alternative family-care situation include educational support, uniforms, bursaries, counselling and psychosocial support, financial support, supervised visitation by family members, linkages to internships or employment, and vocational training.

3.2.4 Sources of funding/support

Overall, 28% of all institutions receive some form of funding from government. The SCI and the state corporation are funded by the national government, and sometimes receive support from local churches and community members while the STF is funded by the county government, which also reportedly provides support to two other privately-run CCIs.

The majority of the 16 CCIs and other unregistered institutions are funded by individual donors and sponsors (88%), followed by foreign churches or FBOs (31%), income-generating activities (19%), and funding from grants and foundations (6%). Seven institutions (43%) rely solely on support from individuals and sponsors while eight institutions (50%) with mixed forms of income have income generating programmes to supplement other forms of income, most of which include livestock, agriculture and horticultural activities.

Some institutions noted receiving funding from several countries, with 38% of the institutions in Murang’a receiving funding from various sources abroad, including the United States and one from Ireland. Two of the unregistered CCIs reported being registered in the United States (one of which, as reported by a local chief, recruits children from families). One careleaver confirmed, “[foreign volunteers] do help support the CCI [to ensure] there is no misappropriation of funds since they follow up. Donors came from USA, Canada, Italy, Germany and New Zealand.”

A total of 16 (84%) of the institutions in Murang’a County are receiving community support (businesses and individuals) in the form of clothes, food, furniture, financial support, and spiritual support. For instance, one institution in Mathioya sub-county receives support from a local branch of an international bank to build structures and purchase water tanks while another in Kandara received support from a local company to construct a library.

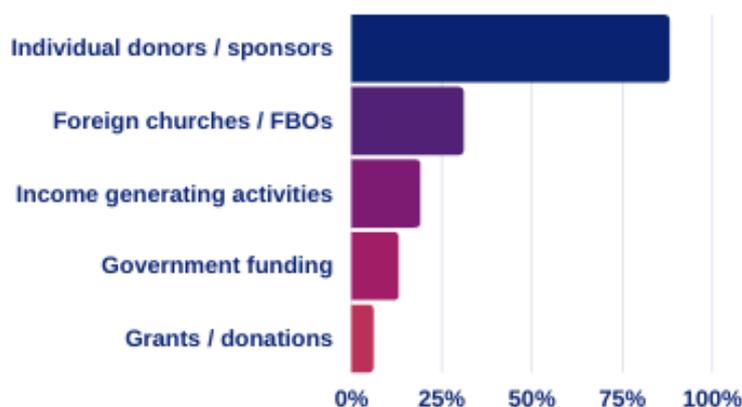


Figure: Sources of funding across institutions in Murang’a

One careleaver reported supporting the institution, stating: “we are currently supporting, and the challenges are no longer there. Over 100 alumni are supporting the home, where we meet and buy

foodstuffs for the children.” One SCCO stated that “donors should be approached and cautioned against funding the CCIs.”

3.2.5 Property Ownership

Of the CCIs (registered and unregistered), the majority (84%) reported owning their properties, while only three (16%) rent the properties used to provide institutional care for children. Most of those institutions which rent property are unregistered. The data indicates that 11 institutions (7 CCIs and four unregistered institutions) are owned by individual founders, one CCI and one unregistered institution are owned by churches, and three unregistered institutions are owned by the board of trustees of a CBO. One registered CCI operates on property reportedly owned by the County government. The state corporation owns the property on which it operates. Twelve of the CCIs institutions were reported to be located in the initial places where they were constructed when they started their operations. Out of the remaining institutions, two CCIs started operating in Nairobi, while four CCIs were initially located at different places within their current sub-county of operation in Murang’a County.

3.3 WORKFORCE

The data collected on the total workforce in Murang’a County revealed that there were 157 (63 male and 94 female) staff employed in the 19 CCI/SCI/STF in Murang’a County between May-July 2019. The data on employment status shows that 78 were employed on a permanent basis, 35 were contracted and 44 were employed on casual terms.

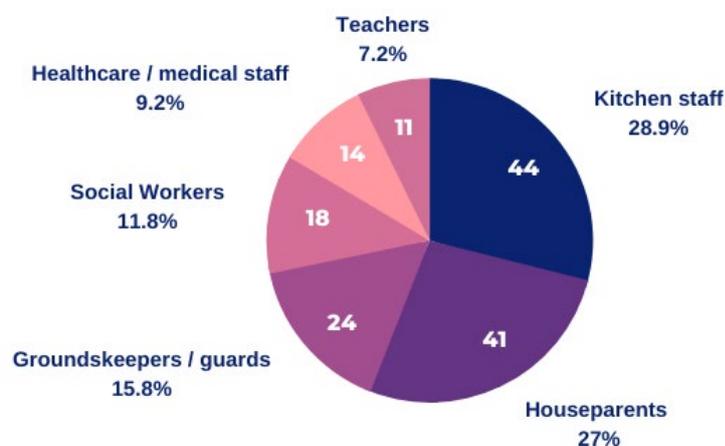


Figure: Workforce employed by Murang’a Institutions

The data collected on workforce revealed that there were 157 (63 male and 94 female) individuals employed in the 19 institutions in Murang’a County between May-July 2019. In terms of employment status, 78 were employed on permanent terms, 35 on contractual terms, and 44 on casual terms. The mean ratio of staff to children in Murang’a County as at May-July 2019 stood at 1:4. The graph above shows the diverse range and distribution of work roles in institutions, reflecting the potential that could be utilised in a transformed care environment which focuses on family- and community-based care.

3.3.1 Social workers

The data revealed that there were 18 social workers employed in institutions across Murang’a County. The SCI and STF do not employ social workers while the State Corporation employed three social workers. In the State Corporation, the ratio of social worker to child was 1:49. The remaining 15 social workers were employed across 14 CCIs. Based on 489 children identified in the 15 institutions with a social worker, the average ratio of social worker to caseload in all institutions was 1:33. Two institutions had ratios of 1:6 and 1:7, respectively, while the remaining institutions ranged between 1:11 and 1:39 with a mean ratio of 1:30. No social worker was reported in the STF. All social workers in the State Corporation reported having academic qualifications, while 12 social workers (80%) in CCIs held relevant qualifications

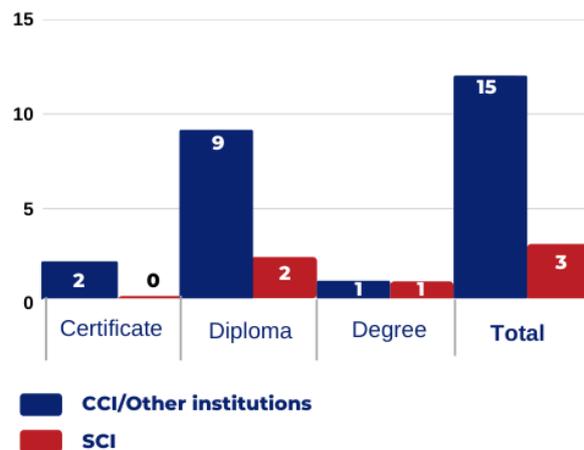


Figure: Number of social workers and level of education across all institutions in Murang’a County

3.3.2 Other caregivers and staff

The analysis revealed that all institutions in Murang’a County have at least one houseparent. The SCI reported having four houseparents (2 male and 2 female) caring for 39 children (a ratio of 1:10) while the State Corporation reported three houseparents (all female) caring for 146 children (a ratio of 1:49). The STF employs three houseparents (one male and two females; a ratio of 1:9), only one of whom has received training. The remaining 31 houseparents (three male and 28 female) were employed across 16 CCIs. The average ratio of caregiver to child for the 16 CCIs (registered and unregistered) was 1:17. Out of these institutions, only five met the minimum standards with a ratio of caregiver to child of 1:10. The remaining institutions had a caregiver to child ratio between 1:14 and 1:30. All three houseparents in the State Corporation were reported to have received pre- or in-service training in child care, while only one houseparent was trained in the SCI. Only 11 of 31 houseparents in CCIs were reported to have received such training.

