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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 Kilifi 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's Services (NCCS) under the leadership of Mr. Abdinoor Mohammed for the policy directions offered during the process.

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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.

Kilifi

Childcare Institution Situational Analysis Summary

1,706 children living in residential care

951 boys **755** girls

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

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

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

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

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

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

10 childcare institutions including 1 statutory children's institutions

Institutions most frequently provide:

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

Institutions rely on external services for:

- health care
- education

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

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

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

> ... in the process of exit, most of our friends ended up living on the streets
>
> –Care leaver

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

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

Many stakeholders recognized the benefits of family-based care.

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

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

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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 Kilifi, 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 children's coordinators and sub-county children's officers (SCCO), institution managers/directors, social workers and house parents, parents and guardians, care leavers, Area Advisory Council (AAC) members, police, national government administration officers, chiefs, assistant county commissioners, deputy county commissioners and representatives from non-governmental organizations (NGOs) providing child protection services, etc.).

Findings include:

- There were 1,706 children and youth living in 43 institutions in Kilifi County (951 boys and 755 girls), including 33 children reported to be living with disabilities. Twenty-four children were residing in Kilifi's SCI. Forty-four percent of the children living in institutions were 11-14 years old. Only 50% of case files sampled contained a Court Committal Order (the legally required document for admission of children into residential care).

- Malindi sub-county had the highest number of institutions (18) and children living in institutions, constituting 50% of Kilifi's total children living in institutions

- Sixty-four percent of children living in institutions originated from the same sub-county in which the institution is located; 14% of children originated from other sub-counties within Kilifi, and 22% of children originated from another county within Kenya. Only two children originated from outside of Kenya.

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

- Children tended to stay in CCIs and private childcare institutions substantially longer than the statutory institution: 92% of children mapped in the SCI had resided there less than one year, whereas 68% of children mapped in CCIs and private childcare institutions had resided there for three years or more.

- Institutions most frequently provided psychosocial support, religious services and life skills training, and largely looked to external service providers for health services, early childhood development, primary education and secondary education. Few institutions provided support to families.

- Individual sponsors and support from foreign churches were the most frequent funding streams. Approximately a third of institutions had their own independent income generation activities.

- There were 540 staff employed by Kilifi's institutions, with approximately three-quarters of these being general operations staff (kitchen, security, groundskeepers, house parents) as compared to specialized staff (teachers, health personnel, social workers). House parent-to-child and social worker-to-child ratios were higher than guidance in the National Best Practice Standards for CCIs, and sampled case files overall did not meet guidance provided within 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.

- Most stakeholders recognized the benefits of family-based care; however, institution staff expressed doubt about how feasible transition away from residential care would be. Respondents other than institution staff were very positive about the idea of transitioning away from reliance on residential care.

Overall, it is concluded that the findings present a multitude of opportunities for care reform, 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 assessment be conducted into potential additional childcare institutions that were not included in the situational analysis, the overrepresentation of particular age groups of children in Kilifi's institutions and details about children with disabilities living in Kilifi's institutions.

- Regulatory measures could help to improve Kilifi'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 should be facilitated in preparation for reunification and eventual reintegration. [2]

[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.

- Given their heightened vulnerability in residential care settings, preparation for reintegration of infants and children with disabilities should be prioritized. Similarly, given supported independent living placements are likely more suitable for adolescents age 18 years and above, and that institutions are mandated to care for children age 17 years and below; preparation for reintegration of this age group should also be prioritized.

- Reintegration should be the strategy 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-based care, and children and young people should be engaged in all care reform efforts.

- Strategies to better link vulnerable and reintegrating families to social protection programs, especially the cash transfer program, should be explored.

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 Kilifi County. The aim is to create a clearer understanding of the current situation of children in residential care in Kilifi, and to identify strengths and potential challenges that may impact care reform [3] work within the county. 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 Kilifi County government and national government, as well as non-governmental organizations, community groups and advocates working to improve the care system within Kilifi 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 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 Europe, 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 director/manager, 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 certificate, 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 looked through 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, was considered a mix of statutory, registered and unregistered 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 institutions had to have at least one staff member 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 dates, 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 Kilifi.

RESPONDENTS FOR KEY INFORMANT INTERVIEWS (KII)	
CCI/SCI manager	4
CCI/SCI social worker	5
DCS county coordinator for children's services	1
DCS sub-county children's officer	3
Other key stakeholder (police, NGAO, health personnel, NGO service providers)	8
PARTICIPANTS IN FOCUS GROUP DISCUSSIONS (FGD)	
Care leavers	14
Area Advisory Council (AAC) members	30
Community members	35
House parents	20
Parents or guardians	23
Total	**143**

Table 1. *Respondents by category*

2.3 DATA COLLECTION

The data collection exercise was jointly planned and executed by DCS and CTWWC in September 2019. A four-day training of enumerators and DCS staff was conducted August 26 to 29 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 September 2 to 7 under the 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 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.

