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

Situational Analysis Report for Children's Institutions in Kiambu 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's 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

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

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) as: "Children's 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. **Other private childcare Institutions** which, for the purpose of this report, are defined as those privately operated childcare residential centers, which have *not* been granted approval by the National Council for Children's Services (NCCS) to operate.

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 new private childcare institutions. Any private childcare institutions that were established after November 2017 are not eligible for approval or registration by the NCCS, and therefore cannot be categorized as CCIs. These institutions are also categorized under "other private childcare institutions" for the purposes of this report. Also included in the category are any private 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 organizations. [1]

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

Kiambu

Childcare Institution Situational Analysis Summary

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

Many stakeholders recognized the benefits of family-based care.

> ... 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.

CONTENTS

EXECUTIVE SUMMARY

The purpose of the situational analysis is to provide a snapshot of Charitable Children's Institutions (CCIs), other private childcare institutions 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 Kiambu and to identify strengths and potential challenges that may impact care reform work within the county.

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). All SCIs, known CCIs and other known privately operated institutions were targeted for quantitative data collection, and qualitative data was collected from purposively sampled institutions and communities (including DCS county coordinators for 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, representatives from non-governmental organizations (NGOs) providing child protection services, etc.

Findings include:

- There were 3,631 children and youth living in 103 institutions in Kiambu County (1,894 boys and 1,737 girls), including 169 children reported to be living with disabilities. Two hundred children were residing in Kiambu's three SCIs. One-third of the children living in institutions were 11-14 years old. Only one-third of case files sampled contained a Court Committal Order (the legally required document for admission of children into residential care).

- Forty-three percent of children living in institutions originated from the same sub-county in which the institution is located; 20% of children originated from other sub-counties within Kiambu; 36% of children originated from another county within Kenya; and 1% of children originated from outside of Kenya.

- Orphanhood was most frequently cited by directors as a reason for children's admission to institutions, followed by violence, abandonment, and poverty.

- Children tended to stay in CCIs and private childcare institutions substantially longer than the statutory institution: 51% of children living in CCIs and private childcare institutions in Kiambu had resided there for three years of more at the time of data collection. By comparison, only about 33% of children in SCIs had lived there for more than three years.

- Institutions most frequently provided psychosocial support, religious services, 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.

- Individual sponsors and independent income generation were the most frequent funding streams. Approximately two-thirds of institutions had their own independent income-generating activities.

- There were 1,020 staff employed by Kiambu institutions, with 70% of these being general operations staff (kitchen, security, groundskeepers, house parents) as compared to specialized staff (teachers, health, 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 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, and AAC members and community members expressed positive opinions about care reform, while concurrently expressing concerns about anticipated resistance from CCIs and other private childcare institutions and their supporters, sponsors, and donors.

Overall, it is concluded that the findings present a multitude of opportunities for care reform. This includes, for example, transitioning the workforce to community-based service provision, utilizing independent income streams to support the transition to community-based service provision models, and 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, it is concluded 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 and explore potential additional childcare institutions that were not included in the situational analysis, the overrepresentation of particular age groups of children in Kiambu's institutions, sub-county level differences affecting the numbers of children in residential care, the precise government ministries and departments funding CCIs and private childcare institutions, and details about children with disabilities living in Kiambu's institutions.

- Regulatory measures could help to improve Kiambu's care system, including assessment of institutions against the National Standards for Best Practices in CCIs and development of individualized 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 prioritized.

- Reintegration of children into family or community-based care should be the approach utilized to move closer to appropriate staff-to-child ratios, as compared to employing additional staff.

- Sensitization 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 programs, especially the cash transfer program.

[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 is to provide a snapshot of Charitable Children's Institutions (CCIs), other private childcare institutions and Statutory Children's Institutions (SCIs), and the children living in them, in Kiambu County. The aim is to create a clearer understanding of the current situation of children in residential care in Kiambu, 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/other private childcare institutions/SCIs**: quantity, size, location, funding, staffing, services provided, case management practice, exit strategies and use of community-based services.

2. **Children in CCIs/other private childcare institutions/SCIs**: number and characteristics, including age, sex, disability, home locations, 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 Kiambu County government and the national government, as well as non-governmental organizations, community groups and advocates in working to improve the care system within Kiambu 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 organization (or CCI/other private childcare institution/SCI) levels.

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

[3] Care reform comprises actions taken by government and other recognized 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 first completed to extract secondary data related to child protection and childcare at the national and county levels; information collected helped to inform the development of approach and tools and 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 organizations and used in countries in Eastern European, Africa and East Asia. The toolkit has standardized 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 and DCS. Below is a summary of the methodology utilized for the situational analysis, with the detailed methodology in Annex 6.2.

2.1 DATA COLLECTION TOOLS

2.1.1 Quantitative

Two instruments were utilized 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 standardized case management is utilized 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 plan, 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 CCIs and other known privately operated 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. 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.

2.2.2 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 and private childcare institutions. 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 and therefore the selected CCIs and private childcare institutions had to have 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 a county was developed jointly by DCS and CTWWC. The sub-county DCS officers contacted targeted respondents before the proposed interview date, and secured appointments based on availability.

Participants involved in qualitative data collection included:

- DCS county coordinator for children's services
- Sub-county children's officers – at least one-third
- Institution managers/directors – from at least one SCI and 10% of the total CCIs and private childcare institutions
- 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 center staff
    - Members of child protection committees
    - Village elders
    - Religious leaders
    - Community policing initiative (*nyumba kumi*[4]) chairpersons

[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.

    - *Boda boda* association 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 below lists the number of respondents in each category who were involved in data collection in Kiambu.

RESPONDENTS FOR KEY INFORMANT INTERVIEWS (KII)	
CCI/SCI manager	11
CCI/SCI social worker	8
DCS county coordinator for children's services	0[5]
DCS sub-county children's officer	3
Other key stakeholder (police, NGAO, health personnel, NGO service providers)	9
PARTICIPANTS IN FOCUS GROUP DISCUSSIONS (FGD)	
Care leavers	25
Area Advisory Council (AAC) members	25
Community members	39
House parents	49
Parents or guardians	27
Total	**196**

Table 1. *Respondents by category*

2.3 DATA COLLECTION

The data collection exercise was jointly planned and executed by DCS and CTWWC. A four-day training of enumerators and DCS staff was conducted June 11 to 14 to equip the data collectors with the necessary skills and familiarize them with the tools. The training program included field-testing exercise of the tools so that the enumerators improved their confidence on administering the tools. A total of 14 enumerators and eight DCS staff were trained on the methodology and their roles and participated in developing the field logistical plan covering all the targeted interviews.

Data collection was done between June 17 and June 21 under close supervision of DCS sub-county children's officers (SCCOs) and CTWWC 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 the CTWWC team members.

[5] The county coordinator for children's services did not participate in the key informant interview due to participation in another meeting outside of Kiambu.

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 analyzed in Microsoft Excel to calculate univariate statistics, e.g., ranges, frequencies, counts, means and percentages.

2.4.2 Qualitative

A 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' discussion 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 with Dedoose[6] 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 in light of 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 is minimized 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 and other private childcare institutions** was 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.
- 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.

[6] Dedoose is an online, low-cost data analysis app.

- For several focus group discussions and interviews, **DCS was involved in facilitating meetings and/or directly collecting data**. There is a chance this could have caused a social desirability bias.[7] In order to minimize 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 explanation and approach was undertaken.

- For qualitative interviews, CCIs and private childcare institutions were selected based on having at least one director/manager, at least one social worker and at least one house parent to ensure all three categories of staff could be interviewed to enable rigorous triangulation. This **sampling strategy may have unintendedly skewed the sample**, as it excluded those institutions that did not have a staff member in each category. The knowledge, attitudes and practices of these institutions could be substantially different than those than have all three categories of staff, therefore the sampling may somewhat disguise diversity.

[7] 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

Figure 1 shows the overall location distribution of children living in institutions in Kiambu, disaggregated by gender, at the time of data collection.

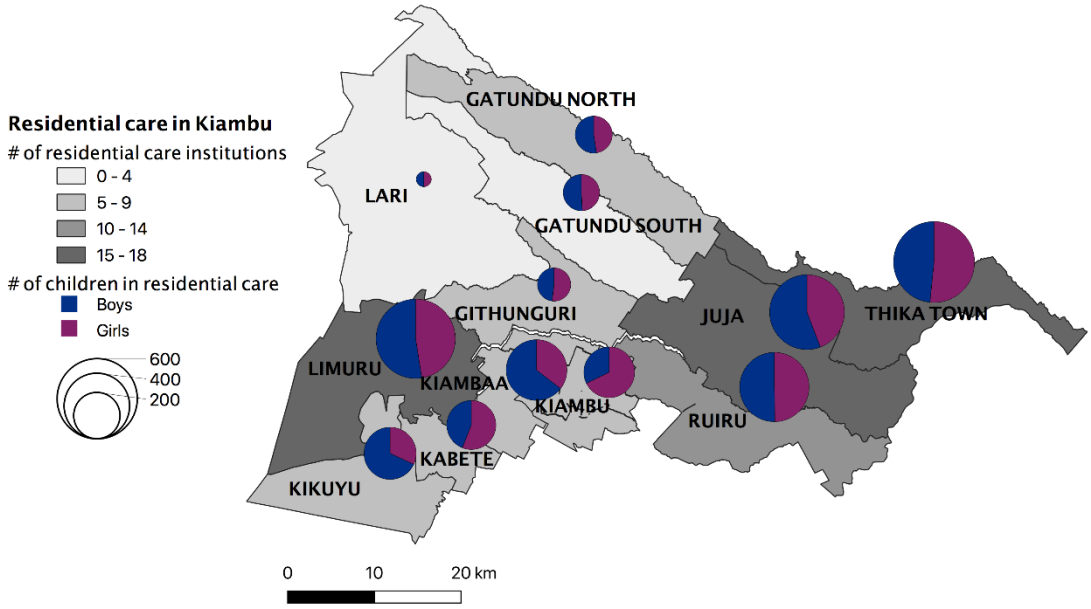


Figure 1. *Children living in Kiambu institutions by sub-county and gender.*

The situation analysis mapped **3,631 children and youth living in institutions in Kiambu County**, including **1,894 boys and 1,737 girls**. Of these 3,631 children, 200 children were residing in Kiambu's three SCIs (100 boys, 100 girls), as compared to 3,431 in CCIs and other private childcare institutions. Additionally, **169 children** were reported to be living **with disabilities**: **116 boys and 53 girls** (approximately 76% of these children were recorded as having intellectual disabilities and 24% recorded as having physical disabilities).[8] With 3,631 children reported to be living in Kiambu's institutions during the exercise, and an estimated child population of 821,487 children in Kiambu in 2018,[9] the population living within residential care constitutes **approximately 0.44% of Kiambu's total child population.**

[8] The situational analysis relied on staff's views of children's abilities and may well have missed functional challenges which are less obvious. Cognizant of this, and that globally, children with disabilities are 17 times more likely than other children to be placed in residential care (*see* https://www.unicef.org/eca/children-disabilities), it is likely this figure is an underestimate. It is hoped that a more in-depth assessment of children's abilities can be held in future to better understand the situation of children living with a disability in residential care.