The research team identified more healthcare/medical staff compared to teachers. This is explained by the fact that the STF employs 11 health workers as compared to only one and two health workers employed in one CCI and the State Corporation, respectively. Eleven individuals (one male, 10 female) were employed as ECD teachers across six institutions. Despite reports that children in the SCI do not attend school, no teachers were employed within the same institution. There are no teachers employed in the STF.

3.3.3 Volunteers

Twelve institutions reported receiving either local or international volunteers or interns. However, most of the volunteers were locals, referred from schools, colleges, universities, friends, and churches. Volunteers or interns offered their services between three and six months. Nine institutions reported accepting volunteers, either local or foreign, with duration of stays between one day and five months, depending on whether the volunteer is local or foreign. The manager in one institution in Murang’a South reported that volunteers typically stayed for three to five months, the majority being university students who volunteer to wash clothes and clean the compound. Another institution, while having no volunteers at the time of the assessment, reported receiving local volunteers as well as a team of

15 to 20 foreign volunteers every month, usually from the United States, Poland, or Germany. No difference was observed in the practice of engaging volunteers between those institutions registered as CCIs and those who do not hold proper registration with NCCS.

Two CCIs and the SCI reported that they offer training to volunteers before they start interacting with children, while nine CCIs and the SCI reported that they ask for travel and background documents from volunteers. Nine CCIs and the SCI reported that they give guidance to volunteers on how to work with children. While in the institution, volunteers play with the children, tutor them in subjects (e.g. mathematics), provide religious instruction/guidance, provide medical treatment, cook, clean the institution/wash clothes, or engage in community projects. All institutions reported that duties were distributed based on the volunteers' experience/field of study. Researchers were introduced to a foreign volunteer at another institution who was to stay for two weeks and received reports from the manager of that institution that local volunteers assist with washing clothes and cleaning dormitories. Another institution reported relying only on local volunteers with expertise like nursing who come once a month to counsel girls. One chief reported that CCI volunteers also support "development projects" at a local school.

3.4 GATEKEEPING

Gatekeeping involves strict procedural safeguards to identify the best interests of the child before taking certain major decisions related to their care and protection. The primary objective of gatekeeping is to prevent separation, in some cases, and divert children from entry into the formal care system (i.e., into any care situation in which the child's placement was made by order of a competent authority).¹¹ Secondly, gatekeeping aims to ensure that a proactive approach is taken in seeking reunification options for children already in the formal care system. In countries where there is an overreliance on residential care, gatekeeping helps to restrict the flow, or "block" the entry, of children into residential care, as well as support children's timely exit from residential care back to family-based care. Gatekeeping should be thought of not as a one-time event, but as a sustained process of referral, assessment, analysis, planning, implementation, and review that determines ongoing decision-making about the best types of care of children.¹²

Stakeholders were asked about the current practices and services around the prevention of separation and gatekeeping. Overall, a limited number of preventive practices were identified, pointing to the need for greater community sensitisation and awareness-raising. However, where prevention practices are in place, either formal or informal, it is clear that chiefs and assistant chiefs play a central role in prevention, in collaboration with frontline service providers such as children's officers, police, health workers, community leaders and teachers.

The sharing of information in relation to family separation and breakdown is reported a key factor in cases of successful prevention. Chiefs in one sub-county have a WhatsApp group which they use to notify each other in case of a lost child in their locations. This has reportedly reduced the number of children taken to institutions. Many chiefs reported that they undertake family tracing or family reconciliation actions before reporting cases to the police and notifying DCS, and some reported that they investigate the possibilities of alternative care such as foster care or kinship solutions. Another chief reported that children are sometimes not placed in CCIs when they have medical issues or disabilities due to community support for education and the purchase of wheelchairs. Six chiefs explicitly referred to the training on care reforms given by Stahili and CTWWC at the start of the

¹¹ Better Care Network, *Toolkit Glossary of Key Terms*, 2019, retrieved from <https://bettercarenetwork.org/toolkit/glossary-of-key-terms#D>.

¹² Better Care Network and UNICEF (2015). *Making Decisions for the Better Care of Children*. Retrieved from [https://www.unicef.org/protection/files/UNICEF_Gatekeeping_V11_WEB_\(003\).pdf](https://www.unicef.org/protection/files/UNICEF_Gatekeeping_V11_WEB_(003).pdf).

mapping exercise as a factor which has led them to reconsider or even change their practices in favour of enhanced prevention before referring cases to the police and DCS.

One assistant chief described how the headteacher of a primary school had played a crucial gatekeeping role in preventing children from being admitted to CCIs by working with local well-wishers, chiefs and children's officers in cases of child abandonment, neglect, family separation or the death of parents "to help the children so that they remain in the community, and also be able to attend school regularly." There were also many examples of chiefs and assistant chiefs intervening to mediate with families at points of family crisis and possible separation to find local solutions within extended families so that children are not sent to institutions.

During the assessment, Stahili identified 54 NGOs/CBOs/SHGs providing various services ranging from education bursaries to family livelihood support, health care and improving access to cash transfers. This grassroots civil society support network could be a potential gatekeeping resource for preventing institutionalisation and strengthening family-based care. The full scope of activities and reach of the service providers should be the subject of a separate county-level study.

3.4.1 Referrals for admission

Of 159 case files that were reviewed in Murang'a CCIs/SCIs, 105 files (66%) contained some form of referral documentation (i.e. Committal Order, referral letter from chief, Occurrence Book number from police or parental consent). Conversely, 54 files (34%) did not contain any referral documentation. Only 30% of the case files contained court orders. Referrals from chiefs accounted for 28% and took the form of a letter and 7% contained referrals from the police. The research team observed one committal order, committing a child for 14.5 years to an institution in Murang'a South which is registered as a SHG.

Of those files which did not contain referral documentation, children were referred as follows: 22% through a referral letter by the SCCO seeking temporary shelter for the child; 11% by way of a referral letter from a religious leader; and 2% through other mechanisms including referral from City Council of Nairobi. Some children were picked up direct from the streets of Nairobi and placed in one institution. Several chiefs reported particular difficulties in dealing with cases of street-connected children, referred to informally in some areas as "chokora", as they often come from outside the location or have been on the streets for some time. Family tracing is considered more challenging with these children, making referral to the police and resort to a CCI more likely. Several chiefs said that street children should be the first priority group in the care reform process.

3.4.2 Duration of Stay and exiting institutions

Within Murang'a County, the reported duration of institutionalisation varied between the SCI and CCIs. The median duration of stay for children reported by the State Corporation manager was 6-10 years, whereas the median stay for children living in CCIs was 3-5 years. It should be noted that the information provided on the length of stay in the SCI was inconsistent among respondents. The median stay in the SCI as reported by the manager was inconsistent with that of the social worker who reported that most children remain in the SCI for six months to three years, depending on the crimes they have committed.

While under the National Standards children should not remain in institutions for more than three years, cumulatively 409 of the 635 children in the institutions in Murang'a County have stayed in the institutions for three years or more.