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. When 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 [5] 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 below limitations:

- 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.

[5] 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.[6] 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 consistent explanations and approaches were 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 that have all three categories of staff; therefore, the sampling may somewhat disguise diversity.

[6] 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

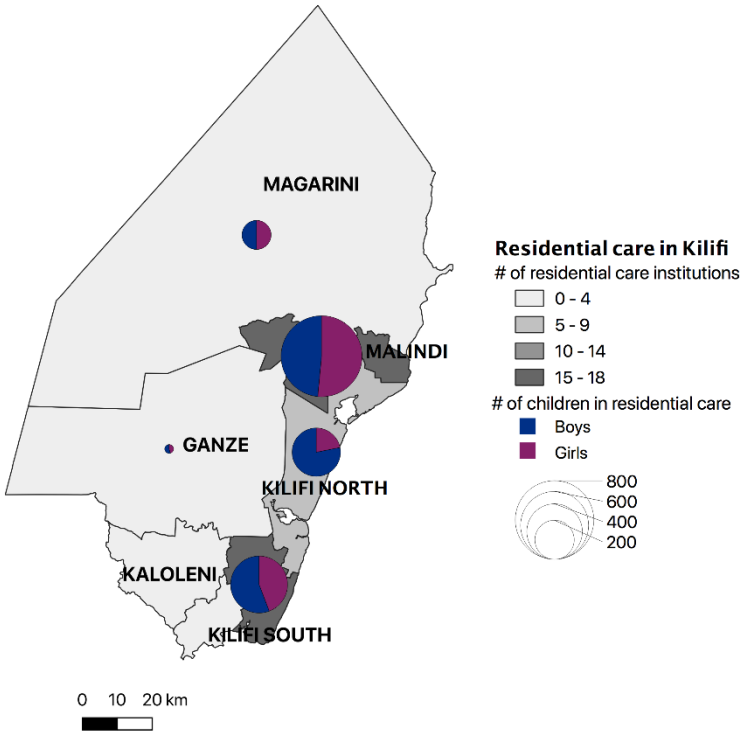


***Figure 1**. Children living in Kilifi institutions by sub-county and gender.*

As shown in Figure 1, the situational analysis mapped **1,706 children and youth living in institutions in Kilifi County**, including 951 boys and 755 girls. Of these 1,706 children, 24 children were residing in Kilifi's SCI (18 boys, six girls), compared to 1,682 children living in Kilifi's CCIs and other private childcare institutions. Thirty-three of these children are reported to be living with disabilities; 18 boys and 15 girls (approximately 34% of these children were recorded as having intellectual disabilities, and 66% recorded as having physical disabilities).[7]

With 1,706 children reported to be living in Kilifi's institution during the exercise, and an estimated child population of 610,036 children in Kilifi in 2019[8], the population living within residential care constitutes approximately 0.28% of Kilifi's total child population.

[7] 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.

[8] 2019 census data.

By sub-county, Malindi had the highest numbers of children living in institutions, constituting 50% of Kilifi's total children living in institutions. By contrast, Kaloleni and Rabai did not have any children living in institutions. DCS officers in Kilifi noted that Malindi institutions are concentrated along the highway and coast, developed areas which are frequented by tourists.

Institution directors cited that 64% of children living in institutions originated from the same sub-county in which the institution is located, 14% of children originated from other sub-counties within Kilifi, and 22% of children originated from another county within Kenya (Figure 2). Only two children originated from outside of Kenya.

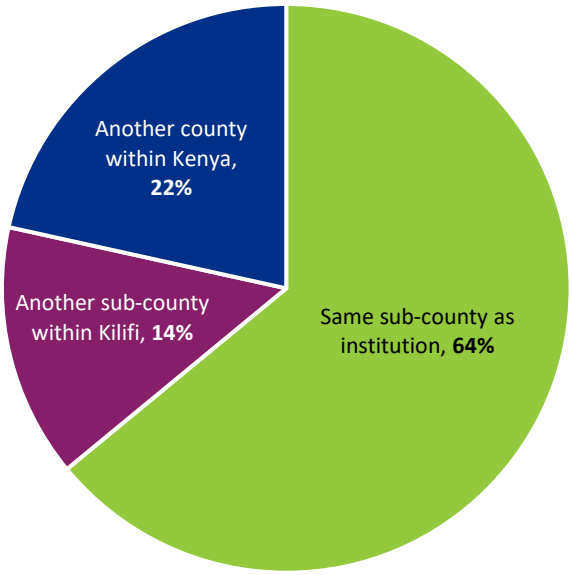


Figure 2. *Origin of children living in institutions in Kilifi.*

Though almost three-quarters of children living in Kilifi institutions were found to have originated from within the county, a review of a random sample of case files revealed that only 18% of files contained family assessments, and only 21% contained family visitation records. It appears that Kilifi's institutions are not always taking full advantage of the close proximity of children's families to work toward reunification.