[9] 2018 Kiambu child population estimate from Kiambu County Integrated Development Plan 2018-2022, retrieved from < https://cog.go.ke/downloads/category/106-county-integrated-development-plans-2018-2022>

By sub-county, Limuru, Juja and Ruiru had the highest numbers of children living in institutions, constituting 16%, 14% and 12%, respectively, of Kiambu's total children living in institutions. By contrast, in Lari 22 children are living in institutions, constituting 0.6% of Kiambu's total children living in institutions.

Institution directors reported that 43% of children living in institutions originated from the same sub-county in which the institution is located; 20% of children originated from another sub-county within Kiambu; 36% of children originated from another county within Kenya; and 1% of children originated from outside of Kenya (Figure 2).

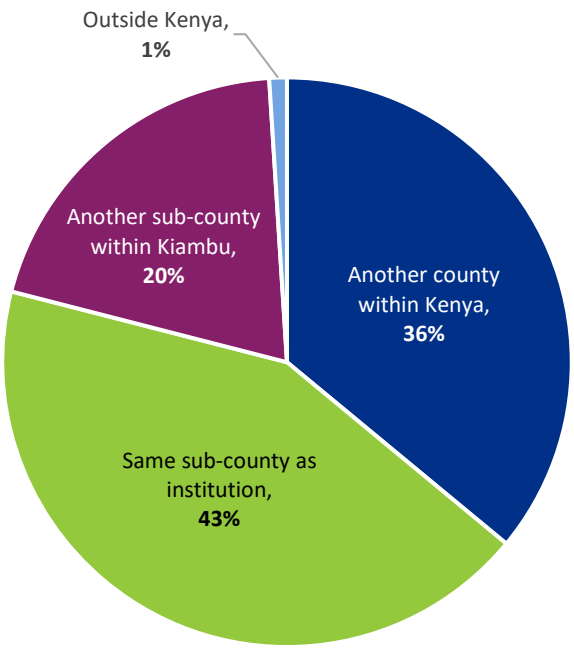


***Figure 2**. Origin of children living in institutions in Kiambu.*

3.1.2 Age and gender

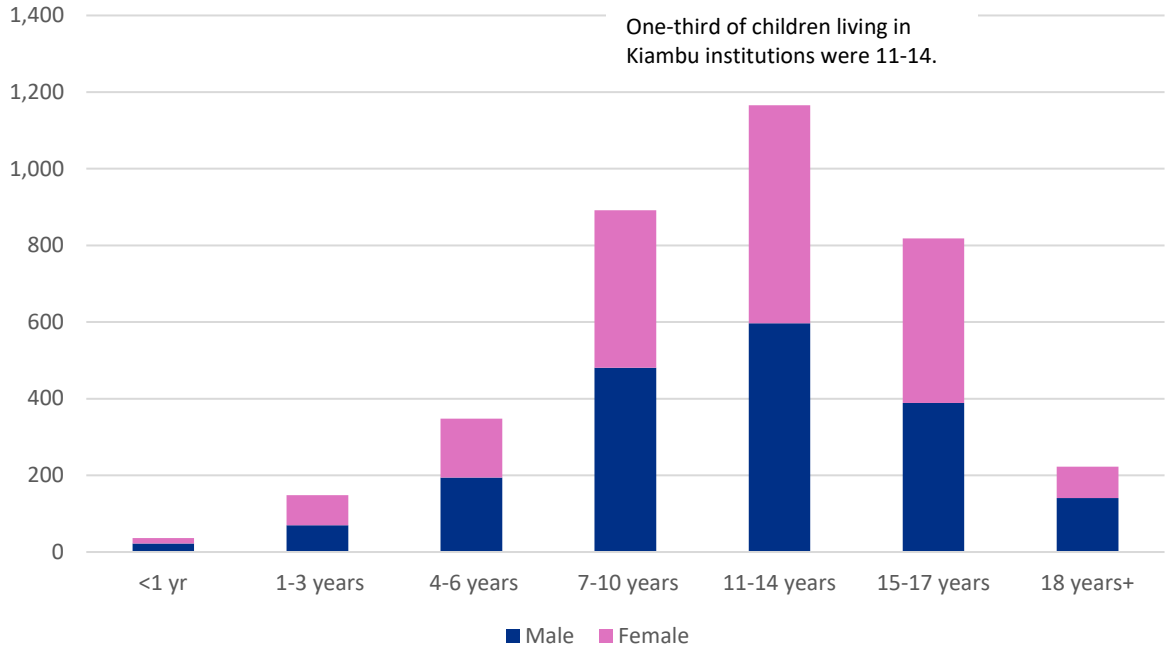


***Figure 3.** Age and gender of children living in Kiambu institutions.*

As shown in Figure 3, the situational analysis revealed relatively equal distributions of girls and boys (52% boys, 48% girls) living in Kiambu institutions, and that 79% of all children in Kiambu institutions are between seven and 17 years of age. The data revealed that at the time of data collection, there were 184 children living in Kiambu institutions age three years or under (five percent of the total population mapped). The latter statistic is in conflict with global evidence and the Guidelines for the Alternative Family Care of Children in Kenya that asserts that residential care is unsuitable, and even

harmful, for this age group. There were also 223 youth age 18 years or above (six percent of the total population mapped) where the National Best Practice Standards for CCIs asserts that institutions are not mandated to house young adults who are 18 years and above. There were 169 children (five percent of the total population mapped) living in institutions with disabilities (116 boys, 53 girls). The most common demographic of children living in Kiambu institutions was between 11 and 14 years (1,166 children or 32% of the total mapped population).

3.1.3 Reasons for admission

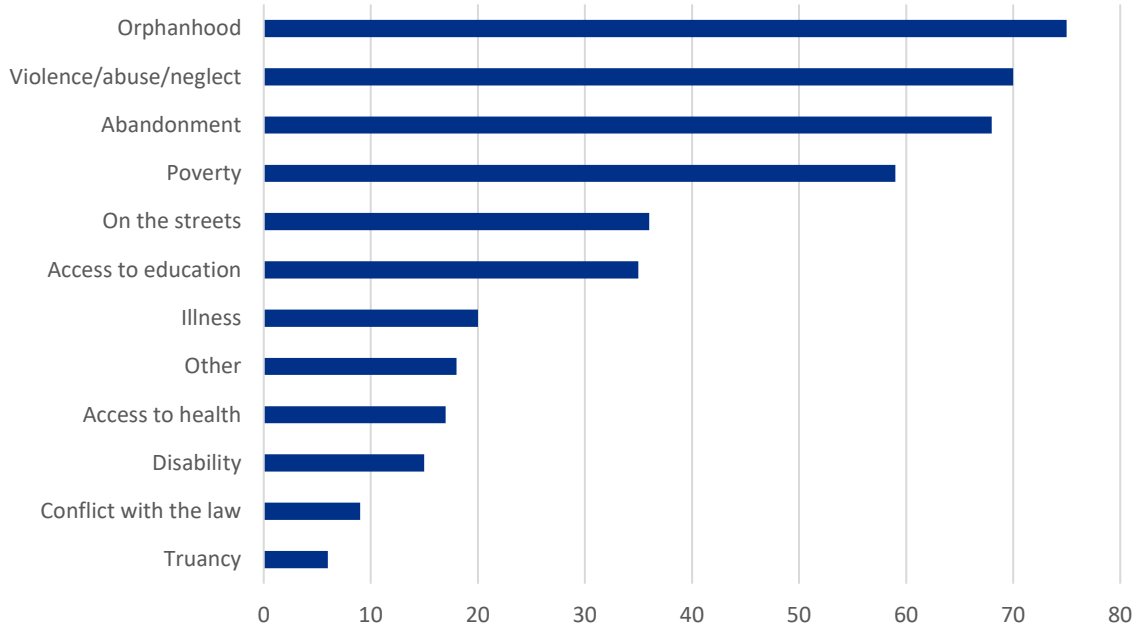


Figure 4. *Number of CCIs/other private childcare institutions in Kiambu that cite the following as reasons for entry.*

From the 100 CCIs/other private childcare institutions in Kiambu, **orphanhood, violence/abuse/neglect and abandonment were most frequently cited as a reason for children's admission**, with 75 institution directors noting their institution admitted children due to orphanhood, 70 due to violence, and 68 due to abandonment (Figure 4). Poverty was also cited by 59 private childcare institution directors as a key reason for admission. Other reasons cited included children living on the streets, access to education, illness, access to health, disability, children in conflict with the law and truancy.

Of three SCIs, violence/abuse/neglect, children living on the streets, and children in conflict with the law were cited by managers most frequently (each cited by two of three SCIs), followed by truancy, abandonment, poverty and disability (each cited by one SCI).

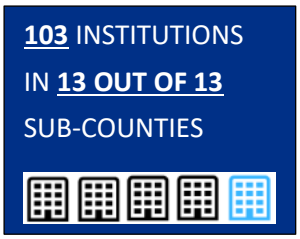
During interviews, staff from the DCS and national government administration officers in Kiambu cited a range of reasons for children's admission to institutions that align with the findings of the survey. These reasons include death of a parent, neglect, physical or sexual abuse, delinquency, separation of parents (and subsequent remarriages, where children from previous marriages are not treated equally in the household), disability or health concerns, mental instability of parents, poverty, parents seeking education and inability to meet basic needs (especially food):

"Those I have worked with mostly are as a cause of neglect, orphan where maybe there are no parents, those who don't have a capacity to take their children to CCIs, others looking for education. The main reason for many who come to me, that's the major reason. We have the remand home where the society bring [children] to the approved school for rehabilitation. In many cases, we would intervene with counseling, or little bit of disciplining, that's how they end up in institutions."