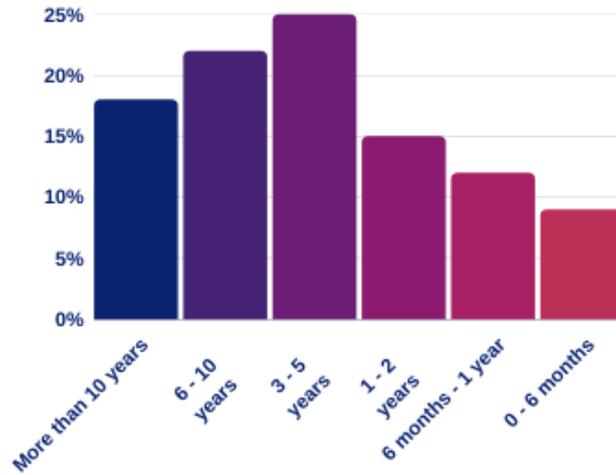


Figure: Duration of stay of children in institutions across Murang'a

In Murang'a East, 91 children had stayed in the CCI between seven to 10 years, translating to 33% of the children in Murang'a East. At the same time, 23% of children in Murang'a East had stayed in the institutions for more than 10 years. In Murang'a South, the majority (52%) of children had stayed between 3-5 years and no child was reported to have stayed for more than six years in the sub-county. This may be a result of exit plans put in place by two CCIs in Murang'a South, thereby reintegrating children back to their families upon completion of primary education. In Kahuro sub-county, the majority (67%) of children were reported to have stayed in the CCI for 3-5 years, while 21% of children reportedly stayed for more than 10 years. In Kandara sub-county, 23% of children stayed between six months and one year, while 21% of the children had stayed for more than 10 years. In Gatanga sub-county, 50% of children had stayed between 6-10 years while 29% were reported to have stayed for more than 10 years. In Kigumo sub-county, the majority (47%) of children were reported to have stayed between 3-5 years. However, it was reported that no child in the CCIs in Gatanga sub-county had stayed for more than six years.

In the last three years, a total of 689 children left institutions in Murang'a County. Of the 689 children who left institutions during that period, 123 (18%) exited from the SCI and 566 (82%) exited from CCIs. Notably, no children exited the STF in the last three years. The majority of children exiting the SCI in the last three years were reintegrated into families (81%), while 19 children were adopted domestically (16%) and a small proportion exited for independent living (2%).

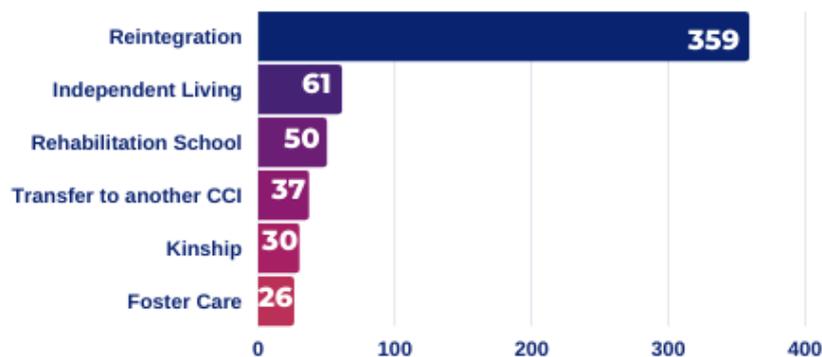


Figure: Placement of children who exited Murang'a CCIs in the last three years

Of the 566 children who exited from the state corporation and 16 other privately-run CCIs, most children (63%) were reunified with their families, while 11% transitioned to independent living. Some children were placed in other forms of alternative care, with 7% of children transferred to another CCI/SCI or a rehabilitation school (9%). The remaining children were placed in kinship (6%) or foster care (5%), while three children left care without an exit/transition plan.

One institution in Murang'a East sub-county noted that they exit children for four reasons: withdrawal of the child by the parents/guardians; withdrawal by children; withdrawal/death of donor; or when a child attains a first degree. In the STF, staff noted that there are no exit plans since children "can't access the services from where they come from."

DCS reported being involved in the reintegration process with some CCIs and not others. DCS also reported assessing potential foster families "to see if they are fit for the child before action is taken." Nearly all stakeholders except DCS and those working in or operating an institution indicated that they are not involved in the process of reintegration and have no knowledge of it. One police officer, for instance, reported that he refers cases for reintegration to DCS. Only one chief reported to have reintegrated two children back home to Kiambu County while one CHW reported minimal knowledge of the reintegration process. A small number of chiefs reported tracing families and one reported organising financial and material support through the "Man Nyari" Program on Kameme FM as well as a "reconnection ceremony."

Careleavers noted challenges in independently undertaking daily chores when they finally leave the CCI to live on their own. Others noted that they are better off than those in the community who did not live in institutions because those living in families "were never guided well". This sentiment was shared by one careleaver who would recommend placing a child in a CCI as opposed to the community, noting that the "CCI was actually a family setting, we would do what others do at home."

3.5 CASE MANAGEMENT

ALL OF SAMPLED
CASE FILES WERE
INCOMPLETE



A total of 159 child case files representing 25% of the total number of children in institutions reported at the time of the analysis were randomly sampled to avoid biases and other sampling errors. Of 159 case files that were reviewed, none of the files contained a complete set of case management forms (e.g. referral document, biodata, medical assessment on admission, child assessment including a photo of the child, family assessment, care plan, school record, case notes/monitoring). The most common item found in child files was a child photograph on admission (45%), though the research team

observed that most files did not have up-to-date photos. Other common documents found in child case files included medical assessments (29%) followed by school as well as health and medical records (27%). Child and assessments were only found in 20% and family assessments in 21% of child files, with updated care plans only identified in 15% of the child files reviewed. Other documents found include visitation records (15%) and case notes (17%). Only 2% of files contained referral forms for services or after-care.

As noted above, 66% of files contained some sort of referral document, with only 30% of files containing court orders. Of the case files reviewed, 42% contained a birth certificate while only 9% had a copy of a parental death certificate/burial permit. Other documents/information found in some case files included baptism certificates, applications for late registration of birth, guardian/parent IDs, case record sheets, case history forms, social enquiry reports, sponsorship applications, home records,

birth notifications, parent burial permits, DCS reports to court, Huduma acknowledgement slips, and Bible Society of Kenya certificates.

Managers and staff reported that most children usually go to visit their families during school breaks. As a result of gaps in record-keeping across all institutions, the prevalence and frequency of family visits to maintain/strengthen the attachment between the child and family while they are separated is unknown. This conflicts with the general principles outlined in the Guidelines for the Alternative Family Care of Children in Kenya, which assert that all efforts must be made to maintain contact between children and families.

Of the 19 institutions, 11 directors stated that they had a plan to transition their institution away from providing residential care, though when probed further about it further, these were mostly cited as child-level transition plans as opposed to institution-level transition plans.

11 out of 18 (61%)
institutions have
transition plans

3.6 PERCEPTIONS OF CARE REFORMS

3.6.1 Institution managers and staff

Among institution staff and managers there was the common perception that CCIs offer children spiritual and emotional nourishment as well as material support and education, even though among the same respondents there was often an equally clear recognition of the importance of family love and parental bonding as the preferred basis for healthy child development and growth. Generally, institution managers and staff expressed mixed reactions to care reforms and to reintegration, with some noting the benefits of allowing children time and opportunities to bond with family. Those institution managers and staff who expressed support of care reforms also expressed caution and fears, with many identifying the need for sensitisation of families, support from the government (for education in particular), and the monitoring of children in families following reunification. These fears were expressed more poignantly by those institutions which do not hold valid registration with NCCS as CCIs. One houseparent described the CCIs as a “gatekeeper to prevent crime”, suggesting that the structure, protection, and guidance of the CCI environment leads children away from a life of crime and drug addiction.

Respondents raised a number of questions to DCS, expressing trepidation about care reforms and demonstrating the need for further sensitisation. One social worker in an institution in Kahuro sub-county questioned why the government is closing CCIs when there is a “need to accommodate more vulnerable children suffering out there.” This sentiment was shared by the parent of a child in the same institution who questioned how DCS will handle cases of children with no family. Some managers expressed outright hesitation or opposition. One manager in Kahuro sub-county stated there is “nothing positive about care reforms”, noting that children will return home to the same problems which caused them to be placed in an institution in the first place.” Some reactions were more visceral. One manager in Gatanga stated that care reforms are “based on misconception that every institution exposes children to abuse. There is a misconception that people who run the CCI are all commercial. The care of orphans should be given multifaceted approach. Some are in properly monitored institutions while others are in family set up. Government should ensure that there are enough children officers to monitor the process.” Managers also noted challenges when careleavers are integrated in the community at an “old age”. Another manager responded that “the government should first start with reintegrating street children before touching children in the institutions.”