3.1.2 Age and gender

Figure 3 shows the overall age and gender distribution of children living in Kilifi institutions at the time of data collection.

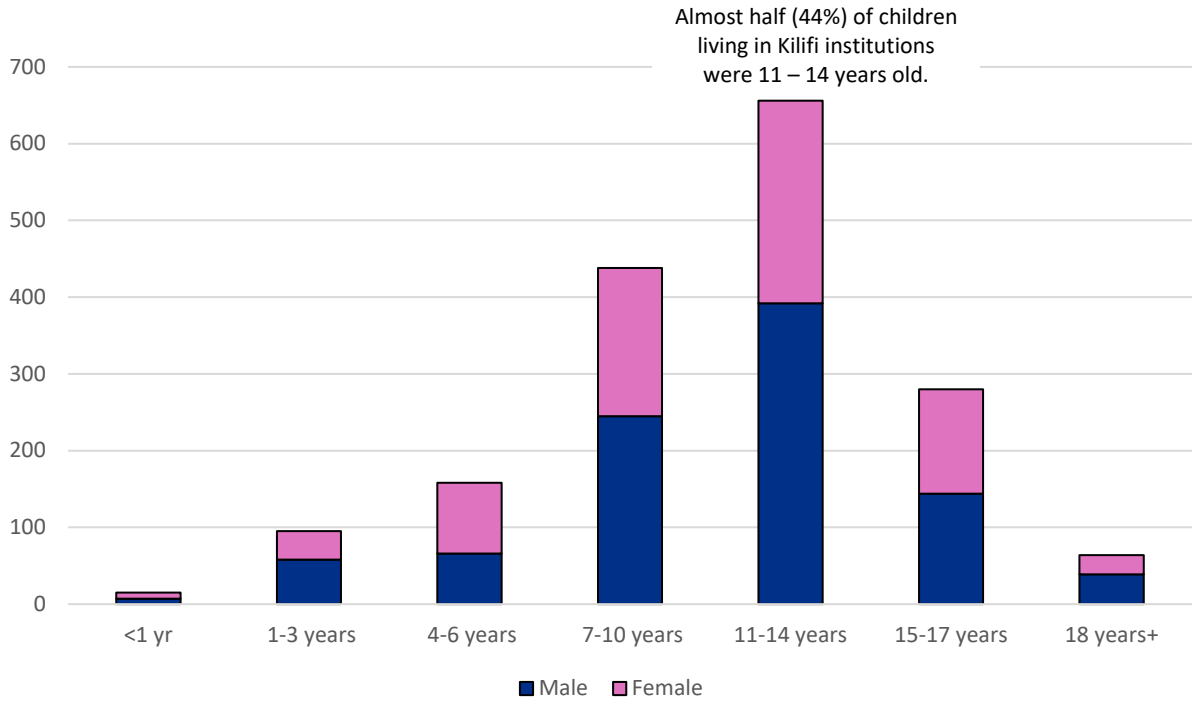


Figure 3. *Age and gender of children living in Kilifi institutions.*

The situational analysis revealed relatively equal distributions of girls and boys (55% boys, 45% girls)[9] living in Kilifi institutions, and that 81% of all children in Kilifi institutions are between seven and 17 years of age (Figure 3). At the time of data collection, there were 110 children living in Kilifi institutions age three years or under (six percent of the total population mapped). This 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 harmful, for this age group. There were 64 youth age 18 years or above (four percent of the total population mapped); the National Best Practice Standards for CCIs asserts that institutions are not mandated to house young adults who are 18 years and older. As reflected in Figure 3, the most common demographic of children living in Kilifi institutions were those children between 11 and 14 years.

[9] The exception to this was Kilifi North sub-county, where a large institution housing only boys skewed the gender divide; this is explored further in the next section.