– DCS officer

3.2 INSTITUTIONS

3.2.1 Quantity, location and capacity



A total of 103 institutions were identified by DCS leadership across 13 out of 13 sub-counties in Kiambu to participate in the situational analysis. This included three SCIs (one remand home, one rescue center and one reception and rehabilitation center). Notably, two of the private childcare institutions were identified during the situational analysis. The DCS suspects that there are additional private childcare institutions operating within Kiambu, particularly those working with infants. Additionally, two CCIs/private childcare institutions refused to participate in the data collection process.

SUB-COUNTY	NO. OF CHILDREN			% OF CHILDREN	NO. OF INSTITUTIONS
	BOYS	GIRLS	TOTAL		
Gatundu North	68	62	130	4%	5
Gatundu South	63	61	124	3%	4
Githunguri	50	54	104	3%	5
Juja	292	231	523	14%	16
Kabete	100	127	227	6%	7
Kiambaa	224	123	347	10%	6
Kiambu	78	164	242	7%	7
Kikuyu	175	82	257	7%	7
Lari	11	11	22	1%	1
Limuru	310	281	591	16%	16
Ruiru	226	224	450	12%	14
Thika East	77	175	252	7%	5
Thika West	220	142	362	10%	10
TOTAL	**1,894**	**1,737**	**3,631**	**100%**	**103**

Table 2. *Distribution of children living in Kiambu institutions across sub-counties.*

As shown in Table 2, there is a broad distribution of children across all of Kiambu's sub-counties, with the highest numbers of children living in institutions in Limuru, Juja and Ruiru (16%, 14% and 12%, respectively, of Kiambu's total number of children living in institutions). By contrast, in Lari 0.6% of Kiambu's total number of children were living in institutions.

3.2.2 Registration status

From the 100 CCIs/other private childcare institutions identified in Kiambu at the time of data collection, just two had valid registrations with the NCCS. Twenty-nine directors stated their institution's registration with NCCS had expired and they had applied for renewal. Eighteen directors cited their institution's registration with NCCS had expired and they had not applied for renewal. Fifty-one institutions were either registered with government bodies other than NCCS[10] (bodies cited included Social Services, NGO Council, Registrar of Societies, Attorney General's Office, Ministry of Gender, Children and Social Development, Societies Act, Company Act), were not registered at all, or did not provide registration information.

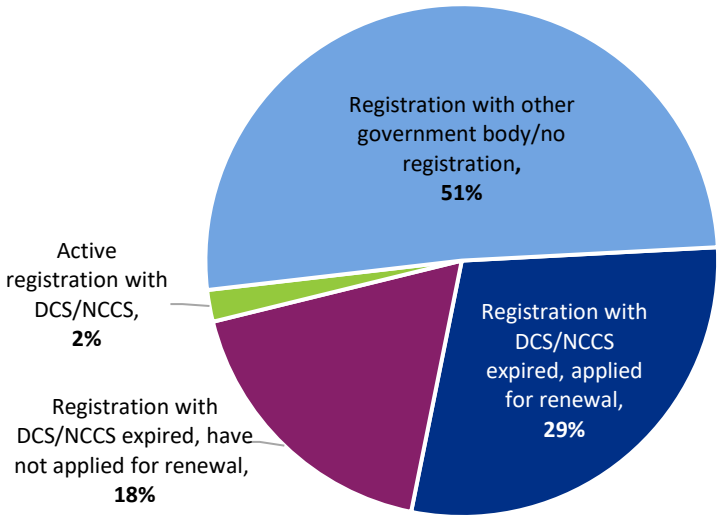


Figure 5. *Registration of Kiambu institutions.*

The above results need to be understood in light of the NCCS board not being fully constituted at the time of data collection, and the NCCS therefore having been unable to approve CCI registration renewal applications since mid-2016; most existing CCI registration certificates had 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.

[10] NCCS and DCS are the only government bodies with mandates to register Charitable Childcare Institutions.

3.2.3 Services

Institution directors were asked to identify all services that their institution directly provided, as well as the services they accessed for children via referral to external organizations.

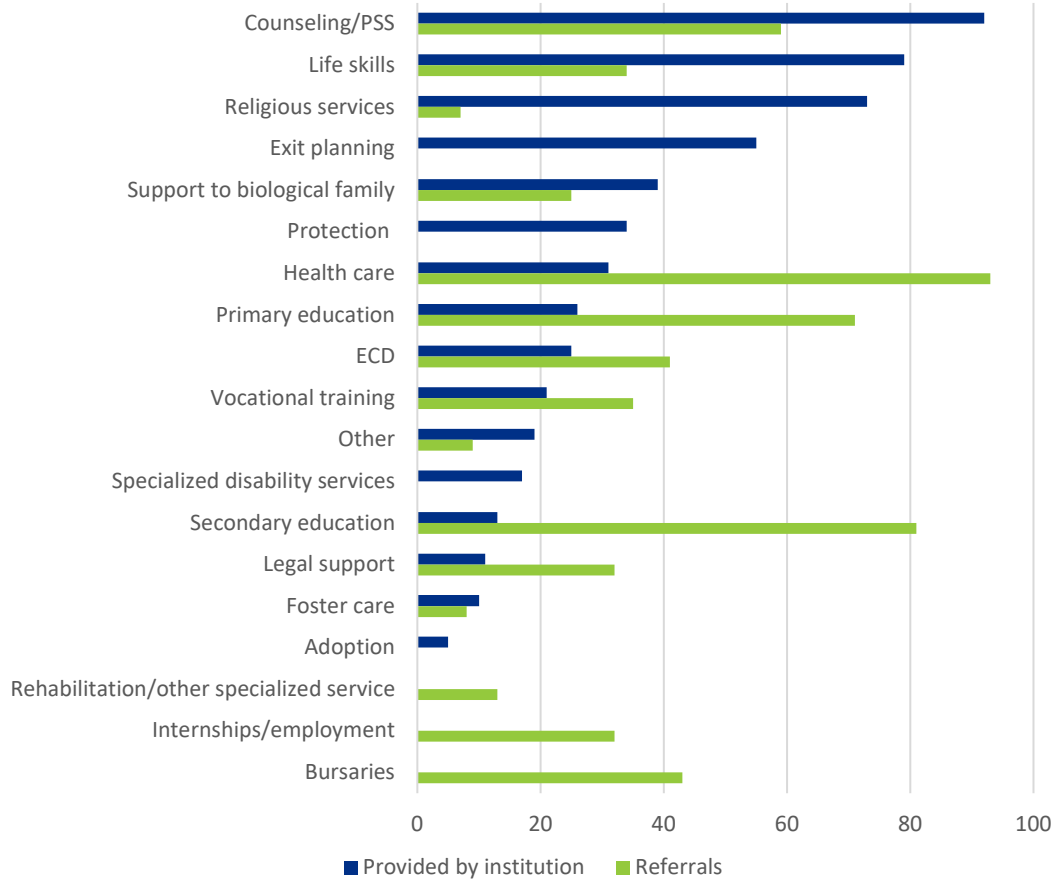


Figure 6. *Number of Kiambu institutions providing and referring to social services by service category.*

That data revealed that institutions most frequently provided counseling/psychosocial support services (with 92 institution directors reporting they provided this service), life skills (cited by 79 institution directors), religious services (73 institutions) and exit planning (55 institutions). By contrast, the data revealed that institutions largely rely on external service providers for health care services (93 institutions), secondary education (81 institutions) and primary education (71 institutions).

Notably:

- Though a high number of institution directors cited providing psychosocial services, institutions also frequently accessed this service via referral.

- Despite violence against children and abandonment being cited as top reasons for admission by institution directors (both of which are generally indicators of a need for family support services), just over one-third of institutions reported they provided any form of support to biological families.

- Religious services were very frequently provided by institutions, and very rarely accessed via referral.

- Health and education (early childhood, primary, secondary and vocational training) were more frequently accessed externally than provided by institutions. Where education was accessed via referral, it was primarily public education that was accessed (compared to private).

- Foster care and adoption were very infrequently provided or accessed via referral.

- Internships, employment opportunities and bursaries were all accessed on a purely referral basis.

- Similarly, rehabilitation services were accessed purely by referral.

3.2.4 Funding

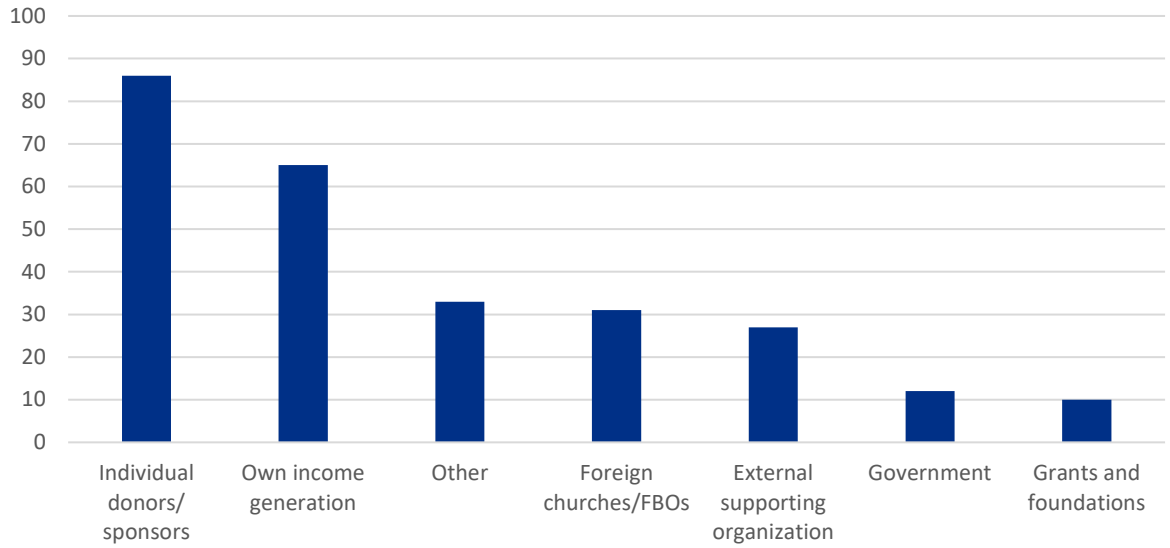


Figure 7. *Frequency and types of funding to Kiambu institutions.*

Figure 7 shows the types and frequency of funding to Kiambu institutions at the time of data collection. Of 100 CCIs/other private childcare institutions in Kiambu, individual donors/sponsors was the most frequently identified source of funding, with 86 CCI/other private childcare institution directors stating they received funding from this stream. Donor countries included the U.S., Australia, Canada and a range of European countries. This was closely followed by income-generating activities (65 institutions, mostly related to agricultural sources), other (33 institutions, mostly related to independent fundraising events and local community support), foreign churches or other faith-based organizations (31 institutions), partnerships with external organizations (27 institutions), government (12 institutions, ranging from 1-30% of their total income) and grants and foundations (10 institutions). A vast majority of CCIs and private childcare institutions received funding from multiple sources.