Managers also expressed their fears in relation to funding streams should they transition to family-based care. For instance, one CCI manager in Kandara stated that “donors may not support the child fully while the child is at home compared to when the child is in the CCI.” One social worker in Gatanga cautioned that “well-wishers may pay school fees direct to school” and that the CCI will be unable to provide food.

3.6.2 Careleaver perceptions

Several careleavers referred to their CCIs as family-like settings, claiming that the CCI reduced loneliness and social isolation, even though others noted the exact opposite, that CCIs can cause isolation. One careleaver from an institution in Gatanga sub-county stated, they would “advise the parents to live with their children and not to place them in the CCI. If the family is capable, they should bring up their children. If the family is not able to provide for education, they can place the child in the CCI so they get paid for school fees.” Careleavers also reported the need to empower parents and extended families to boost livelihoods to support reintegration. One careleaver stated that placing children with their grandparents is best to avoid rejection. Some expressed concerns in relation to family inheritance while others expressed fears in relation to alternative care such as foster care, noting that families may struggle to provide for a child and therefore face discrimination as compared to blood relatives.

3.6.3 Community perceptions of care reforms

There is support among key stakeholders for improving family reintegration practices as part of the care reform process if it is taken gradually and with community sensitisation. The assessment also revealed goodwill on the part of chiefs and that their sensitisation prior to the collection of data has led to fewer children being referred to CCIs and other unregistered institutions. Only one chief in Kahuro sub-county stated that placing children in alternative family and community care is not possible as families will not support them. Several questions were raised by respondents in relation to care reforms more generally, including one AAC who questioned whether care reforms are sustainable. However, several suggestions to support the process were provided by stakeholders.

“The thought of the CCI being closed. Children’s life in the community will be a struggle. Staff will lose jobs. We fear that the government is good at deciding but slow in implementation. Implementation is hard for the government. The CCI children are comfortable here. Let the government handle the street children first.”

–Manager, Kahuro sub-county

“It is not a good idea because when most of the children in the CCIs visit home during holidays they take one meal [per] day at the family level. They will lack school fees and will not be able to continue with their education.”

–Social worker, Gatanga sub-county



Resorting to CCIs is often looked down on as a failure of parenting. In addition, there is reported skepticism in families and communities towards CCIs, which are seen as potentially dangerous places where children may become victims of abuse or trafficking, or lose contact with their families and communities, with serious consequences when they leave care as young adults. As described by one ACC from Murang'a East, "when the child is taken to the CCI they may develop a negative attitude towards the family they came from."

In addition to recognising the long-term importance of close family ties to children's growth and development, stakeholders also highlighted a strong sense of responsibility among parents and guardians in keeping their children at home and building family resilience to overcome economic and financial pressures. Allied to the advantages of family togetherness, stakeholders also identified cultural identity and community belonging as important factors in not resorting to institutions, which are often far from children's family homes and lead them to lose touch with their local communities, (extended) families, neighbours and churches. Negative societal attitudes towards CCIs were also reported as contributing factors in family preservation. A significant number of participants identified feelings of shame, embarrassment and guilt felt by parents and guardians who may be considering sending a child to a CCI. The social pressure from the community not to resort to an institution is particularly acute when families are perceived as economically stable and regarded as having the capacity to care for their children. As a police officer from Kahuro reported: "Sometimes the community can disown such people [who send children to CCIs], especially if they know they were able to take care of their child, because no matter what a family is facing, the child belongs to a community." This demonstrates the need for greater community sensitisation to ensure that children are well accepted in families and communities.

Whilst there was recognition among respondents of the long-term harms of institutions, particularly when children leave care and live independently, there was also some appreciation of the role played by institutions in providing residential care to vulnerable children, particularly children from families where there is violence, serious neglect or alcoholism. They are seen by some respondents as a source of discipline, routine, stability, counselling, and fellowship, and even as a source of equal treatment

for children who have suffered discrimination. As one AAC described it, the CCI can act as a “safety net for children who are pushed out of the family setting.” CCIs are seen by many in the community as providers of necessities such as food, shelter and clothing and as facilitators of access to services such as education and health care. Overall, the opportunity to attend school regularly is seen as the main advantage of CCIs for children without adequate family support. However, none of the respondents referred to institutions as temporary and provisional solutions.

Stakeholders were asked what advice they have for families considering placing their children in a CCI. Responses typically emphasised the importance of parents and guardians accepting their responsibilities towards their children and not allowing poverty to be a default reason for relinquishing children to CCIs. Parental love and bonding were repeatedly referred to as long-term advantages of family life and children’s well-being which are not available in CCIs. Good communication with children was also frequently cited as a point of advice. According to one parent, “I would advise them to struggle with their children and provide the little they can rather than depend on a CCI, and also try to explain to the children the situation at home.”

3.6.4 Recommendations for care reforms and identification of services needed

Overall, 141 respondents provided 408 suggestions for supporting care reforms, with the need for community-level sensitisation and training of stakeholders among the most reported recommendation (51%), followed by financial assistance to families (including strengthening OVC cash transfers) (32.6%), family level training for parents on childcare and parenting skills (27.6%), counselling for children and parents/guardians (25.5%), and monitoring and follow-up after reintegration (24.1%).

One NGO stated that “for the process to work, all key players should be on board to ensure the process is a success, without all the actors the project is subject to failure.” This sentiment was shared across all stakeholders who identified a number of relevant actors in care reforms processes – community members, families, religious leaders, chiefs, teachers, courts as well as other gatekeepers such as CHWs, community volunteers and children’s officers. Most respondents referred to the benefits of sensitising communities on care reforms and alternative care through chiefs’ barazas. Chiefs also recommended that sensitisation on care reforms should also take place through mainstream media, including local radio, and be included in school curricula.

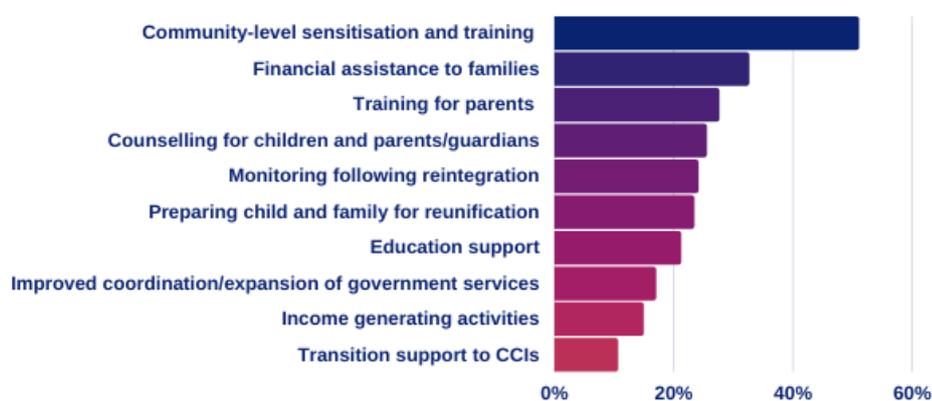


Figure: Top 10 recommendations for care reforms across all respondents

Careleavers also reported the need to empower parents and extended families to boost livelihoods to support reintegration. One careleaver stated that placing children with their grandparents is best to

avoid rejection. Some expressed concerns in relation to family inheritance while others expressed fears in relation to alternative care such as foster care, noting that families may struggle to provide for a child and therefore face discrimination as compared to blood relatives. One careleaver advised the research team to recommend to CCI managers to “directly support the family while the child stays with his/her parents.” Many, however, expressed concern about the reintegration process and cautioned that reintegration can only be possible if “aunties and grandparents will be able to show love”.

Other recommendations included better access to health care and support for children with disabilities (6.4%), housing support (6.4%), and training/sensitisation on family planning (2.8%). Income generation was also recognised as a key tool to alleviate poverty. One SCCO recommended that family training programmes be developed “to establish sustainable means of livelihood to minimise family separation as a result of poverty claims.”

