



**REPUBLIC OF KENYA**

Ministry of Labour and Social Protection  
State Department for Social Protection  
Department of Children's Services



# **Situational Analysis Report for Children's Institutions in Five Counties**

**Kiambu, Kilifi, Kisumu, Murang'a and Nyamira Summary Report  
February 2020**



## Foreword

Kenya is a signatory to the UN Convention on the Rights of the Child (UNCRC), and the African Charter on the Rights and Welfare of the Child (ACRWC), and the UN Convention on the Rights of Persons with Disabilities (CRPD), all of which provide a rights-based framework and represent a commitment to ensure the rights of every child to protection and care is necessary for his or her well-being.

Orphanhood, poverty, abuse, neglect, family breakdown, disability, delinquency, truancy, among other factors, render children in Kenya vulnerable and at risk of being separated from their families and placed in institutional care. Placing a child in an institution runs counter to Kenya's traditional approach whereby children outside of parental care are typically cared for by extended families and communities, giving them a clear sense of belonging and exposing them to familial and cultural traditions. The Guidelines for the Alternative Family Care of Children in Kenya (2014) promotes family-based care options, including preventing separation whenever possible. Years of research have illustrated that institutionalization of children has profound negative effects on a child's physical, cognitive, and social-emotional development. Children growing up in a family environment is better for their development and wellbeing.

It is our responsibility to reform our care system to promote family-based care, prevent unnecessary child-family separation, and facilitate safe and stable child reintegration where separation has occurred. Kenya has made significant progress towards meeting our responsibilities to children outside of parental care or at risk of separation. At the end of 2017, the Government of Kenya reaffirmed its commitment to protect children and instituted a well-planned care reform as an integral part of our national priorities towards children and families. The collection of data for this SitAn report was necessitated by the need to understand the current situation of children in institutional care to identify strengths and potential challenges which may impact these efforts.

The Government of Kenya remains firmly committed to working with partners to move towards the wider implementation of family-based care solutions for children and improve care reform efforts.



**Simon K. Chelugui, EGH**  
Cabinet Secretary  
Ministry of Labour and Social Protection

## Preamble

A SitAn exercise and assessment was conducted by the Department of Children's Services (DCS) with the support of Changing the Way We Care, UNICEF, Stahili Foundation and other stakeholders in the wake of important commitments made by the Government of Kenya to reform the care system for children.

As a complement to the information collected within the Child Protection Information Management System (CPIMS), the 2019 Situational Analysis (SitAn) was undertaken to inform an understanding of Charitable Children's Institutions and Statutory Children Institutions under the Department of Children's Services as well as the children living in them.

The data collected across the demonstration counties of Kiambu, Kilifi, Kisumu, Murang'a, and Nyamira counties will increase our understanding of the knowledge, attitudes and practices around institutionalization of children to identify strengths and challenges which will inform national care reform. Giving expression to the experiences of staff and parents/caregivers in relation to placement of children to institutions, and care leavers who have gone through institutional care. The SitAn will also aid our understanding of the drivers of separation, helping us to improve efforts to prevent unnecessary separation of children from families by addressing institutionalization and its root cause.

It is our hope that this data will serve as an important source of information to guide Kenya in evidence-based policy formulation and well-informed decision making to adopt a strategy and a concrete plan of action to protect the vulnerable children.



**Nelson Marwa Sospeter, CBS**

Principal Secretary

State Department for Social Protection

## Acknowledgment

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 Children Coordinators, 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





# Introduction

In 2019, a residential childcare institution situational analysis was conducted in five counties in response to the lack of data on children living in residential care. It was performed in the wake of important commitments made by the Kenyan government to reform the care system by moving away from residential care institutions toward a wider implementation of family-based care solutions.

The purpose of this situational analysis is to provide a snapshot of charitable children's institutions (CCIs), other private childcare institutions and statutory children's institutions (SCIs), and of the children living in them. The aim is to create a clearer understanding of the current situation of children in residential care in Kenya and to identify strengths and potential challenges which may impact care reform work.

This situational analysis does not provide an assessment of the operations of institutions, nor does it assess individual child and family cases. Rather, it is seen as a first step of many to collect and use information to develop care reform strategies nationally, by county and at the individual institution level. It is hoped that the results of this situational analysis will be useful to guide further assessments and to inform the development of policies, monitoring and evaluation frameworks, program interventions and transition action plans.

## Methodology

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). Within Kiambu, Kilifi, Kisumu, Murang'a and Nyamira counties, all SCIs, CCIs and other known privately operated institutions were targeted for quantitative data collection in two ways:

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

2) a case file review was performed to explore the information collected about children in care and the extent to which standardized case management is utilized. Qualitative data was collected from purposively sampled institutions, their staff and community members, including DCS staff, parents

and guardians, care leavers and the area advisory council (AAC) members following key informant interview guides and focus group discussion guides.

The data collection exercise was jointly planned and executed by DCS, CTWWC and the Stahili Foundation. Enumerators and supervisors were trained on the methodology, and data collection was undertaken in close coordination with DCS staff. Data was entered, quality-checked and analyzed by CTWWC and Stahili Foundation staff. A validation workshop involving all stakeholders was held in November 2019 to review and give feedback on initial findings.