Of 16 CCIs and private childcare institutions that were single-source income, two received their funding solely from partnerships with external organizations, two received funding solely from foreign churches or other faith-based organizations, nine received their income solely from individual sponsors and donors, and three received their income solely from independent income-generating activities (large scale farming, baking and selling handicrafts and selling milk).

Of Kiambu's three SCIs, two managers stated they were funded solely by government, with the third SCI citing funding from government (85% of total funding), individual sponsors and donors (12% of total funding) and animal keeping and agricultural income-generating activities (3% of total funding).

3.2.5 Experiences in institutions

Care leavers

When asked about their experiences living in institutions in Kiambu during focus group discussions, care leavers recalled both positive and negative experiences of life in the institutions.

Among the positive experiences cited by care leavers were being supported in their basic needs, having opportunities that they may not have had in their communities (for example, education), the institution taught them responsibility, and for those who had come from an unhappy home, they gained a sense of belonging among the other children at the institutions.

Among the negative experiences cited by care leavers were "brutality," "cruelty" and harsh, violent treatment from house parents as reflected in the quote, below:

> *"Being woken up by a whip in the morning at 4 a.m. to wash the floor with cold water. You sleep late only to be woken by a bell ring at 4 a.m. and if you don't turn up, they use a whip. You later find you have to farm some divided parts daily, by the end of the day you would be extremely tired of working at age of around 10 years"*
>
> *– Care leaver*

> *"Wherever we were, they were harsh and didn't spare anyone; punishments were all over."*
>
> *– Care leaver*

Additionally, care leavers noted issues related to visitors to institutions. Care leaver respondents recalled incidents of being forced to share their personal stories related to how/why they separated from their families, and also recalled "feeling bad" about being given used clothes and expired food donations.

> *"Those who come here as visitors should not force anyone to tell them their stories because some have really gone through a lot that they are not willing to share. So when the visitors come, they should not force you to tell them you story."*
>
> *– Care leaver*

"When I was here, I was not happy because they would bring to us clothes that are used which made me feel bad. Yes, then there was this Hindu man who came to visit us and they gave us breads that were expired. [They should give] clothes that you can give to your child and you feel proud of it, not picking the old clothes and bringing them to us."

– Care leaver

Further, care leavers cited issues with institution staff, including a lack of personal attention, favoritism, a sense of feeling the staff were there "just to work and not to really take care of children," lack of privacy (including respect for privacy related to children's backgrounds, for which they often felt "criticized"), a focus on negative rather than positive behaviors (and weaknesses more than strengths), and being forced to overwork. They also cited a lack of connection to family and examples of being segregated and experiencing discrimination from their surrounding community:

"There was a time in the institution we used to go to church at 8:00 a.m., then get back at 10 o'clock, but kids from the orphanage … we should be going at 7 a.m. before the others start their morning service, because one lady said we usually bring confusion in church and that pissed me off, because it's like she hates us so much."

– Care leaver

"In church when they are made to sit at one side."

– Care leaver

Overall, when asked what they would recommend to parents who may be considering sending their children to residential care, care leavers noted they would encourage parents to keep their children at home.

Interviewer: If you could say one thing to a family who was considering placing their child in a CCI what would it be?

Care leaver: That family should even be charged for thinking to do such a thing.

Institution staff

During interviews, staff of CCIs and other private childcare institutions reported that institutions had both positive and negative aspects for the children living in them, similar to the care leavers' experiences. Staff noted that positives included access to services (education, health care, counseling, food and nutrition) and protection. Some institution staff felt that children who were orphans, or children who had been abused, received a level of loving care that they need:

"There are many benefits they can get from this place because if they are orphans and they start to be mistreated when they come here, they get the parental love, a balanced diet, they get some education and also somewhere to stay"

– CCI house parent

Negatives identified by staff included children missing their relatives, lacking parental love and family identity, not interacting with people outside of the institution in the community, and living in a highly structured environment:

"They are controlled by the bell and that child is not ready to do anything unless told to do it."

– CCI house parent

3.3 WORKFORCE

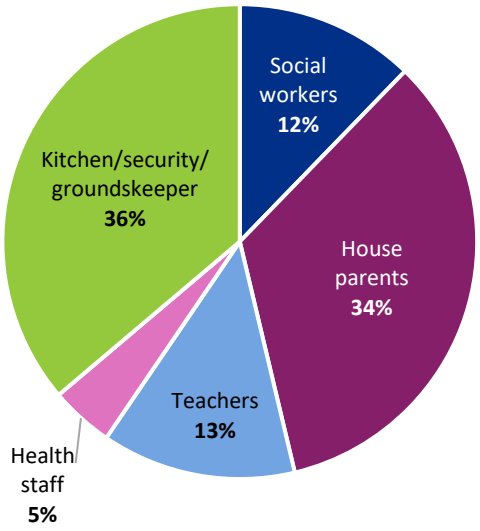


Figure 8. *Workforce employed by Kiambu institutions.*

Institution directors stated that a total of 1,020 staff were employed by Kiambu institutions at the time of data collection. Of the total workforce employed in Kiambu institutions, 36% were kitchen/ security/groundskeeper staff, 34% were house parents, 13% were teachers, 12% were social workers, and 5% were health staff.

Social workers are critical members of the childcare workforce as they are responsible for overseeing the care children receive and are typically mandated with assessment, planning and monitoring. Of the 125 social workers identified, these were employed across 91 institutions; 12 institutions (all private) did not employ any social workers (these institutions housed 237 at the time of data collection). When comparing the total number of children living in institutions to the total number of social workers employed by the institutions, the average social worker in a CCI/private childcare institution in Kiambu holds a caseload of 28 children, and social workers in Kiambu's SCIs hold an average caseload of 47 children. This includes only children currently residing within the institution, and excludes children who have exited and require monitoring. The National Best Practice Standards for CCIs recommends a caseload of 20 children per social worker; just 32 of Kiambu's institutions met this recommendation (including one SCI) when taking into account only children currently living within the institution.

12 INSTITUTIONS HOUSING **237 CHILDREN,** DID NOT HAVE A SOCIAL WORKER ON STAFF.

The other significant group of staff who work directly with children are the house parents who usually have a residential role and oversee sleeping arrangements, food, clothing and household chores. They often fulfill the primary caregiver role in a residential institution. The 347 house parents identified during the situation analysis were employed by 98 institutions. Five CCIs/private childcare institutions did not employ any house parents.[11] The National Standards for Best Practices in CCIs recommends a caregiver to child ratio of maximum 1:10,[12] but the average house parent in a CCI/private childcare institution in Kiambu takes care of 13 children; just 38 institutions met the recommended standard of a ratio of one house parent to 10 children or less. In Kiambu's SCIs, there was an average ratio of one house parent to 24 children.

Several institutions noted that staff took on multiple roles, for example, housemothers also took on social worker responsibilities, housefathers also took on driver responsibilities, etc.

[11] There were 84 children living in the institutions without house parents at the time of data collection.

[12] The 1:10 caregiver-to-child ratio relates to children age seven years and above; a ratio of 1:8 is recommended for children ages four to six years, and a ratio of 1:6 is recommended for children ages zero to three years.

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).[13] 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.[14]

3.4.1 Referrals for admission

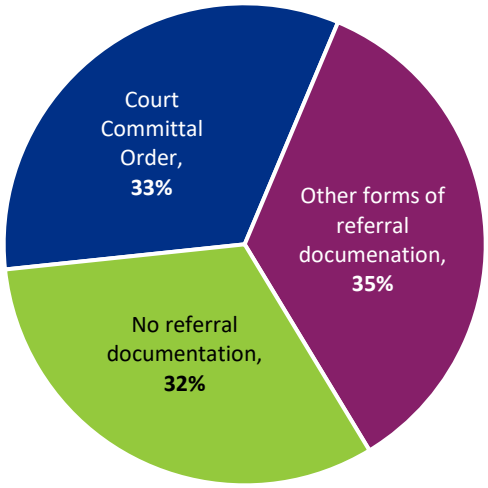


Figure 9. *Referral documentation contained in case files sampled from Kiambu CCIs and other private childcare institutions.*

The review of case files included in the situational analysis provided an insight into how well gatekeeping guidelines were being followed in the admission of children in residential care. Though the National Best Practices in Charitable Children's Institutions requires that a Court Committal Order must be obtained before a child is admitted to residential care**,** of 845 case files that were reviewed in Kiambu CCIs/other private childcare institutions, just 33% contained a Court Committal Order. Thirty-five percent of sampled case files contained another form of referral documentation (referral letter from chief, OB number from police or parental consent), **while 32% did not contain any referral documentation.** When generalized to the total population of children living in CCIs and other private childcare institutions in Kiambu, this constitutes **1,098 children living in CCIs and other private childcare institutions in Kiambu without any referral documentation.**

Of 45 case files that were reviewed in Kiambu SCIs, 38 files **(84%) contained Court Committal Orders.** An additional two files contained parental consent; conversely, five files did not contain any referral documentation.

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

[14] 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.