3.1.3 Reasons for admission

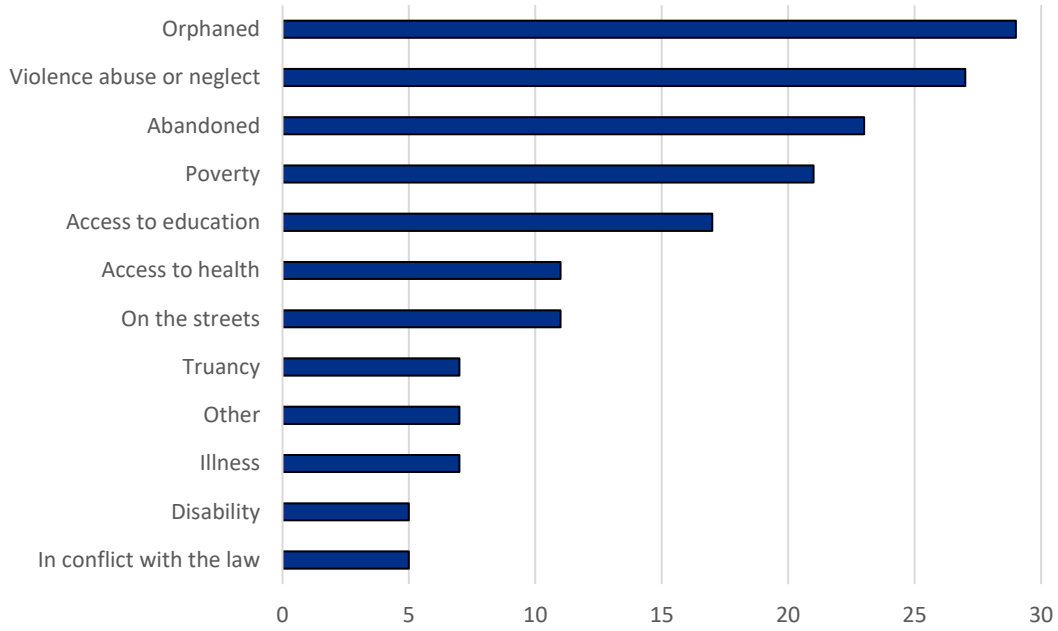


Figure 4. *Number of CCIs/other private institutions in Kilifi and reported reasons for entry (private institutions only).*

Of the 43 CCIs/other private childcare institutions included in Kilifi, **orphanhood was most frequently cited as a reason for children's admissions**, with 29 institution directors noting their institutions admitted children for this reason (Figure 4). A similar number of directors also mentioned violence/abuse/neglect (27 of 43 directors), abandonment (23 directors) and poverty (21 directors). Other reasons cited included access to education, access to health, children living on the streets, truancy, other (including the imprisonment of a caregiver), illness, disability and children in conflict with the law.

Notably, 81% percent of children in Kilifi institutions were of school-going age, and access to education was cited by approximately half of institutions as a key reason for admission. However, when education can be, and often is, provided on a non-residential basis (i.e., many children residing in the institutions are still referred externally for education), education access should not constitute cause to separate a child from their family, and therefore these cases can be considered unnecessary placements.

Conversely to reasons for admission stated by the directors of CCIs and other private childcare institutions, the SCI manager noted that violence/abuse/neglect, children living on the streets, truancy and children in conflict with the law were the primary reasons for admission.

Similarly, during interviews, staff from the DCS in Kilifi cited a range of reasons for children's admissions to institutions linked to providing care to children at home. These included poverty (compounded by large family size) and parents seeking education support, as well as issues linked to parents wanting to "avoid responsibility" for their children, orphanhood and dysfunctional families and lack of awareness of the harm caused to children entering institutions. One DCS staff said:

> ***"Parents are separated and … the children become a burden with no one to take care of them." - DCS***

"Dysfunctional family unit in the aspect whereby parents are separated and no one tends to take care of the children, they abandon the children and then the children become a burden with no one to take care of them."

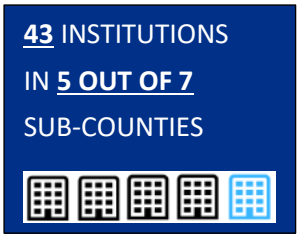
– DCS officer

Issues related to children being at risk were also mentioned, including safety for children who have experienced abuse or neglect in the lead up to court cases, disability, chronic illness, and lost, abandoned and trafficked children.

National government administration officers similarly noted many of the above factors for admission of children to institutions, and additionally identified challenges within families such as poor parenting practices, large family sizes, substance abuse (by parents and other guardians), "naughty" behavior of children and children born to sex workers who ultimately abandon the child. as Also noted was the wider issue of climate change affecting harvests and leaving families with little to eat.

3.2 INSTITUTIONS

3.2.1 Quantity, location and capacity



A total of 43 institutions were identified by DCS leadership across five out of seven sub-counties in Kilifi to participate in the situational analysis. This included one SCI. Notably, one institution (private) was identified during the situational analysis, and DCS suspects that there may be additional private childcare institutions operating within Kilifi without the knowledge of the government.

As shown in Table 2, the distribution of institutions across sub-counties is uneven, with 18 institutions in Malindi and 17 in Kilifi South, but very few or none in the other five sub-counties. Accordingly, 50% of children living in institutions in Kilifi are in Malindi sub-county and a further 25% in Kilifi South. Kilifi North only has five institutions, but this includes one very large male-only institution (196 boys), meaning that this sub-county houses 18% of children.

SUB-COUNTY	NO. OF CHILDREN			% OF CHILDREN	NO. OF INSTITUTIONS
	BOYS	GIRLS	TOTAL		
Ganze	6	5	**11**	1%	1
Kaloleni	0	0	**0**	0%	0
Kilifi North	239	67	**306**	18%	5
Kilifi South	236	187	**423**	25%	17
Magarini	56	56	**112**	7%	2
Malindi	414	440	**854**	50%	18
Rabai	0	0	**0**	0%	0
TOTAL	**951**	**755**	**1,706**	**100%**	**43**

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

In total, 93% of the population of children living in institutions in Kilifi were found to live in the three primary coastal sub-counties. DCS officers observed that institutions tend to be located in highly visible areas along the highway to the main tourist areas, and individual sponsorship and donations were the most frequently cited type of funding (by institution directors). Additionally, a third of institution directors reported utilizing international volunteers. It is possible that the presence of tourists (and potential sponsorship and donations that come with tourists) in Kilifi may have inadvertently created a pull factor for children into institutions.