## Five-County Overview

County	Child population <sup>1</sup>	CHILDREN IN RESIDENTIAL CARE									
		Total	Male	Female	<1 year	1-3 years	4-6 years	7-10 years	11-14 years	15-17 years	18+ years
Kiambu	821,487	3,631	1894 (52%)	1737 (48%)	36 (1%)	148 (4%)	348 (10%)	892 (25%)	1166 (32%)	818 (22%)	223 (6%)
Kilifi	610,036	1,706	951 (56%)	755 (44%)	15 (1%)	95 (6%)	158 (9%)	438 (26%)	656 (38%)	280 (16%)	64 (4%)
Kisumu	674,725	1,734	947 (55%)	787 (45%)	6 (<1%)	36 (2%)	107 (6%)	361 (21%)	693 (40%)	426 (25%)	105 (6%)
Murang'a	411,163	635	352 (55%)	283 (45%)	4 (<1%)	33 (5%)	61 (1%)	112 (18%)	225 (35%)	144 (23%)	56 (9%)
Nyamira	391,709	299	178 (60%)	121 (40%)	1 (<1%)	5 (1%)	29 (10%)	65 (22%)	137 (46%)	59 (20%)	3 (1%)

County	RESIDENTIAL CARE INSTITUTIONS		
	Total	CCI & Private	SCIs
Kiambu	103	100 (97%)	3 (3%)
Kilifi	43	42 (98%)	1 (2%)
Kisumu	35	33 (94%)	2 (6%)
Murang'a	19	18 <sup>2</sup> (95%)	1 (5%)
Nyamira	10	9 (90%)	1 (10%)



<sup>1</sup> Kiambu, Kilifi, and Nyamira values are from the County Integrated Development Plan 2018-2022 for each county; Kilifi and Murang'a values are from the 2019 census (Ref: 2019 KPHC report, Volume III, p184, table 2.3).

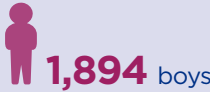
<sup>2</sup> In addition to one SCI there is also one institution operated by a state corporation in Murang'a County.

# Kiambu

## Childcare Institution Situational Analysis



**3,631** children living in residential care



**1,894** boys



**1,737** girls

- **169** reported to be living with disabilities
- **32%** were ages 11-14 years
- **3,431** children were living in charitable children's institutions.
- **200** children were in statutory children's institutions.

**43%** of children came from the same sub-county as the institution in which they reside.

**The most common reasons for placement were:** orphanhood; violence, abuse and neglect; abandonment; poverty.

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



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

- **31%** of children in the SCI had lived there for 1 year or less.



**103** childcare institutions including 3 statutory children's institutions

### Institutions most frequently provide:

- counselling or psychosocial support
- life skills training
- religious services

### Institutions rely on external services for:

- health care
- education

Of the **9** staff employed within institutions **only 12% were social workers and 34% were house parents** who are key to overseeing the daily care of children.

**12** institutions housing **237** children did not have a social worker on staff.

Care leavers and institution staff cited both **positives and negatives** related to institutional care. They identified a range of challenges that young people face upon exiting institutions.

... in the process of exit, most of our friends ended up living on the streets

—Care leaver

... it's hard to transition the CCIs since the managers are benefitting from donations.

—Community member

Parents and guardians also seemed resistant to children returning home as they felt their children behaved better and were protected from negative influences while living in residential care.

**Many stakeholders recognized the benefits of family-based care.**



## Childcare Institution Situational Analysis



**1,706** children living in residential care



**951** boys



**755** girls

- **33** reported to be living with disabilities
- **44%** were ages 11-14 years
- **1,682** children were living in charitable children's institutions.
- **24** children were in statutory children's institutions.

**64%** of children came from the same sub-county as the institution in which they reside.

**The most common reasons for placement were:** orphanhood; violence, abuse and neglect; abandonment; poverty.



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.

- **92%** of children in the SCI had lived there for 1 year or less.



**10** childcare institutions including 1 statutory children's institutions

### Institutions most frequently provide:

- counselling or psychosocial support
- life skills training
- religious services
- early childhood development services

### Institutions rely on external services for:

- health care
- education

Of the **540** staff employed within institutions **only 11% were social workers** and **28% were house parents** who are key to overseeing the daily care of children.

**3** institutions housing **220** children did not have a social worker on staff.

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

... in the process of exit, most of our friends ended up living on the streets

-Care leaver

They identified **a range of challenges** that young people face upon exiting institutions.

The environment maybe a challenge since in the institution provides for all their needs while the community does not.

-Key stakeholder

### Many stakeholders recognized the benefits of family-based care.

Institution staff expressed doubt about feasibility of transitioning away from residential care. Other respondents were very positive about promoting family-based care.

With time [care reform] is possible. It is not an overnight thing, but it is possible.