3.4.2 Duration of stay and exiting institutions

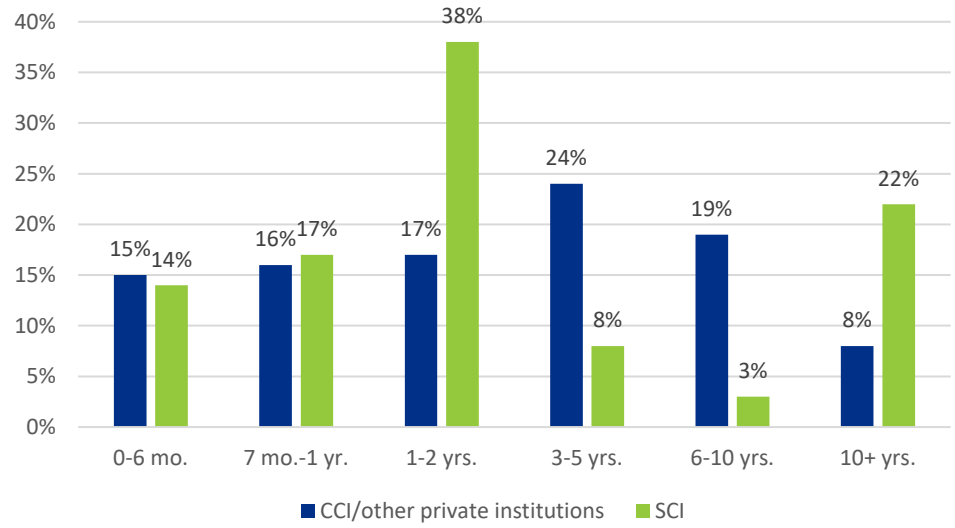


Figure 10. *Duration of stay of children living in Kiambu institutions.*

As shown in Figure 10, approximately 51% of children living in CCIs and other private childcare institutions in Kiambu had resided there for three years or more at the time of data collection. By comparison, children in SCIs were more likely to have lived there for fewer than three years; only about 33% of children in SCIs had lived there for more than three years. The Guidelines for the Alternative Family Care of Children in Kenya asserts that children should reside in an institution for the absolute shortest time possible, and not for more than three years.[15] The guidelines state that case reviews must be conducted every three months to ensure that sufficient efforts are being made to safely exit the child from the institution back to family-based care.

In **CCIs and other private childcare institutions**, at the time of data collection, there were…

3,431 CHILDREN LIVING IN CCIs/OTHER PRIVATE CHILDCARE INSTITUTIONS	**51%** OF CHILDREN HAD LIVED THERE FOR 3 OR MORE YEARS	**2,988** CHILDREN HAD EXITED IN THE PAST 3 YEARS

And in **SCIs**, at the time of data collection, there were…

200 CHILDREN LIVING IN SCIs	**33%** OF CHILDREN HAD LIVED THERE FOR 3 OR MORE YEARS	**466** CHILDREN HAD EXITED IN THE PAST 3 YEARS

In the last three years, it was reported that a total of **3,454 children left institutions in Kiambu**. Of the 3,454 children who left institutions over the last three years, 466 (13%) exited from SCIs (representing more than double the current reported population of children living in SCIs), compared to 2,988 (86%) exited from CCIs/other private childcare institutions (equivalent to only 87% of the current reported population of children living in CCIs and other private childcare institutions). This finding is consistent

[15] Only in very exceptional circumstance may an institution apply for an extension of stay before a court of law.

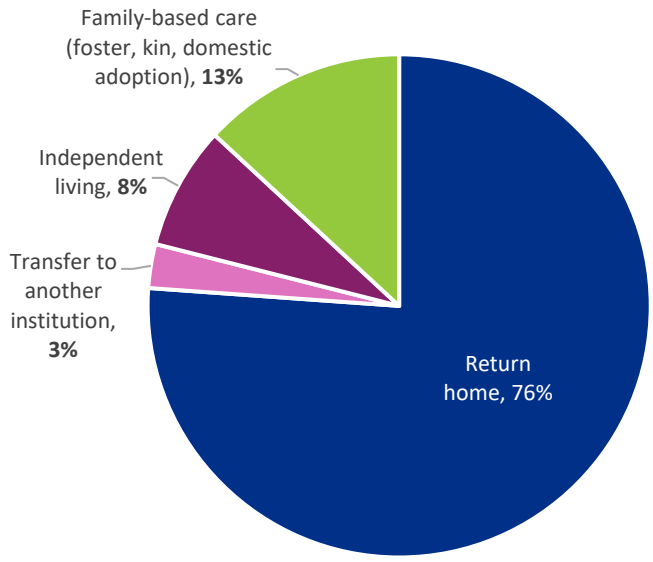


Figure 11. *Placement of children who exited Kiambu CCIs/other private childcare institutions in the last three years.*

with the median duration of stay for children residing in the SCIs recorded as one to two years, compared to the median duration of stay for children living in CCIs/private childcare institutions recorded as three to five years. Children in CCIs and other private childcare institutions tend to stay for longer periods, often into their teenage years. According to the data on children's ages among the population of children in residential care during the situational analysis, approximately six percent of the child population has already "aged out" of care (i.e., those who are 18 years and above) and approximately another quarter of the population will age out of care in the next three years (those currently age 15 years and above). Overall, children are exited from Kiambu's CCIs/private childcare institutions at a much slower rate than from the SCIs.

Of 2,988 children who were recorded to have exited from Kiambu CCIs and private childcare institutions over the last three years, the vast majority (76%) returned home (where this was understood by participants to mean the home where the child had lived before coming to the institution; it is possible this could have included households with biological parents or households of relatives, there was no distinction made when telling). Children exiting from CCIs and other private childcare institutions were also placed into alternative family-based care (kinship care 10%; foster care less than one percent), domestic adoption (three percent), independent living (eight percent), or were transferred to other institutions/rehabilitation (three percent).

Several respondents (institution staff, DCS) reported that children often temporarily exited institutions to return home for holidays and school breaks; these temporary exits may have been counted in the above data.

Of the 466 children who were recorded to have exited from Kiambu's SCIs, all returned home, except for one child who was transferred to another institution; the SCI did not place children in other forms of care.

During interviews, institutions reported during varying practices and procedures regarding preparation for exit. Some frequently cited practices included family tracing, visits with family over school breaks, counseling, referrals and continued support toward education, health care or income-generation programs.

CCIs and other private childcare institutions reported varying engagement with foster care and adoption, but stressed the need for more sensitization on procedures related to these forms of care. The need for community sensitization regarding alternative family-based forms of care was also highlighted by DCS staff:

"Foster care … I have just done a few and they are really beneficial, there are challenges here and there, but they are beneficial to those children, but only again the community needs to be sensitized about foster care."

– DCS officer

3.4.3 Experiences of exiting residential care

During FGDs and KIIs, many respondents had positive experiences of reuniting children with their families, but simultaneously cited challenges in reintegrating children from institutions. Respondents highlighted that children often run away from institutions, that they have trouble connecting with people in their communities, and that they experience rejection from the families and community members:

"It's very tricky, … and they face stigmatization. They find it very hard to interact with people. Some relatives are harsh and it's hard to cope. They face a lot of rejection from the community."

– DCS officer

Care leavers reported a range of challenges that they faced upon exit from institutions, including physical, sexual and emotional abuse; cruelty from others; differential treatment in school or church; rejection by other children; negative feelings about themselves; challenges finding employment; difficulty connecting with others; challenges in finding housing and living independently; and engaging in drug use or other risk behaviors to cope:

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

– Care leaver

Care leavers felt that increased opportunities for interaction with communities while living in institutions, preparation for the "real world" through life skills and vocational training, and continued support during the transition process could have helped create a smoother transition for them.

"They should have helped us by preparing us enough on the life we were to face. Also they should have not released us immediately, and they could have taken us step-by-step just like the families do where the child is supported until he or she finds a job, as we all know not all courses that one finishes and gets the job immediately."

– Care leaver

3.4.4 Attitudes toward exiting children from residential care

While many respondents expressed positive attitudes toward reuniting children living in institutions with their families, they expressed concerns related to whether the issues that brought children to the institutions would be addressed before they go home. Overwhelmingly, respondents noted that for children to be safe upon exit from residential care, there was a need for financial support for families to ensure children have access to adequate food, education, health care and other basic needs. Other recommendations included counseling, economic empowerment, parenting skills programs for families, community sensitization, diligence in family tracing and strengthening processes of forms of alternative family care.

3.5 CASE MANAGEMENT

Of 867 case files that were reviewed in Kiambu, **just 20 files (or two percent) contained a complete set of case management forms**.[16] All 20 of the complete files were within CCIs and private childcare institutions; **of 22 case files sampled from SCIs, none were complete.** Figure 12 shows the documentation that was most frequently contained in case files sampled at the time of data collection. Files most commonly contained admission documentation (62%), school records (59%) and a photo of the child (54%). Despite high numbers of children exiting Kiambu institutions over the last three years, less than a third of files sampled contained a family assessment (29%) or case plan (24%), processes that are critical for safely reintegrating children to family and community settings. Similarly, aftercare documentation was very low (four percent), though some sampled files were for children still currently living in institutions (and therefore not yet requiring aftercare forms).

[16] Where "complete" is considered: referral for admission document, biodata, medical assessment on admission, child assessment (including a photo of the child), family assessment, care plan, school record, case notes/monitoring. These are the minimum forms that are expected to be contained in a case file for a child who is currently in care, as required by the National Standards for Best Practices in CCIs. For children who have exited care, aftercare follow-up forms would also be critical; however, given the random sampling, this form was omitted from the "complete set" to accommodate expected practices for children currently in care.