3.2.2 Registration status

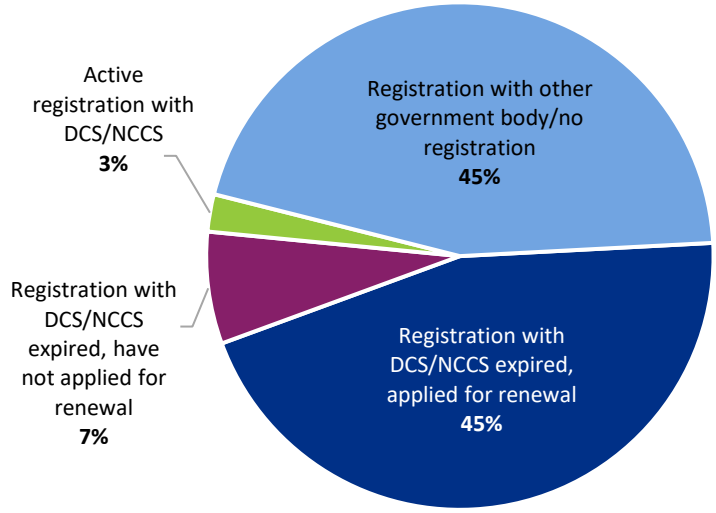


Figure 5. *Registration of Kilifi institutions.*

Of the 42 CCIs/other private childcare institutions identified in Kilifi at the time of data collection, just one had active registration with NCCS. Nineteen directors stated their institution's registration with NCCS had expired, and they had applied for renewal. Three directors reported their institution's registration with NCCS had expired, and they had not applied for renewal. Nineteen institutions reported they were registered with other government bodies (bodies cited included "Social Services", NGO Council, Register of Societies), were not registered at all, or did not provide information.[10]

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.

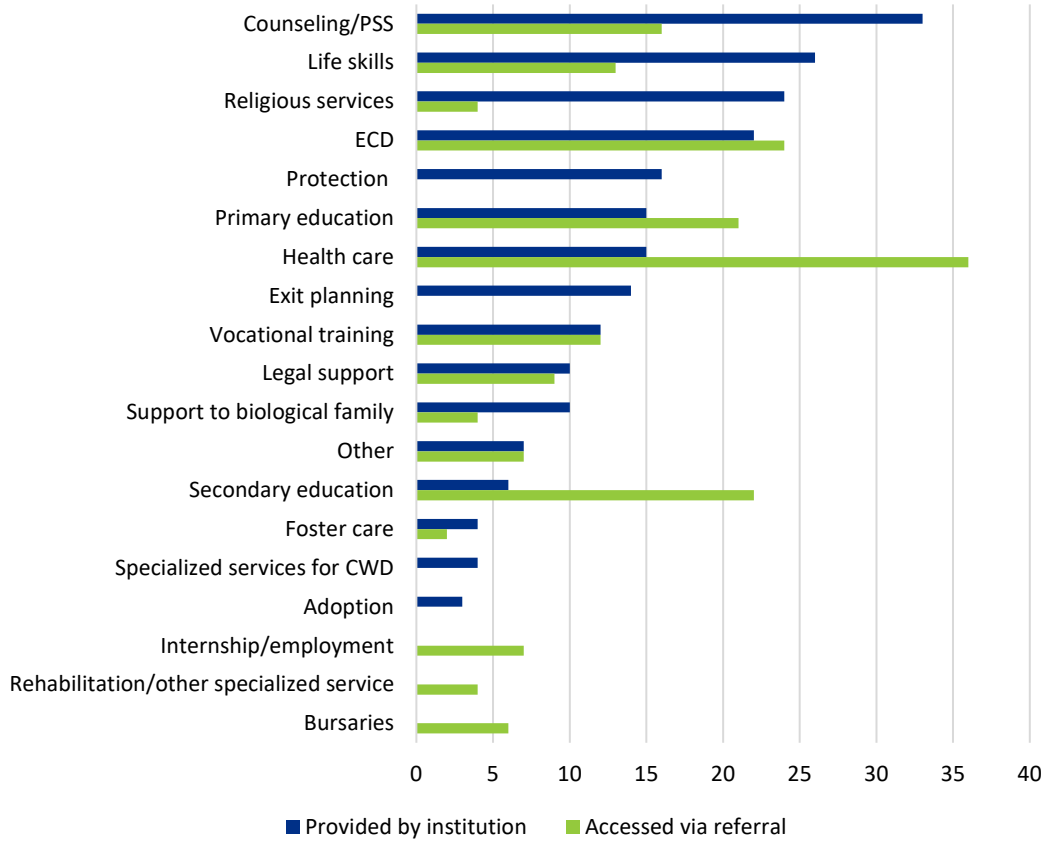


Figure 6. *Number of Kilifi institutions providing and referring to social services, by service category.*

That data revealed that institutions most frequently provided counseling/psychosocial support services (with 33 of 43 institution directors citing they provided this service), life skills training (26 institutions), religious services (24 institutions) and early childhood development (22 institutions). By contrast, the data revealed that institutions largely rely on external service providers for health care services (36 institutions) and education (early childhood: 24 institutions, secondary: 22 institutions and primary: 21 institutions).