Respondents emphasised the need to ensure the safety of the child and resolve the reasons for placement prior to reunification. One chief stated: “There is more than meets the eye – there are families you may not easily note their vulnerability, but they need help to accept the reintegrated child. Provide after-care support and the relatives will love the care leaver.” Specific proposals were provided in relation to financial assistance to families. Parents requested financial and education support from government, echoing the responses of other stakeholders who reported the need to expand the OVC-CT and 70+ cash transfer services. Parents of children in CCIs also reported the need for housing support, stating that “most of us have the challenges in that our house is in a deplorable state.” According to one AAC, CCIs should redirect their support to families and be encouraged to join SHGs. Sensitisation on parenting skills which allows parents and guardians to explore their fears and challenges, as well as other specific capacity-building training to enhance family strengthening, was strongly emphasised. Some respondents also referred to the need for education programmes in financial literacy and setting up small businesses.

“IF THE CCI WILL HAVE THE CAPACITY TO ASSIST THE CARE LEAVER BEFORE AND DURING CAMPUS LIFE, IT CAN BE BETTER THE CCI SHOULD LIKE WITH THE ORGANIZATIONS TO ENABLE THEM SECURE INTERNSHIPS. CCIS SHOULD ASSIST THEM WITH THE FINANCE TO START LIFE.”

CARELEAVER, GATANGA SUB-COUNTY

One NGO recommended that children should receive life-skills training prior to reunification, emphasising the need to gradually introduce the child into the family and community, and suggested that counselling and other support services should be provided to a child continuously and sustainably following reunification. There was no agreement on who should conduct such follow-ups, with some noting this to be the responsibility of DCS and others pointing to repurposed CCIs such as NGOs and SHGs. However, one manager stated that “the government should set aside funds for reintegration because CCIs will not use their funds to do reintegration.”

Strengthening capacity of gatekeepers was also among the recommendations. Various concrete examples were provided including hiring additional social workers and counsellors and appointing children's officers in each location so chiefs do not need to "travel a long distance to meet children officers." One AAC emphasised the need to strengthen the capacity of CHWs and "include them in the Ministry of Health payroll", while one social worker stated that "the police need to up their game, they need to act as gatekeepers before they place the children at the CCI." Police concurred that they should have greater involvement through the establishment of specific desks at sub-county level, a sentiment shared by one AAC which expressed the "dire need" to establish Child Protection Units in Murang'a County, noting that there are currently no such units in operation, despite this issue having been raised for more than five years.

Respondents also referred to the need to expand and improve family and community-based alternative care including foster care and adoption as well as family tracing. Several chiefs expressed a desire to expand their role in the care reform process and in family reunification. One chief stated that they can "help in identifying those families, talk with parents and guardians" while another noted that they can "mobilise community members to prepare families before reintegration." Chiefs noted that they have the capacity to facilitate necessary birth certificates for children, which will allow them to access services when they return home. One respondent noted the need to clarify adoption procedures while another suggested that laws should be flexible to facilitate local adoption as needed. Some police officers interviewed identified the need to establish emergency facilities which are run by the government.

4. CONCLUSIONS

Informed by the Murang'a situational analysis findings, the conclusions below were reached during a validation meeting of both national and county-level DCS staff, with support from Stahili and the Changing the Way We Care initiative. Overall, the situational analysis identified several areas of concern which underline the need for care reform in the County, especially around necessity of placements, quality of care, and suitability of services. Additionally, strengths were identified that could be leveraged to support the progress of care reform in Murang'a.

4.1 OPPORTUNITIES FOR INSTITUTION TRANSFORMATION TO COMMUNITY-BASED SERVICE MODEL

- **Chiefs, AACs and community members** expressed positive opinions about care reform. Staff from CCIs identified that the positives of residential care were largely related to provision of access to services (education, health care, counseling, food and nutrition), and highlighted a range of positives related to family-based care.
- **Murang'a County's institutions, while hosting a small workforce, could be transitioned to community-based provision.** The house parents and social workers are well-positioned to continue providing services on a non-residential basis. There is significant opportunity to leverage the workforce's existing skills and knowledge and apply to family and community-based services.
- **Most CCIs reported having more than one funding stream, and some receive Government support.** Three institutions reported being completely independently funded. This funding diversity and level of financial independence could be leveraged while advocating for other funding sources to support transformation and repurposing of institutions towards community-based service provision.



- Most children reportedly have families, either immediate or extended, with some maintaining contact with their families while living in an institution in the County. Since approximately three-quarters of children in Murang'a County's institutions originate from within Murang'a itself, there is a strong likelihood that **few additional resources would be needed to trace and assess the majority of families** to begin a process of reintegration case management. Additionally, if reunification is found to be safe, the proximity of families would allow them access to community-based services after institutions have transitioned. This would also enable social workers to monitor children and families.
- In part because the NCCS has not been fully constituted to approve CCI registration renewal applications since mid-2016, just two CCIs cited holding an active registration with NCCS. Where CCIs do not hold a valid registration, there is a risk that they will continue operating without appropriate supervision and regulation and without the assurance of meeting minimum service standards. This situation presents **an opportunity for NCCS to introduce and promote care reform and a transition process as part of the process to register and renew registrations of CCIs.**

4.2 NECESSITY OF ADMISSION TO RESIDENTIAL CARE

- The Guidelines for the Alternative Family Care of Children in Kenya asserts that alternative care must only be considered when all efforts to strengthen the family and prevent child-family separation have been exhausted, and that residential care should only be considered as a very last resort, and for the shortest possible period of time. None of the facilities in the assessment was being used appropriately as a temporary or a last resort measure, despite the well-known problems associated with keeping children in institutions for lengthy periods. Further, a small but significant number of young people in Murang'a are residing in institutions beyond the age of 18. At the same time, the assessment revealed that **short-term specialised and emergency care is lacking in Murang'a County, as are family and community-based solutions.**

- Sixty-four percent of the children mapped in CCIs, and one-third of children mapped in SCIs, were reported to have lived there for over three years. Almost 18% of all children living in institutions in Murang'a had resided there for more than 10 years. This conflicts with the standards outlined in the Guidelines for the Alternative Family Care of Children in Kenya. It is further noted that the STF, which had been operational for one year at the time of assessment, does not intend to reintegrate children with cerebral palsy into families. Overall, the assessment reveals that the common **practice of Murang'a County's institutions is not conducive to ensuring that placements into residential care are temporary.**
- It appears that gatekeeping processes or mechanisms are not always utilised and are a missing piece in the placement process. Institution staff noted that the main positive related to residential care was access to basic services, and institution staff and DCS reported that children often temporarily exited institutions to return home for holidays and school breaks. The question must be posed: if the services provided at the institutions could be provided to children at home, is it necessary for children to reside in the institutions? Through limited use of rigorous case management processes and a focus on family-level support, **Murang'a County institutions appear to be limiting the possibilities of facilitating short-term placements resulting in many children remaining, unnecessarily, in care for long periods of time.**
- Murang'a County's institutions primarily provide and access services that benefit the children they serve. However, few provide or access services that strengthen families to prepare them to receive their children home. When 79% of children's families reside within Murang'a, there is **significant potential to work with these families, who are in very close proximity, to ensure children do not stay in residential care longer than necessary.**
- There is a widely held view across all stakeholders that poverty is a key driver of institutionalisation. **This illustrates the possibility that children can be reunified if provided with appropriate support.**
- The data illustrates that most children in institutions are placed without a Court Committal Order, most frequently in the form of a referral letter from chief, an Occurrence Book number from police, or parental consent. This raises questions as to the robustness of decision-making related to the removal of children from their families and subsequent placement into institutions (i.e. is sufficient effort being made to assess the situation and explore other means of support before separation and placement into care?).

4.3 SUITABILITY OF SERVICES

- Effective case management, which sets the foundation for the provision of suitable services for children, requires manageable caseloads so that social workers are able to individually assess, plan for, and monitor children, ensuring their unique needs are met. **Caseloads were consistently higher than standards set by the National Best Practice Standards for Charitable Children's Institutions,** and some institutions did not employ social workers at all. High caseloads make the individual assessment, care planning, provision of services and monitoring of children difficult, and can jeopardise the overall quality of services provided.
- Child assessments are critical to understanding the unique needs of every child living in residential care and to, in turn, guide individual care plans which ensure that the types of services required to meet children's needs are identified. Of the case files sampled, only 20% included **child assessments, making it very difficult for institution staff to know the types of**

services each child requires. This includes services that would prepare children to exit residential care to re-enter family care and to prevent unnecessarily long stays in residential care.