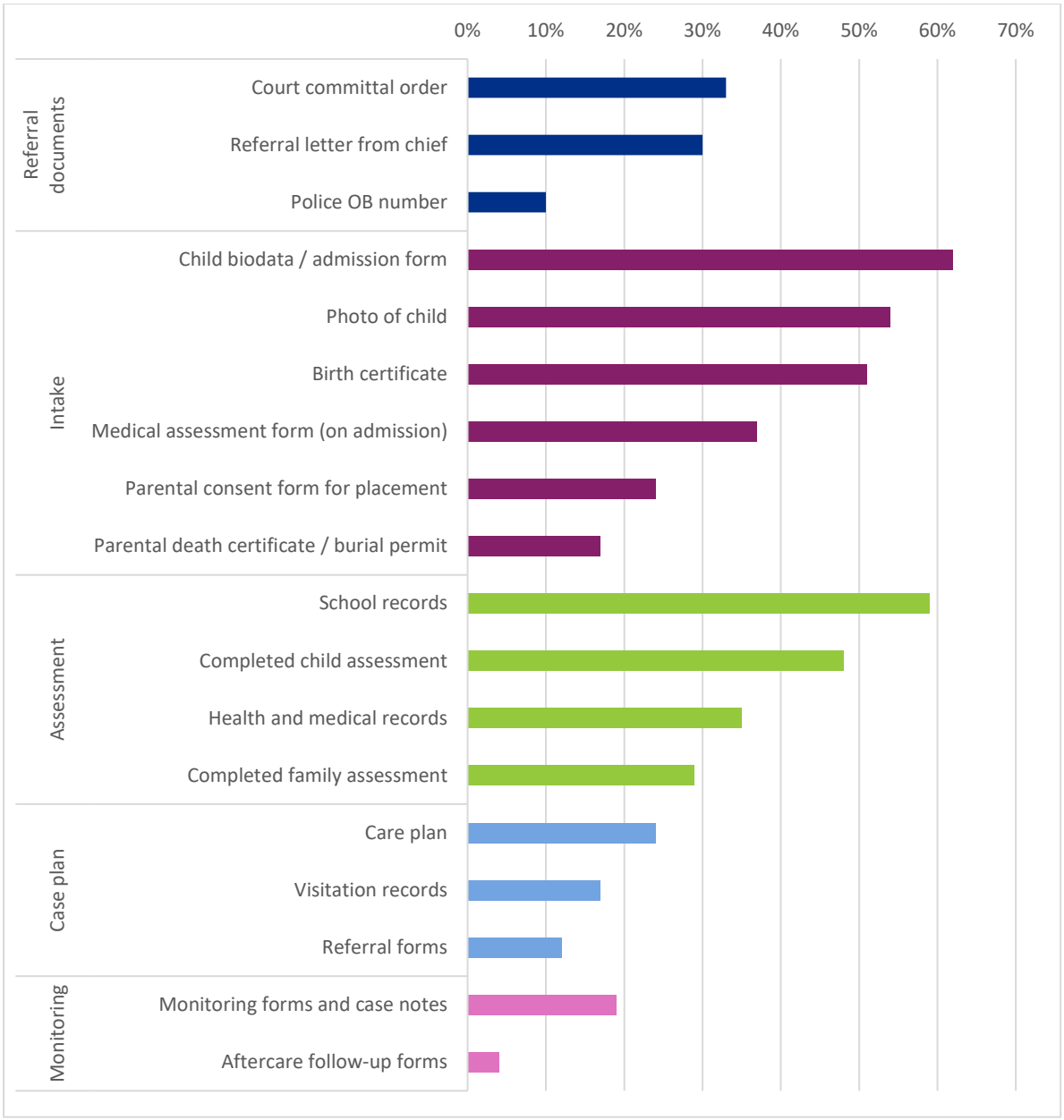


***Figure 12**. Documentation contained in sampled case files in Kiambu institutions.*

Figure 12 shows the case file documentation that was most commonly available was typically related to intake and identification; for example, 62% of case files sampled contained an admission form, 54% contained a photo of the child, and 51% contained a copy of a birth certificate. When looking at subsequent case management processes, the prevalence of documentation decreases.

The gaps in case management that were revealed raise questions around the suitability of services being provided. Despite 51% of the children living in CCIs and other private childcare institutions having lived there for more than three years, only half of case files sampled had completed child assessments. When a rigorous child assessment has not be conducted, it is difficult to understand the holistic needs of each individual child that would guide the types of services each child needs to access. Despite high numbers of children reported to have exited Kiambu institutions over the last three years, less than one-third of files sampled contained a family assessment, a critical process to support safe reintegration of children to family and community settings. When a family assessment has not been conducted, understanding the root cause of child vulnerability is very difficult, and this should be the factor which determines the types of services that children and families receive. When family

assessments have not been conducted, and when few institutions cited providing family support, children may have been returned to the similar situations from which they had left, raising questions about the safety of the reunification, or the necessity of the separation in the first place.

Additionally, just 24% of case files sampled contained case plans, and 19% contained monitoring forms. Without case plans and systematic monitoring, it is difficult to gauge whether the services provided are suitably meeting each child's needs (and whether reunifications were safe). Moreover, the Guidelines for the Alternative Family Care of Children in Kenya asserts that residential placements should be systematically reviewed every three months to ensure that placements do not continue longer than necessary, and that all efforts are being made to return the child to a family setting as soon as possible.

Finally, family visitation records (to maintain/strengthen the attachment between the child and family while they are separated) documentation was very low. 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.

3.6 PERCEPTIONS OF TRANSITIONING AWAY FROM RESIDENTIAL CARE SERVICES

3.6.1 Institution staff

Of 100 CCIs/other private childcare institutions in Kiambu, 58 directors stated that they had a plan to transition their institution away from providing residential care, though when probed further about their plans, these were mostly cited as child-level transition plans (i.e., reunify children to their families), rather than institutional-level transition plans (i.e., converting from a residential service model to a community-based service model).

In general, during KIIs and FGDs, both CCI and other private childcare institution and SCI staff in Kiambu expressed positive views of care reform efforts to transition services to support children in their families, but also stressed the need for government oversight, financial and technical support, and improved social protection programs. Several CCI and other private childcare institution staff voiced apprehension about eliminating residential care for children who are abandoned or those without safe family environments to which they can return. Some CCI and other private childcare institution staff articulated the need for increased streamlining and understanding of the processes for foster care and adoption. Staff in institutions also cited the need to increase community awareness and support to redirect donor funding toward reintegration and family-based care in order for care reform efforts to be successful.

3.6.2 Community

AAC members and community members expressed positive opinions about care reform, while concurrently expressing concerns about anticipated resistance from CCIs and other private childcare institutions and their supporters, sponsors and donors:

> *"Most of the CCIs will not agree because that's how they get their money, they portray that in what they take pictures and videos [of] … then send them what they require, but when you tell them you are taking away their source of income they will resist. It will require an act of the law to control that."*
>
> *– AAC member*

> *"First, it's hard to transition the CCIs since the managers are benefitting from donations; this might lead them to even sell the children so that they can earn money, and, also, we will lack staff for community outreach."*
>
> *– Community member*

Community members, in particular, recommended close government technical assistance and oversight of CCIs and private childcare institutions as they transform to community-based models.

3.6.3 Parents/guardians

Overall during interviews, parents/guardians of children living in residential care were somewhat resistant to the notion of children returning to their families, citing that they felt children were better behaved in institutions, and may be negatively influenced by peers and others in the community should they exit the institution.

> ***Interviewer:*** *Would you consider having your child or children come back and live with you? Please explain?*
> ***Parent/guardian:*** *No. We wish to have our children remain in the institution forever. The children might change their behavior if they get back at home.*

Parents/guardians felt the strict structure of life in the institution taught children habits that would help them succeed in life.

4. CONCLUSIONS

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

4.1 OPPORTUNITIES FOR INSTITUTION TRANSFORMATION TO COMMUNITY-BASED SERVICE MODEL

- **Community AACs and community members** expressed positive opinions about care reform. Staff from CCIs and other private childcare institutions identified that the positives of residential care were largely related to access to services (education, health care, counseling, food and nutrition), and highlighted a range of positives relate to family-based care (parental love and family identity, interacting with people outside in the community, etc.).

- **Kiambu's institutions have a very large workforce, totaling more than 1,000 staff, who provide a range of services which could be transitioned to community-based provision.** The house parents, teachers, social workers and health staff in institutions are well-positioned to continue providing services on a nonresidential basis. The large number of general operations staff could be further upskilled to support community-based service models, particularly where they already support duties outside of their official roles and may have developed core social work competencies. There is opportunity to leverage the workforce's existing skills and knowledge and apply to family and community-based services.

- **Most CCIs and private childcare institutions reported having more than one funding streaming, and almost three-quarters had their own independent income generation**. Three institutions were completely independently funded. This funding diversity and level of financial independence could be leveraged while advocating for other funding sources to support transformation of institutions toward community-based service provision.

- Since approximately three-quarters of children in Kiambu's institutions originate from within Kiambu, and 62% of case files sampled had biodata/admission forms with critical information related to children's families' locations, it is likely 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 close 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 had not been fully constituted to approve CCI registration renewal applications since mid-2016, just one CCI cited holding an active registration with NCCS. Where CCIs and private childcare institutions do not hold a valid registration, there is a risk that they operate without appropriate supervision and regulation as an assurance of meeting minimum service standards. However, this situation also poses **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. Half of the children mapped in CCIs and private childcare institutions, and one-third of children mapped in SCIs, were reported to have lived there for over three years. One-fifth of children living in SCIs had resided there for more than 10 years; this is in conflict with the standards outlined in the Guidelines for the Alternative Family Care of Children in Kenya. Therefore, it does appear that common **practice of Kiambu's institutions is not conducive to ensuring that placements into residential care are temporary.**

- It appears that gatekeeping processes or mechanisms are not always utilized 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, would it be necessary for children to reside in the institutions? Through their limited use of a rigorous case management process and a focus on family-level support, **Kiambu's 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.**

- Kiambu'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 almost three-quarters of children's families reside within Kiambu, 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.**

- Another indicator that raises questions is the disconnect between orphanhood as the most frequently cited reason for admission. The information provided illustrated the exit of three-quarters of children from CCIs and other private childcare institutions, and all except one child who exited SCIs over the last three years returned to the home from which they had originated. This calls into question the validity of the original reason given for placement in the facility. **On a positive note, this information also illustrates the possibility of children being reunified with family**.

- Furthermore, the data illustrates that a majority of children in Kiambu's SCIs were placed with a Court Committal Order, however **only one-third of case files sampled from CCIs** and other private childcare institutions contained Court Committal Orders. 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., was sufficient effort made to assess the situation and explore other means of support before separation and placement into care?).

4.3 SUITABILITY OF SERVICES

- **Among the negative experiences cited by care leavers was harsh violent treatment from institution staff.** This finding is in direct conflict with national minimum standards for alternative care services (as outlined in the Guidelines for the Alternative Family Care of Children in Kenya and the National Best Practice Standards for CCIs) as well as Kenya's broader legal framework, which considers violence against children and child exploitation and labor criminal offences.

- 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 jeopardize the overall quality of services able to be provided.

- Child assessments are critical to understanding the unique needs of each and every child living in residential care to, in turn, guide their care plan, which ultimately ensures the types of services required to meet children's needs are identified. Of the case files sampled, **child assessments were available in less than half, 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 to prevent unnecessarily long stays in residential care.

- The results revealed a level of **incongruence between the ages of children living in Kiambu'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 Kiambu's institutions.

- In total, 184 children living in Kiambu institutions were age three years or younger, which 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.**[17]

- Additionally, 223 adolescents age 18 years or above were found to be living in Kiambu's institutions, where it is likely 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 169 children were reported to be living with disabilities in Kiambu'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,[18] it is

[17] 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."

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

suspected that this figure was underestimated. 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,[19] family-based care options are considered more suitable for children with disabilities**.

- Though almost three-quarters of children living in Kiambu institutions were found to have originated from within the county (and most case files contained admission forms with details of family locations), less than one-fifth 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. Recognizing 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 standardized process that safeguards the rights and well-being of the child, birth family and adoptive family** (i.e., the adoption triad).