Notably:

- Institutions frequently cited referring children to essential services including primary and secondary education and health care.

- There was a degree of incongruence between the ages of children living in Kilifi's institutions and the types of services provided. For example, early childhood development was the fourth most commonly provided service by institutions, yet only approximately 10% of children mapped were within the relevant age group for these services. Additionally, while approximately a quarter of Kilifi's institutionalized child population was age 15 and above, few institutions cited providing vocational training, internships and employment opportunities.

- Less than a quarter of institutions cited providing support to families, which may be a missed opportunity given almost three-quarters of children's families reside within the same sub-county as the institution in which their child resides. Family support services would help to address root causes of separation and support safe reunification.

- Less than a third of institutions cited conducting exit planning, which would support institutions to ensure placements are temporary in nature as required by the National Best Practice Standards for Charitable Children's Institutions.

- Health care and all forms of education (early childhood, primary and secondary) were more frequently accessed via referral to external services than provided by the institutions. When education was accessed externally, it was most often public education that was accessed (compared to private).

3.2.4 Funding

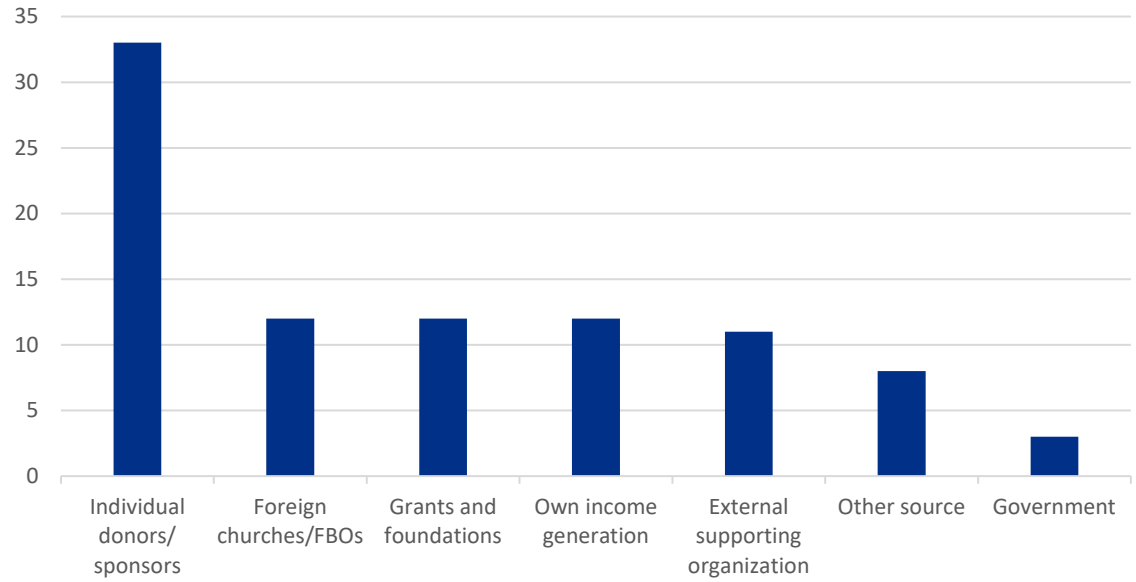


Figure 7. *Frequency and types of funding to Kilifi institutions.*

Figure 7 shows the types and frequency of funding to Kilifi institutions at the time of data collection. Of 42 CCIs/other private childcare institutions in Kilifi, individual donors or sponsors were most frequently identified as a source of funding, with 33 CCI/other private institution directors stating they received funding from this stream. Comparatively fewer institutions reported receiving funding from foreign churches and other faith-based organization, grants and foundations, income-generating activities (directors of 12 institution cited these funding streams, namely related to agriculture, selling crafts and providing education), partnerships with external organizations (11 institutions; countries of the partner organizations were mostly European), and other sources (eight institutions, namely related to local community support). Very few institutions reported receiving government support (three institutions, at 1-10% of their total funding).

A majority of CCIs and private childcare institutions received funding from multiple sources. Of ten CCIs and private childcare institutions that were single-source income, one received its funding solely from a partnership with an external organization, three solely from grants or foundations, three solely from individual sponsors and donors, and three solely from independent income-generating activities (farming and a profit-based school). Consistent with its nature, the SCI was funded solely by government.