- The results revealed a level of **incongruence between the ages of children living in Murang'a County's institutions and the types of services most frequently provided and accessed.** For example, very few services targeting adolescents age 15 years and above were available, despite this age group comprising a quarter of the total population of children living in Murang'a County's institutions.
- In total, 37 children living in Murang'a institutions were age three years or younger. This is **not aligned with global evidence-based recommendations nor the Guidelines for the Alternative Family Care of Children in Kenya, that residential care be avoided for this age group.**¹³
- Additionally, 56 adolescents age 18 years or above were found to be living in Murang'a County's institutions. There is a strong likelihood that supported independent living arrangements would be much better suited to this demographic. Further, the data illustrated that targeted services for this age group, such as vocational training and internship and employment opportunities, were very limited.
- While 50 children were reported to be living with disabilities in Murang'a County's institutions, the situational analysis relied on staff's understanding of children's abilities, and it is possible that less obvious functional challenges may have been missed. Noting global evidence that children with disabilities are up to 17 times *more* likely to live in *institutions* than other *children*,¹⁴ it is suspected that this figure represents an underestimate. Where children with disabilities are 3.7 times more likely than non-disabled children to experience violence, and **where placement of children with disabilities into residential care further increases their vulnerability to violence,**¹⁵ **family-based care options are considered more suitable for children with disabilities.**
- More than three-quarters of children living in Murang'a institutions were found to have originated from within the county (and most case files contained admission forms with details of family locations), but only 15% of case files sampled contained family visitation records. **It is a general principle of the Guidelines for the Alternative Family Care of Children in Kenya that contact between child and family must be maintained throughout placement in alternative care settings,** unless it is deemed to not be in the child's best interest. Recognising that there is an important link between facilitating ongoing familial connections and the possibility of reunification, this is an area that should be further examined and strengthened.
- Domestic adoption is a viable, permanent, family-based option for a specific population of children. However, there are legal and ethical measures safeguarding this practice that should be followed. It appears that in many cases, **domestic adoption is occurring without following a standardised process that safeguards the rights and well-being of the child, birth family and adoptive family** (i.e., the adoption triad).

¹³ The Guidelines for the Alternative Care of Children (2010) state that residential or institutional care should be avoided for children under age three. This is also emphasized in the Guidelines for Alternative Family-based Care in Kenya (2014). "Use of institutional care should be limited, provided under strict standards and regulations, and children under three years should be placed in family-based care settings, not institutional care."

¹⁴ UNICEF (2019). Children with Disabilities [webpage], retrieved from <https://www.unicef.org/eca/children-disabilities>.

¹⁵ World Health Organization (2012). *Children with Disabilities More Likely to Experience Violence* [webpage], retrieved from https://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/

5. RECOMMENDATIONS

Informed by the Murang'a situational analysis findings, the conclusions below were reached during a validation meeting of both national and county-level DCS staff, with support from Stahili and the Changing the Way We Care initiative. Overall, the situational analysis identified several areas of concern which underline the need for care reform in the County, especially around necessity of placements, quality of care, and suitability of services. Additionally, strengths were identified that could be leveraged to support the progress of care reform in Murang'a.

Reflecting on the above conclusions, a range of recommendations was developed during a validation meeting with both national and county-level DCS staff, and with additional support from Stahili and the Changing the Way We Care initiative, to leverage promising practices and opportunities and to address the challenges that were identified.

5.1 FURTHER INVESTIGATION

1. Where 79% of children originated from within Murang'a County, **efforts should be made to further understand the sub-county level differences affecting the numbers of children in residential care in Murang'a** to ascertain whether differences can be attributed to heightened risks and vulnerabilities of children in some sub-counties, or other reasons. These findings will help to inform and target care reform strategies within Murang'a.
2. Similarly, the **over-representation of particular age groups of children in Murang'a County's institutions should also be further investigated**. More than one-third of children found to be living in institutions were 11 to 14 years of age; it is critical that the particular risks and vulnerabilities affecting this age group are better understood, as well as organisational pull factors that may target this demographic, to appropriately plan and target care reform interventions within Murang'a.
3. The **concern expressed by chiefs and community of the active recruitment of children from vulnerable families should be investigated**.
4. While some CCIs reported receiving government funding, **further exploration of the precise sources (specific ministries and departments) of government funding should be conducted** to target advocacy efforts to transition this funding toward family-based care alternatives and community-based family support services to benefit children who will be reunified from institutions with their families and communities.
5. Where 38% of the institutions in Murang'a receiving funding from various sources abroad, **further exploration of the precise sources of foreign funding should be conducted** to target advocacy efforts to transition this funding toward family-based care alternatives and community-based family support services to benefit children who will be reunified from institutions with their families and communities.
6. Where it is suspected that children living with disabilities were underestimated in the situational analysis, and cognisant that children with disabilities experience heightened vulnerability to violence in residential care,¹⁶ it is recommended that **further investigation to ascertain more accurate data about children with disabilities in living Murang'a County's institutions be conducted**.

¹⁶ World Health Organization (2012). *Children with Disabilities More Likely to Experience Violence* [webpage], retrieved from https://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/

5.2 REGULATION

7. **Assessment of institutions against the National Standards for Best Practices in CCIs** should be conducted by NCCS, DCS and other relevant departments (education, health, etc.), prioritizing CCIs that are unregistered or have an expired registration. During the assessment process, it is critical that NCCS and DCS ensure institutions understand the **appropriate referral channels and intake processes that should be followed when children enter residential care** (i.e., children must be referred by statutory authorities and a committal order must be attained). Additionally, NCCS and DCS should ensure that institutions understand their **responsibilities to provide individualised case management for children in their care, to prepare children and their families for timely reunification, and for aftercare of children who exit care**. Following the assessment of institutions, action plans for institutions should be developed and **implementation of action plans should be closely followed up by Murang'a DCS officers**.
8. The prevalence of informal foster care illustrates an openness to caring for unrelated children within Murang'a. However, the informality of the processes could benefit from a level of oversight and regulation. As such, the **national alternative family care standard operating procedures (currently in draft form) should be quickly adopted and implemented within Murang'a**, once they are nationally available. Family and community-based alternatives such as foster care should be expanded and strengthened by identifying and training foster care givers.
9. Given the risks associated with unstandardised processes for the admission and exit of children into/out of residential care and varied forms of alternative family care, **national gatekeeping guidelines (currently in draft form) should be quickly adopted and implemented in Murang'a**, once nationally available. This would help to prevent unnecessary placement of children into formal care, ensure that placements are suitable, and ensure children are reintegrated in a safe and timely manner. Noting the high prevalence of chief letters of referral in sampled case files, targeted efforts should be made to support chiefs in their gatekeeping responsibilities.

5.3 REINTEGRATION

10. DCS officers in Murang'a should work to disseminate and encourage use of the **Case Management for Reintegration of Children to Family and Community-Based Care package** to expedite safe and appropriate reunification for children. Given that 79% of children are from within Murang'a, institution social workers should be encouraged and supported to locate families to commence family assessments immediately. Interviews revealed that many children are able to stay with their families during school holidays. As such, it is recommended that DCS officers and other relevant social workers take **a strength-based approach to family assessments to understand the resources families have which allow them to care for their children during holidays, and explore how these can be strengthened (with support) to enable them to care for their children permanently**. Institution staff and DCS should then collaborate to develop family-level case plans to ensure necessary and suitable services are accessible while children reside with their families.
11. Cognisant of the heightened vulnerabilities of infants and of children with disabilities who live in residential care, **efforts to explore more suitable family-based options for 39 children under three years of age and 50 children with disabilities** who live in Murang'a County's

institutions must be prioritised. Related to this, it is strongly encouraged that DCS work with partner organizations to identify and/or develop services to support children with disabilities so that they can live within a family environment.