[19] 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

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 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. Given several institutions were identified during the situational analysis exercise, and that Kiambu DCS officers and AACs subsequently identified the exclusion of several other institutions (predominantly housing infants), it is **recommended that further mapping of childcare institutions be conducted** within Kiambu, and that the director survey tool and case file review tool be utilized to rapidly assess previously unidentified institutions' organizational context. It is critical that all children are counted to ensure appropriate planning for care reform strategies.

2. Where half of children originated from within the same sub-county as the institution, and where Juja and Limuru each had 16 institutions and almost 600 children residing within them, compared to Lari which had just one institution housing approximately 20 children, **efforts should be made to further understand the sub-county level differences affecting the numbers of children in residential care in Kiambu** 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 Kiambu.

3. Similarly, the **overrepresentation of particular age groups of children in Kiambu's institutions should also be further investigated**. One-third of children found to be living in Kiambu's institutions were 11 to 14 years of age, and were likely to have entered the institution at seven to 10 years of age; it is critical that the particular risks and vulnerabilities affecting this age group are better understood, as well as organizational pull factors that may target this demographic, to appropriately plan and target care reform interventions within Kiambu.

4. Where 12 CCIs/private childcare institutions reported receiving government funding (some citing government funding comprised 30% of their total income), **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 it is suspected that children living with disabilities were underestimated in the situational analysis, and cognizant that children with disabilities experience heightened vulnerability to violence in residential care,[20] it is recommended that **further investigation to ascertain more accurate data about children with disabilities in living Kiambu's institutions be conducted**.

[20] 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

6. **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 and other private childcare institutions 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 individualized 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 Kiambu DCS officers**. Given care leavers' recollection of violence within Kiambu's institutions, it is critical that DCS ensure institutions understand violent punishments conflict with Kenya's national legal framework; during the validation meeting with DCS staff, it may be helpful to **disseminate the recommendations from the Violence Against Children in All Care Settings report.**[21] During the validation meeting, DCS recommended that **issuance of provisional updated registrations should wait for progress against action plans,** and that aligned with the moratorium on new CCIs, new registrations should not be issued**.**

7. The prevalence of informal foster care illustrates an openness to caring for unrelated children within Kiambu. 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 Kiambu** once nationally available**.**

8. Given the risks associated with unstandardized 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 Kiambu** 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

9. DCS officers in Kiambu 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 two-thirds of children are from within Kiambu, and information on family location was contained in two-thirds of the case files sampled, 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

[21] Better Care Network (2017). Violence Against Children in All Care Settings: Africa-Expert Consultation Final Report, retrieved from https://resourcecentre.savethechildren.net/node/13774/pdf/vac_in_all_care_settings_africa_expert_consultation_report_final_2.pdf.

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.

10. Cognizant 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 184 infants and 169 children with disabilities** who live in Kiambu's institutions must be prioritized. 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 are able to live within a family environment.

11. **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.

12. 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

13. 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 Kiambu. 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.

14. To prepare and support the more than 1,000 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 Kiambu.

15. 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 states 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

16. Cognizant of institution staff and the community's 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 Kiambu to strengthen the childcare system.

17. 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.[22]

18. National advocacy could help to link vulnerable and reintegrating families to **social protection programs, especially the cash transfer program.**

[22] 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 INSTITUTION NCCS REGISTRATION STATUS, CHILD POPULATION AND STAFFING BY SUB-COUNTY

SUB-COUNTY: GATUNDU NORTH

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
1	Familia Moja Children's Home	Expired, not applied	**43**	1	1	1	**3**	1	1	0	0
2	New Vision Rescue Centre	Not registered	**21**	0	0	0	**1**	0	1	0	0
3	Mangu Muslim Centre	Not registered	**12**	0	0	0	**3**	0	0	0	0
4	Amicable Children's Home	Expired, applied	**38**	0	2	0	**3**	0	3	0	0
5	Ushuhuda Children's Home	Not registered	**16**	0	0	0	**2**	0	0	0	0
	TOTAL		**130**	**1**	**3**	**1**	**12**	**1**	**5**	**0**	**0**

SUB-COUNTY: GATUNDU SOUTH

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
6	Muthiga Hope Centre	Expired, not applied	**30**	0	2	0	**4**	1	2	4	0
7	Gatundu Children's Home	Expired, not applied	**54**	0	0	0	**3**	1	2	0	0
8	Haven on The Hill	Expired, applied	**27**	0	0	1	**9**	1	5	0	0
9	Joy Blessed Children's Home	Expired, not applied	**13**	0	0	3	**5**	1	2	0	0
	TOTAL		**124**	**0**	**2**	**4**	**21**	**4**	**11**	**4**	**0**

SUB-COUNTY: GITHUNGURI

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
10	Divine Intervention Missionary Ministry	Not registered	**11**	0	0	0	**3**	1	1	0	0
11	Gathaithi O.V.C. Centre	Expired, not applied	**29**	0	0	0	**6**	1	1	2	0
12	Mama Obed Children's Home	Expired, applied	**17**	0	0	2	**8**	1	3	1	0
13	Divine Mercy Hope Children,s Home	Expired, not applied	**20**	2	0	1	**5**	1	2	0	0
14	Hosanna Project for the Destitute	Expired, applied	**27**	1	4	2	**8**	1	2	0	0
		TOTAL	**104**	**3**	**4**	**5**	**30**	**5**	**9**	**3**	**0**

SUB-COUNTY: JUJA

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
15	Bress Break Children,s Home	Not registered	**19**	0	0	1	**3**	1	2	0	0
16	Zabibu Centre (Kwetu)	Not registered	**19**	0	1	6	**6**	1	2	4	0
17	Joy Children's Centre	Not registered	**37**	2	0	0	**10**	2	3	0	0
18	Star of Hope Children's Home	Expired, not applied	**60**	12	0	0	**20**	1	11	0	1
19	Young Life Africa Children's Home	Not registered	**27**	0	3	0	**5**	1	2	0	0
20	Mama Thahabu Care Centre	Not registered	**18**	0	0	0	**6**	1	2	0	0
21	Hope and Faith Home for Special	Expired, not applied	**42**	0	16	42	**8**	1	5	0	0

22	St. Mary's Children's Home	Not registered	**47**	0	0	0	**11**	1	6	0	0
23	St. Monica Children's Home	Expired, applied	**50**	0	10	0	**13**	2	2	3	4
24	Praise Gate Children's Home	Expired, not applied	**38**	8	1	0	**4**	1	3	1	0
25	Veropa Mama Care Children Home	Expired, not applied	**10**	0	0	0	**2**	0	2	0	0
26	Chariots of Destiny Children Centre	Not registered	**18**	0	2	0	**4**	1	1	0	0
27	Hope Life Children's Home	Not registered	**83**	4	0	9	**14**	1	10	24	0
28	Ukweli Home of Hope Centre	Not registered	**23**	0	0	0	**8**	2	2	1	1
29	Salem Children's Centre	Expired, not applied	**17**	1	2	0	**5**	1	2	0	0
30	Nest of Love Children Centre	Not registered	**15**	1	0	0	**5**	0	2	0	0
		TOTAL	**523**	**28**	**35**	**58**	**124**	**17**	**57**	**33**	**6**

SUB-COUNTY: KABETE

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
31	Talia Agler	Expired, not applied	**42**	0	1	5	**8**	1	3	0	1
32	Mary Njambi Foundation	Not registered	**15**	0	0	0	**2**	1	1	0	0
33	Gathiga Children's Hope Home	Not registered	**40**	0	8	0	**7**	1	5	0	0
34	Caroline Wambui Mungai Foundation	Expired, applied	**25**	0	0	0	**22**	1	2	14	0
35	Jesus Helper Children's Home	Not registered	**23**	1	0	0	**5**	1	2	0	0
36	Rotary Club Cura Children's Home	Expired, applied	**47**	0	0	1	**9**	1	4	0	3
37	Msamaria Mwema Children's Home	Expired, applied	**35**	0	0	0	**2**	1	0	1	0
TOTAL			**227**	**1**	**9**	**6**	**55**	**7**	**17**	**15**	**4**

SUB-COUNTY: KIAMBAA

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
38	Napastaa Heimen Children's Centre	Expired, applied	**89**	3	0	0	**15**	15	3	0	0
39	Junior Shelter Rescue Centre	Not registered	**19**	2	1	1	**5**	5	4	0	0
40	Give Hope Ministries	Expired, applied	**25**	0	3	0	**6**	6	2	0	0
41	Mother's Mercy Children's Home	Expired, applied	**103**	0	0	2	**24**	24	4	0	7
42	Odijo Foundation	Not registered	**31**	1	4	1	**2**	2	2	0	0
43	Streetnizers Ministry Transformation Center	Not registered	**80**	0	30	1	**7**	7	2	8	0
TOTAL			**347**	**6**	**38**	**5**	**59**	**12**	**17**	**8**	**7**

SUB-COUNTY: KIAMBU

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
44	Haven Rescue Home	Not registered	**12**	5	3	0	**9**	1	4	0	0
45	Zaidi Ya Dreams Children's Home	Not registered	**19**	3	0	2	**10**	1	5	1	0
46	Glory Christian Rescue Home	Not registered	**23**	7	0	0	**4**	1	2	0	0
47	Kirigiti Girls Reception and Rehabilitation Centre	SCI	**92**	0	0	0	**18**	1	4	2	1
48	Morning Star Ministries	Not registered	**43**	7	1	1	**13**	1	3	2	1
49	Kiambu Children's Remand Home	SCI	**20**	0	0	3	**8**	5	5	0	1
50	Our Lady of Guadalupe Children's Home	Not registered	**33**	1	0	1	**6**	1	3	0	0
TOTAL			**242**	**23**	**4**	**7**	**68**	**11**	**26**	**5**	**3**

SUB-COUNTY: KIKUYU

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
51	Immanuel Afrika	Valid	**39**	0	0	2	**12**	2	3	7	1
52	Comet House Children's Home	Expired, applied	**12**	0	1	0	**8**	2	3	1	0
53	Karai Munsingen Children's Home	Expired, not applied	**94**	2	0	0	**14**	2	5	14	0
54	Tumaini Children's Home	Expired, not applied	**43**	12	0	4	**33**	2	9	0	1
55	Makimei Children's Home	Not registered	**41**	12	0	2	**8**	1	2	0	0
56	Kipepeo Children's Home	Not registered	**14**	4	0	1	**8**	1	4	1	0
57	Mum's Love Caregiver	Not registered	**14**	0	1	0	**1**	1	1	11	1
		TOTAL	**257**	**30**	**2**	**9**	**84**	**11**	**27**	**34**	**3**