-Key stakeholder

# Kisumu

## Childcare Institution Situational Analysis



**1,734** children living in residential care



**947** boys



**787** girls

- **47** reported to be living with disabilities
- **40%** were ages 11-14 years
- **1,595** children were living in charitable children's institutions.
- **139** children were in statutory children's institutions.

**40%** of children came from the same sub-county as the institution in which they reside.

**The most common reasons for placement were:** orphanhood; violence, abuse & neglect; poverty; abandonment and access to education.

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.

- **90%** of children in the SCI had lived there for 1 year or less.



**35** childcare institutions including 2 statutory children's institutions

### Institutions most frequently provide:

- counselling or psychosocial support
- religious services
- life skills training
- exit planning
- health care

### Institutions rely on external services for:

- health care
- education

Of the **615** staff employed within institutions **only 10% were social workers** and **17% were house parents** who are key to overseeing the daily care of children.

**6** institutions housing **297** children did not have a social worker on staff.

Care leavers and institution staff cited both **positives and negatives** related to institutional care. They identified a range of challenges that young people face upon exiting institutions.

“Yes, you are educated ... you've gone to college. Now if you want to go back home, you're going to stay there, you'll be a stranger in that home.”

—Care leaver

**Many stakeholders recognized the benefits of family-based care.**

They also saw a potential to transition away from residential care but highlighted the importance of addressing the root cause of separation during this process.

“... we need to address all the factors that make children to go into the [institutions] before reintegrating them. If this is not done, then we won't solve anything ...”

—ACC member

# Murang'a

## Childcare Institution Situational Analysis



**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.

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

**Many stakeholders recognized the benefits of family-based care.**

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

“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

# Nyamira

## Childcare Institution Situational Analysis



**299** children living in residential care



**178** boys



**121** girls

- **4** reported to be living with disabilities
- **46%** were ages 11-14 years
- **226** children were living in charitable children's institutions.
- **73** children were in statutory children's institutions.

**50%** of children came from the same sub-county as the institution in which they reside.

**The most common reasons for placement were:** orphanhood; poverty; access to education; and violence, abuse & neglect..



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



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

- **100%** of children in the SCI had lived there for 1 year or less.



**10** childcare institutions including 1 statutory children's institutions

### Institutions most frequently provide:

- religious services,
- education
- protection, and
- counselling or psychosocial support.

### Institutions rely on external services for:

- health care
- education

Of the **9** staff employed within institutions **only 12% were social workers and 31% were house parents** who are key to overseeing the daily care of children.

**3** institutions did not have a social worker on staff.

Care leavers and institution staff cited both **positives and negatives** related to institutional care. They identified a range of challenges that young people face upon exiting institutions.

“Once kids complete class eight here, we release them back to the community. They face a challenge of acceptance ...”

–Private institution staff

**Many stakeholders recognized the benefits of family-based care.**

But parents and guardians felt their children had better access to services while living in residential care.

“When they are there it gives us peace of mind. If now the government brings them back home, it will be a big problem as we will not be able to meet their demands like in there.”

–Community member



# Conclusions and Recommendations

Overall, the findings present a multitude of opportunities for promoting care reform in Kiambu, Kilifi, Kisumu, Murang'a and Nyamira counties. This includes potential for the following:

- Transitioning the workforce to community-based service provision.
- Utilizing independent income streams to support the transition to community-based service provision models.
- Tracing and assessment of families requiring few additional financial resources due to the proximity of most families to childcare institutions which will aid the preparation of reunification of children.

However, across the five counties many children did not pass through the appropriate channels before being admitted to residential care. Cases were not systematically reviewed, and the 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.

This need to review the necessity of children's residential care, combined with the recognition of the benefits of family-based care among most stakeholders, together with opportunities to promote reunification and community-based services, suggests progress can be made toward strengthening families to provide safe and nurturing care for children in all five counties.

Given the common findings across the five counties, the following action items are recommended:

- **Conduct further assessment** to better understand funding streams supporting residential care, location of additional childcare institutions that were not included in this analysis, the overrepresentation of particular age groups of children in residential care and details about children with disabilities living in residential care.
- **Establish regulatory measures** to improve care, including the assessment of institutions against the National Standards for Best Practices in CCIs and development of individualized institution action plans, and the implementation of standard operating procedures for case management for reintegration and for alternative family-based care.

- **Promote and maintain frequent contact in preparation for reunification** between children living in residential care and their families, with priority to infants and children with disabilities given their heightened vulnerability in residential care settings and to young adults aged 18 years and above since institutions are mandated to care for children aged 17 years and below.
- **Develop strategies to better link vulnerable and reintegrating families to social protection programs**, especially the cash transfer program.
- **Achieve appropriate staff-to-child ratios** within institutions through reintegration and strengthening gatekeeping to avoid further unnecessary placements in residential care, rather than employing additional staff.
- **Create and launch sensitization campaigns across the counties** to continue to promote the benefits of family based care and engage children and young people in all care reform efforts.

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# Changing THE WAY WE care



For more information about *Changing the Way We Care*, contact us at [info@ctwwc.org](mailto:info@ctwwc.org)