3.2.5 Experiences in institutions

The situational analysis was not designed to investigate the quality of care and services provided by institutions, but the qualitative interviews and discussions provided an opportunity to hear perspectives on experiences of the institutions from care leavers and staff.

Care leavers

Care leavers recalled both positive and negative experiences related to their time spent in institutions in Kilifi. Positive aspects included having their basic needs met, gaining social skills, having strong friendships (even with those from outside the community), peaceful environment (especially no abusive language) and access to education. For instance, one young person said:

"You get educated, and there is no single day you could be chased from school."

- Care leaver

> *"…you live well with your friends peacefully, you get loved, you get educated, and there is no single day you could be chased from school."*
>
> *– Care leaver, Kilifi*

Another reported:

> *"At the CCI was better for me because at home we were affected by poverty in that you could not get all the basic needs and also the social skills, but at the CCI we never lacked the basic needs and also the social skills."*
>
> *– Care leaver, Kilifi*

"They do not get free with their parents because they look like strangers to you. Even your siblings are strangers to you."

- Care leaver

By contrast, there were negative aspects related to young people's connection with the outside world, both in terms of relationships and life skills. Care leaves mentioned poor relationships with parents and siblings, stigma within the community, forced religion, not taught household chores and subsequently struggled when living independently, not being able to complete school and not helped to find job opportunities, unfair treatment and favoritism (especially when sponsors give directly to particular children). One young person recounted:

> *"[Institutions] give the child and the parent a bad relation. You find during visitation time, a child refuse their parents. Even when they are taken back to their homes, they do not get free with their parents because they look like strangers to you. Even your siblings are strangers to you."*
>
> *– Care leaver, Kilifi*

Institution staff

During interviews, staff of CCIs and other private childcare institutions identified that institutions had both positive and negative aspects for the children living in them. Staff noted that positives included that children receive guidance and learn good behavior, children's basic needs are met, children receive education and skills, there is security, children's talents are nurtured, and staff believe children have a sense of belonging.

"We have a source of income here. If they wouldn't have been here how could we have been surviving?"

- Institution staff

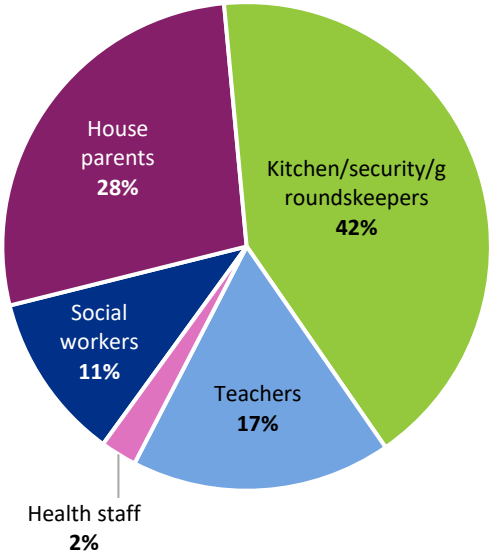
"You find that most of these children don't want to go back to their homes."

Conversely, staff identified negative elements for children in institutions, including learning bad behavior from each other (especially in the SCI), and the struggles of exiting care. This is similar to care leavers' experiences. Staff mentioned that children are often "unable to endure" when they leave the institution, and children do not have close relationships or bond with their families, which affects them emotionally and psychologically. As one staff member said:

"You find that most of these children don't want to go back to their homes; hence, not having that close relationship with their relatives."

– Institution staff member, Kilifi

3.3 WORKFORCE



Institution directors stated that a total of 540 staff were employed by Kilifi institutions at the time of data collection. Of the total workforce employed in Kilifi institutions, 42% were support staff (such as kitchen, security or groundskeeper staff), 28% were house parents who care for children on a daily basis, 17% were teachers, 11% were social workers, and just two percent were health staff. Though CCIs and private childcare institutions reported they provided a range of social services, half of staff positions were related to general institution operations (i.e., kitchen staff, groundskeepers, security guard and house parents) as compared to positions related to specialized services (less than a third of the total staff employed worked in education, health or social work).

Figure 8. *Workforce employed by Kilifi institutions.*

3 INSTITUTIONS HOUSING **220 CHILDREN,** DID NOT HAVE A SOCIAL WORKER ON 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. Sixty social workers identified were employed across 40 institutions, meaning that three institutions (all private) did not employ any social workers, and leaving 220 children without appropriate staff conducting their assessments, conducting family tracing and assessment, or providing oversight of their care plans. Notably among these institutions is the large all-boys institution in Kilifi North housing 196 children without a social worker. Forty-six of the 60 social workers reported having a certificate, diploma or degree, though it was unclear if these were social work specific certifications. [11]

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 private institution in Kilifi holds a caseload of 29 children, and social workers in Kilifi's SCI hold an average caseload of 24 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 14 out the 34 of Kilifi's institutions met this recommendation when taking into account only children currently living within the institution.