SUB-COUNTY: LARI

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
58	Dr. Njenga Foundation Charity	Not registered	22	0	0	0	4	1	2	0	0

SUB-COUNTY: LIMURU

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
59	Utugi Angels	Not registered	**15**	0	4	16	**6**	1	1	1	1
60	Fountain of Hope Children's Home	Expired, applied	**19**	2	3	1	**6**	1	1	0	1
61	Save a Soul Children's Centre	Expired, not applied	**24**	0	0	0	**7**	1	2	0	1
62	Limuru Children's Centre	Expired, applied	**58**	10	2	6	**42**	2	15	4	2
63	St. Anthony Children's Home	Not registered	**36**	2	11	2	**7**	2	2	0	1
64	Upendo Home	Not registered	**10**	0	0	0	**4**	1	2	0	0
65	Mama Maria Children's Home	Expired, applied	**17**	0	2	0	**7**	1	2	0	0
66	The Nest Childrens Home.	Expired, applied	**83**	12	1	3	**22**	2	11	2	1
67	New Hope Children's Center Uplands	Expired, applied	**95**	8	9	4	**18**	2	8	0	0
68	Nazareth Joy Children's Village	Valid	**58**	0	5	1	**13**	2	11	2	1
69	Alpha Joy Children's Home	Expired, applied	**27**	0	1	0	**5**	1	2	1	1
70	Maisha Mema Children's Home	Expired, not applied	**39**	0	5	1	**9**	1	3	1	0
71	Elshadai Children's Centre	Expired, applied	**28**	0	11	2	**4**	1	2	0	0
72	Home of Delegates Centre	Not registered	**18**	0	2	0	**3**	0	1	0	0

73	Lemalah Children's Home	Not registered	**23**	0	0	0	**4**	1	4	0	0
74	Joseph Kimani Children's Home	Expired, applied	**41**	0	0	1	**9**	1	2	7	0
		TOTAL	**591**	**34**	**56**	**37**	**166**	**20**	**69**	**18**	**9**

SUB-COUNTY: RUIRU

INSTITUTION		**REGISTRATION (stated by Director)**	**CHILD POPULATION**				**STAFFING**				
			TOTAL	**Under 3**	**18+**	**CWD**	**TOTAL**	**Social workers**	**House parents**	**Teachers**	**Health staff**
75	Father's House Children's Home	Not registered	26	2	2	0	3	0	2	0	0
76	Ruiru 208 Children Care Center	Not registered	18	0	0	1	4	1	2	0	1
77	House of Mercy Children's Home	Expired, applied	44	0	4	2	10	2	6	1	1
78	Everlasting Children's Home	Not registered	29	3	5	0	3	0	2	0	0
79	Watu Wa Maana Children's Center	Expired, applied	39	0	1	1	7	1	2	0	1
80	Bethel Children's Home	Expired, applied	74	0	8	0	7	1	5	1	0
81	Ruiru Rehabilitation Centre	Not registered	42	3	2	4	9	2	2	0	0
82	Ebenezer Restoration Christian Centre	Not registered	40	0	8	0	6	1	3	0	0
83	Sanctuary of Hope Children's Home	Expired, applied	24	0	3	3	10	1	4	0	2
84	Christ Our Refugee Childrens Home	Expired, applied	22	1	3	1	6	1	2	4	0
85	St. Luthmer Children's Home	Not registered	36	3	0	1	3	1	2	0	0

86	El-Shaddai Grace and Vulnerable Center	Not registered	35	0	3	0	4	1	3	1	0
87	Heart of Care Children's Home	Not registered	16	1	0	0	5	0	0	0	0
88	Wholistic Caring and Counseling Centre	Not registered	5	1	1	0	0	0	0	0	0
		TOTAL	**450**	**14**	**40**	**13**	**77**	**12**	**35**	**7**	**5**

SUB-COUNTY: THIKA EAST

INSTITUTION		**REGISTRATION (stated by Director)**	**CHILD POPULATION**				**STAFFING**				
			TOTAL	**Under 3**	**18+**	**CWD**	**TOTAL**	**Social workers**	**House parents**	**Teachers**	**Health staff**
89	Revelation Children's Home	Expired, applied	20	0	0	0	8	2	2	0	0
90	The Ark Children's Home	Expired, applied	34	3	0	1	5	1	2	0	0
91	Community of Hope Care Center for Orphans and Vulnerable Children	Not registered	44	12	1	3	11	1	5	0	1
92	Harvest Blessings Children's Centre	Not registered	32	0	0	1	10	1	3	0	0
93	Pendekezo Letu Children's Home	Not registered	122	4	0	0	18	2	6	4	0
		TOTAL	**252**	**19**	**1**	**5**	**52**	**7**	**18**	**4**	**1**

SUB-COUNTY: THIKA WEST

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
94	Moyo Children Centre	Not registered	20	1	0	1	9	1	7	0	0
95	Kusitawi Villages Children's Centre	Not registered	56	1	0	2	30	2	15	0	2
96	Action for Children in Conflict	Not registered	16	0	0	0	9	2	1	1	1
97	ACK Thika Namrata Shah Children's Home	Expired, not applied	34	0	13	0	8	1	2	0	0
98	Shade Children's Foundation	Not registered	23	0	1	0	6	1	4	0	0
99	Thika Children Rescue Centre	SCI	88	0	9	13	13	2	2	3	1
100	Kiota Children's Home	Not registered	18	0	1	0	7	2	4	0	0
101	Orphan Children's Centre	Expired, applied	24	4	0	0	13	1	3	0	1
102	Otto Hofmann Children's Centre	Expired, not applied	30	0	1	1	7	1	1	0	0
103	Macheo Children's Home	Expired, applied	53	15	3	2	36	4	15	0	1
		TOTAL	**362**	**21**	**28**	**19**	**138**	**17**	**54**	**4**	**6**

6.2 DETAILED METHODOLOGY

6.2.1 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 organized 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.

6.2.2 Ethical considerations

Enumerators were trained on research ethics and child protection reporting protocols should cases of abuses be suspected or witnessed during data collection. Prior to data collection, the objectives of the situational analysis was 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.

6.2.3 Data collection tools

Quantitative
Two instruments were utilized 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/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 case management is utilized 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.

6.2.4 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 Nyamira, Kisumu, Kiambu and Kilifi counties. 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 in each target county 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 summarizes the sampling rationale by respondent type.

RESPONDENT GROUP	SAMPLING RATIONALE
Institution directors/managers	In each county, one SCI was selected (most counties had only one SCI; when there was more than one, the institution with the largest population was selected), and CCIs and private childcare institutions were selected based on their numbers per category. One director/manager was interviewed per CCI/private childcare institution in a minimum of 10% of the total CCIs and private childcare institutions in the county. The selected CCIs and private childcare institutions 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 coordinators for children's services 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: • AAC members • Child protection center staff • Members of child protection committees • Village elders • Religious leaders • Community policing initiative (*nyumba kumi*[23]) chairpersons • *Boda boda* association chairpersons • Child protection volunteers (CPVs) • 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, with a minimum of four groups interviewed per county.
Parents or guardians of children in institutions	Institutions that had been targeted for qualitative data collection mobilized 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.[24] In each county, 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 and private childcare institutions to participate in focus group discussions of eight respondents (one FGD per county). Care leavers represented a minimum of two institutions per FGD. Sub-county children's officers collaborated with CCIs and private childcare institution managers to identify and select respondents. To encourage free expression, targeted care leavers were all within five years of each other.

[23] *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.

[24] Transport expenses were reimbursed.

6.2.5 Data collection

The data collection exercise was jointly planned and executed by DCS and CTWWC between May and September 2019. Data was collected 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 reviewed and quality assured by CTWWC 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 utilized a standardized 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 utilized 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, 56 enumerators were engaged for data collection in the four counties as follows: four in Nyamira County, 12 in Kisumu County, 26 in Kiambu County and 14 in Kilifi County. Data collection was conducted in the four counties as per the table below.

COUNTY	DATA COLLECTION PERIOD
Nyamira	30th April – 7th May 2019
Kisumu	13th – 17th May 2019
Kiambu	17th – 21st June 2019
Kilifi	2nd – 6th September 2019

In total 90 key respondents were individually interviewed across the four counties, and 452 participants in over 66 groups were reached through FGDs.

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.

A summary of the situational analysis respondents by category and county is tabulated below.

	KISUMU	NYAMIRA	KIAMBU	KILIFI	TOTAL
Respondents for Key Informant Interviews (KIIs)					
CCI/SCI directors/managers	9	3	11	4	**27**
CCI/SCI social workers	5	2	8	5	**20**
DCS coordinators for children's services	1	1	0	1	**3**
DCS sub-county children's officers	2	2	3	3	**10**
Other key stakeholders (police, NGAO, health personnel, NGO service providers)	7	7	9	8	**31**
SUBTOTAL	**24**	**15**	**31**	**21**	**91**
Participants in Focus Group Discussions (FGDs)					
Care leavers	8	16	25	14	**63**
Area Advisory Council (AAC) members	36	22	25	30	**113**
Community members	25	15	39	35	**114**
House parents	15	21	49	20	**105**
Parents or guardians	6	16	27	23	**72**
SUBTOTAL	**90**	**90**	**165**	**122**	**467**

6.2.6 Data analysis

Quantitative
Data was analyzed in Microsoft Excel to calculate univariate statistics, e.g., ranges, frequencies, counts, means and percentages.

Qualitative
Qualitative data analysis was conducted with Dedoose. One researcher created the qualitative codebook using the KII and FGD interview protocols. The codes were as follows:

- Factors for placement
    - Gender differences
- Existing services & procedures
    - Care leavers entering independent living
    - Prevention
    - Reintegration, foster care, adoption
    - Other institution services/procedures
- Needed/recommended services & procedures
    - Care leavers entering independent living
    - Prevention
    - Reintegration, foster care, adoption
- Opinions about care reform
- Opinions about institutions
    - Gender differences
- Opinions about reintegration
    - Would you consider your child coming to live with you?
- Anecdotes/experiences regarding reintegration
- Care leavers' challenges
- Care leavers' FGDs codes
    - Who DO care leavers trust?
    - Care leavers' dreams
- Advice for families considering CCIs

Each KII or FGD transcript was labeled by type of respondent, type of tool, location, and date.

Three researchers coded all KIIs and FGDs using the codebook. Each KII or FGD was coded by one researcher, with random spot checks conducted to ensure consistency of coding style.

To analyze the data, coded quotes were exported to Excel separately for each county. Data was filtered by code and respondent type to understand how different respondents spoke about each topic.

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