12. **Efforts should also be made to appropriately prepare adolescents age 18 years and above to transition to supported independent living placements, or to reunify with their families.** Preparation should include technical skill development, employment support (including support to develop self-employment opportunities), provision of critical life skills training (see Kenya Society of Care Leavers Life Skills Manual), expanding their social network (for example, helping them to join faith-based or other community groups), and identification of a mentor or support person. Additionally, **adolescents who are reunified or placed into supported independent living should be regularly monitored to ensure reintegration is progressing to a sustainable level.** Detailed guidance on critical support for adolescents who are slated to exit residential care can be found in the Case Management for Reintegration to Family and Community-Based Care Standard Operating Procedures.
13. Aligned with the Guidelines for the Alternative Family Care of Children in Kenya, and capitalizing on the close proximity of most families, efforts should be made to **facilitate frequent contact between children and their families** (except in situations where contact with family is collaboratively determined to not be in the child's best interest). This is critical to strengthen the attachment between children and families, and to understand family dynamics and needs, both of which are critical to support smooth reintegration.

5.4 WORKFORCE STRENGTHENING

14. Ongoing case management training and capacity strengthening opportunities should be sought for institution staff, DCS and relevant NGOs to ensure case management practice is meeting the standards outlined in Kenya's normative framework. The national **Case Management for Reintegration of Children to Family and Community-Based Care package should be disseminated, adopted, and implemented** in Murang'a. It is critical that **reunification and reintegration are the prioritized strategies to move toward attainment of appropriate staff-to-children ratios**, as compared to recruitment of additional staff within institutions.
15. To prepare and support the more than 200 adolescents age 15 years and above living in institutions for transition back to their communities, **the recently developed Kenya Society of Care Leavers Life Skills Manual should be immediately disseminated, adopted and implemented** by institutions in Murang'a County.
16. Recognizing that poverty has been identified as one of the main reasons for admission into institutions, and that the Guidelines for the Alternative Care of Children in Kenya explicitly state that poverty should never be a reason for a child to be separated from their family, it is strongly encouraged that the existing workforce is strengthened in household economic support services, and that interventions are augmented. These services should be provided to both prevent separation as well as to support reunified families. Furthermore, **DCS should explore how to better link at-risk and reintegrating families to the public OVC Cash Transfer initiative.**

5.5 ADVOCACY AND AWARENESS RAISING

17. Parents/guardians of children living in residential care were somewhat resistant to the notion of children returning to their families whereas staff from the institutions expressed positive

views about transitioning to family-based care. AAC members, chiefs, and community members expressed positive opinions about care reform, while concurrently expressing concerns about the motivation of institution operators, noting that they may be actively recruit children and may be operating for the purposes of financial or other gain. Cognisant of these mixed attitudes toward care reform, **targeted efforts should be made to promote the benefits of family-based care.** This includes raising awareness of the national legal and normative framework which encourages family based care; ensuring that statutory authorities, local administrators and community structures understand their roles in childcare system strengthening and reform; and informing relevant stakeholders of recent developments and progress, as well as steps that will be taken within Murang'a to strengthen the childcare system.

18. Efforts should be made to **engage children and young people in care reform**, ensuring their voices are continually highlighted throughout the process, and that they fully and meaningfully participate in all decisions that affect their lives. Guidance on how to do this in a manner that promotes children's rights and safeguards their well-being can be found in the How to Engage Care Leavers in Care Reform.¹⁷
19. National advocacy could help to link vulnerable and reintegrating families to **social protection programs, especially cash transfer programmes.**

¹⁷ KESCA and Changing the Way We Care (2019). How to Engage Care Leavers in Care Reform. Retrieved from https://ovcsupport.org/wp-content/uploads/2019/01/care_leaver_guidance_2018_final.pdf.

6. ANNEXES

6.1 DETAILED METHODOLOGY

6.1.1 Preparation

The situational analysis was conducted using a mix of quantitative and qualitative data collection methods. Prior to primary data collection, a desk review was first completed to extract secondary data related to child protection and childcare at the national and county levels. A toolkit containing procedural guidance and data collection tools for both quantitative and qualitative approaches was developed by DCS with technical support from CTWWC. A two-day review meeting was organised and attended by DCS staff, CTWWC, UNICEF and other key actors in the care sector to review and give inputs to the toolkit. The toolkit has standardized tools for use by any partner supporting DCS to conduct situational analysis in other counties. To prepare stakeholders for the situational analysis, procedural information was shared during county and subcounty Area Advisory Council (AAC) meetings in target counties, and with directors / managers of both Statutory Children’s Institutions (SCIs) and Charitable Children’s Institutions (CCIs). These sensitization forums created awareness on ongoing and anticipated care reform processes as well as the situational analysis specifically, introducing the methodology and tools to be used for the process.

6.1.2 Ethical considerations

Enumerators were trained on research ethics and child protection reporting protocols should cases of abuse be suspected or witnessed during data collection. Prior to data collection, the objectives of the situational analysis were explained to individual respondents, as were confidentiality protocols and the right to skip questions or withdraw before formal consent was sought. Institution managers/directors consented in writing to allow for data collection

within the institution as well as access to children’s case files for review; all the other interviews utilized a verbal consent approach. Permission was sought by enumerators to audio record interviews. After collection, data was accessed only by authorized persons.

6.1.3 Data collection tools

Quantitative

Two instruments were utilised to collect quantitative data from institutions:

1. a structured questionnaire, and
2. a case file review checklist.

The questionnaire was administered to each institution manager/director and information collected about the institution, the numbers and profiles of children residing in the institution, staffing, services offered, case management practices, and funding sources.

The case file review captured the information collected by institution staff about the children in their care, and the extent to which case management is utilised within the institution (including assessing the recency, completeness and accessibility of child information captured). The review instrument comprised a checklist of critical documents informed by the Government of Kenya Best Practices in Charitable Children’s Institutions (e.g., copy of birth certificate, referral documentation, child and family assessments, individual care plan, medical and education records, etc.).

Qualitative

Qualitative data was collected via semi-structured, in-depth key informant interviews (KIIs) and focus group discussions (FGDs). Eight distinct KII/FGD tools were created for different respondent categories.

RESPONDENTS	TOOL
CCI/SCI directors/managers	Key

	informant interview
CCI/SCI social workers	Key informant interview
DCS county coordinator for children's services (CCC) and sub-county children's officers (SCCO)	Key informant interview
Key stakeholders	Key informant interview
CCI/SCI house parents or caregivers	Focus group discussion
Community members	Focus group discussion
Parents or guardians of children in institutions	Focus group discussion
Young adults who spent time in residential care as children (a.k.a. care leavers)	Focus group discussion

Qualitative interviews explored community perceptions, knowledge, attitudes and practices of residential care, reintegration, and alternative family-based care.

6.1.4 Sampling

Quantitative

All SCIs, known CCIs and other known institutions were targeted for quantitative data collection. DCS officers at the county level worked closely with the local administration to generate a list of institutions known to be operating in all sub-counties within Murang'a. This included review of CCI reports submitted to DCS officers, AAC reports on the known CCIs operating in their jurisdiction, SCCO records and information from communities via the area chiefs. The list of known institutions was collated before the training of enumerators to allow for proper planning of the data collection exercise. Subsequent information on existence of

previously unknown institutions was finally gathered by the enumerators during the actual data collection. These newly identified institutions were also visited.

The questionnaire was administered to all institution managers/directors /persons responsible for day to day management of the institution. Sub-county DCS officers contacted targeted respondents before the proposed interview date and secured appointments based on availability. The mobilization was based on the elaborate data collection schedule developed during the training of the enumerators. DCS officers were in consistent contact with targeted respondents to ensure rescheduling where unforeseen circumstances saw appointments missed.

For the case file review, random sampling was employed to review 25% of children's case files per institution.

Qualitative

Qualitative data was collected from purposively sampled institutions and communities.

The table below summarises the sampling rationale by respondent type.

RESPONDENT GROUP	SAMPLING RATIONALE
Institution directors/managers	One SCI was selected, CCIs, STFs were selected. One director/manager was interviewed per CCI/private childcare institution in a minimum of 10% of the total CCIs in the county. The selected CCIs had to have at least one staff in each of the required

	categories, i.e., director/manager, social worker and house parent. When several institutions met these criteria, the selection was further done by sub-county to ensure more sub-counties were represented in the final sample.
Institution social workers	Social workers were targeted within the same institutions in which managers were interviewed to allow for triangulation of data. When there was more than one social worker employed by the institution, the lead social worker was purposively selected for interview.
DCS county coordinator for children's services and sub-county children's officers	All county children's coordinators were targeted for interviews, while at least one-third of the sub-county children's officers were targeted for interviews. Sub-county children's officers were selected based on the number of institutions within their sub-counties (i.e., those with a higher number of institutions were prioritized). Geographical distribution of the sub-counties was also considered where particular sub-

	counties had unique sociocultural or demographic features (as determined/identified by the SCCOs during the logistical planning session).
Other key stakeholders	Key stakeholders included police, national government administration officers (NGAO), i.e., chiefs, assistant county commissioners, deputy county commissioners. Other key stakeholders included health personnel and representatives from NGOs providing child protection services. At least two individuals were identified by the DCS team during planning and interviewed per category, with individuals who had greater direct exposure to child care and protection issues prioritized (for example, police working at the gender desk at a police station with high numbers of child protection concerns reported, NGAO in areas with high numbers of institutions, child protection NGOs working at community-level, clinical officers at

	healthcare facilities in areas with higher cases of physical/sexual/gender-based abuse cases).
Institution house parents or caregivers	House parents/caregivers were targeted within the same institutions in which managers and social workers were interviewed to allow for triangulation of data. All the house parents in a sampled institution were targeted for interview in a focus group discussion.
Community members	This category of respondents comprised a range of individuals with child protection mandates at the community level, as well as community leaders, including: <ul style="list-style-type: none"> • AAC members • Child protection center staff • Members of child protection committees • Village elders • Religious leaders • Community policing initiative (<i>nyumba kumi</i>¹⁸) chairpersons • Child protection

18 *Nyumba kumi* (Kiswahili phrase for 10 households) is a community policing initiative that was introduced in Kenya through a presidential order in 2013 and intended to anchor community policing at the household level, estate or

	volunteers (CPVs) <ul style="list-style-type: none"> • Beneficiary welfare committee (BWC) members • Community health volunteers (CHVs) • Representatives from the business community Community groups were targeted in areas with higher numbers of institutions. Sub-county children's officers collaborated with local leaders in identifying possible respondents from targeted localities. Each group comprised 10 participants.
Parents or guardians of children in institutions	Institutions that had been targeted for qualitative data collection mobilised caregivers or guardians whose children were residing in the institutions at the time of interview. Institution directors/managers were guided to target caregivers who were geographically accessible and able to travel to the location where the focus group discussion was to be held. ¹⁹ In each county,

market with the aim of achieving a safe and sustainable neighborhood.

19 Transport expenses were reimbursed.

	at least one group of about eight caregivers/guardians was identified and mobilized by the institutions.
Young adults who spent time in residential care as children (a.k.a. care leavers)	Care leavers were identified and mobilized from various CCIs to participate in focus group discussions of eight respondents in one FGD. Care leavers represented a minimum of two institutions per FGD. Sub-county children's officers collaborated with CCIs and managers to identify and select respondents. To encourage free expression, targeted care leavers were all within five years of each other.

reviewed and quality assured by Stahili monitoring, evaluation and learning staff. A majority of KIIs and FGDs were recorded, with a team of trained transcribers responsible for transcribing the interviews and focus group discussions. The transcription was done in verbatim mode to ensure that data analysts gained an accurate understanding of respondents' discussion and opinions. Children's case file reviews utilised a standardised checklist of key documents expected in a child file as per the National Standards for Best Practices in Charitable Children's Institutions. A review of a child file utilised one checklist with the enumerator putting a *yes* or *no* against each listed document in the checklist. The checklist was filled first in hard copy during the data collection, and then entered into an electronic CommCare application form at the end of each day.

Data collection was conducted over one week in each county, and the number of enumerators recruited was based on the projected total number of institutions and interviews to be conducted. In total, 8 enumerators were engaged for data collection in Murang'a County.

Though FGDs with community members and AAC members both utilized the same protocol, AAC members were given focus groups separately from other types of community members. AACs are legal structures under the National Council of Children Services (NCCS) and provide oversight on child protection matters; therefore, the AAC members were interviewed separately to assess their involvement in child protection and placement processes.

6.1.5 Data collection

The data collection exercise was jointly planned and executed by DCS and Stahili between 1 May and 15 July, 2019. Data was collected in Murang'a separately in each of the four counties by a team of trained enumerators selected by DCS, and under the close supervision of DCS SCCOs. Each county-level data collection exercise was preceded by four days of training for enumerators and DCS staff. The structured quantitative questionnaire was programmed into CommCare mobile application and data collected using tablets. Data was collected in an offline mode and synced to the secure cloud-based servers at the end of each day. Enumerators had login credentials to access the mobile application and submitted data was

6.2 OTHER INSTITUTIONS INDENTIFIED

The research team also identified two additional facilities which were not included in the assessment due to serious child protection concerns which required the referral of the cases to the relevant statutory authorities.

In one case, the team identified during a desk review and following reports by a local chief a purported unregistered residential care institution thought to be in operation. The facility appealed online for foreigners volunteers to visit and donors to contribute to the “orphanage” and volunteers reported online having visited the same “orphanage”. The research team visited the institution, which appeared to be a boarding school, but reported that the facility was consistent with the images and photos posted online by the proprietor as well as volunteers. According to a staff member interviewed, part of the compound included an “orphanage” housing 28 “orphans” (12 boys and 16 girls). The research team observed two foreign volunteers but was unable to obtain further information. It was reported by staff that the “boarding school” was opened in 2013 and the name of the operator was confirmed by the research team to be the same individual who had previously operated a CCI in Murang’a County which was shut down in the same year. Serious allegations had been previously reported against this individual, including the recruitment of children from families for the purpose of exploiting them for financial gain (i.e. child trafficking) as well as other allegations including neglect and abuse. Based on this information, it was concluded that the operator had moved the CCI’s operations and registered as a boarding school following the closure in 2013. This case serves to underscore the importance of taking a cross-sectoral and cross-departmental approach to care reforms.

In another case, a private family home was identified by a chief as housing vulnerable children. The research team visited the location

and observed six boys above the age of 15, all of whom reported to have families in other counties but who had come to the home to receive education. All of the children told the team that they were happy to go to school but that they “work too much”. The research team observed a photo in the family home of what appeared to be a group of male foreign volunteers.

These two cases are currently under separate investigation by relevant authorities.

6.3 COUNTY OF ORIGIN

Sub-county	Number of children placed from within Murang'a County	Number of children placed from other Counties	Total Number of Children
Murang'a East	204	68	272
Murang'a South	48	34	82
Mathioya	65	9	74
Kahuro	58	8	66
Kandara	57	4	61
Gatanga	40	8	48
Kigumo	27	5	32
Kangema	0	0	0
TOTAL	499	136	635

6.4 DURATION OF STAY IN INSTITUTIONS

Sub-county	0-6 months	7-11 months	1-2 years	3-5 years	6-10 years	More than 10 years	Total
Murang'a East	7	36	50	26	91	62	272
Murang'a South	14	11	14	43	0	0	82
Mathioya	12	11	5	27	9	10	74
Kahuro	0	0	3	44	5	14	66
Kandara	11	14	13	2	8	13	61
Gatanga	0	3	5	2	24	14	48
Kigumo	10	2	5	15	0	0	32
Kangema	0	0	0	0	0	0	0
TOTAL	54	77	95	159	137	113	635

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