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 148 house parents identified during the situational analysis in Kilifi were employed by 42 institutions; one private institution did not employ any house parents. [12] The National Standards for Best Practices in CCIs recommends a caregiver-to-child ratio of a maximum of 1:10. [13] In Kilifi, however, the average house parent in a

[11] This finding also reflects previous mappings of Kenya's government and non-government child protection workforce that revealed many staff holding social work positions do not hold degrees in social work per se, but in other related fields, such as sociology, community development, etc.

[12] There were 45 children living in the institutions without house parents at the time of data collection.

[13] 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 zero to three years.

private institution takes care of 12 children. Just 22 institutions met the recommended standard of a ratio of 1 house parent to 10 children or less. In Kilifi's SCI there was a ratio of one house parent to 12 children.

Half of institutions reported they relied on volunteers to support some duties, with half of those institutions utilizing international volunteers.

3.4 GATEKEEPING

Gatekeeping involves strict procedural safeguards to identify the best interests of the child before making 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[14]). 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.[15]

3.4.1 Referrals for admission

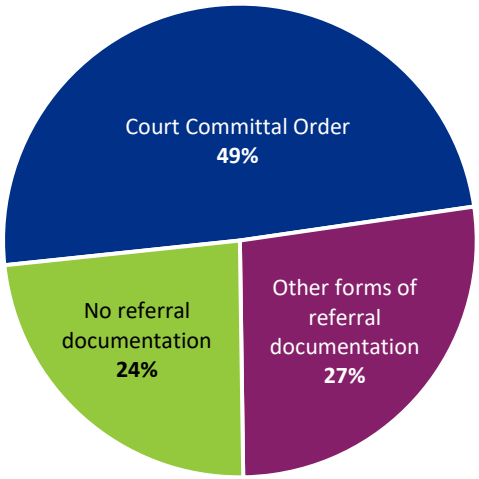


Figure 9. *Referral documentation contained in case files sampled from Kilifi CCIs and other private institutions.*

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. Of 398 case files that were reviewed in Kilifi CCIs/other private childcare institutions, just 49% contained a Court Committal Order. When generalized to the total population of children living in CCIs and other private childcare institutions in Kilifi, this constitutes **858 children living in CCIs and other private childcare institutions in Kilifi without a Court Committal Order**. This is significant as 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**.** An additional 27% of case files contained another form of referral documentation (i.e., referral letter from chief, OB number from police or parental consent); conversely, 23% did not contain any referral documentation.

Of six case files that were reviewed in Kilifi SCIs, five files contained a Court Committal Order.

3.4.2 Duration of stay and exiting institutions

[14] Better Care Network, *Toolkit Glossary of Key Terms,* 2019, retrieved from https://bettercarenetwork.org/toolkit/glossary-of-key-terms#D.
[15] 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.

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.[16] 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.

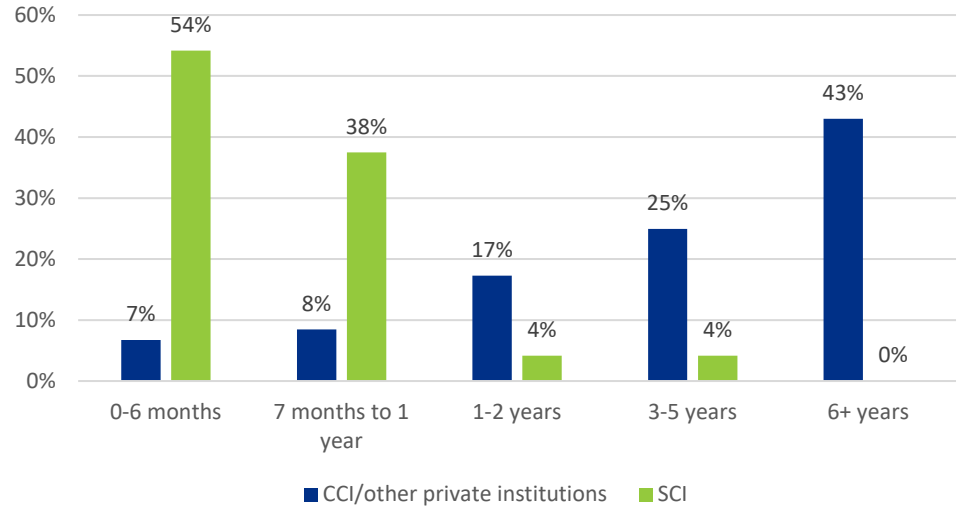


Figure 10. *Duration of stay of children living in Kilifi institutions.*

Approximately 68% of children living in CCIs and other private childcare institutions in Kilifi had resided there for three years of more at the time of data collection (Figure 10); this is in conflict with standards outlined in the Guidelines for the Alternative Family Care of Children in Kenya. Comparatively, 92% of children living in the SCI had lived there for one year or less.

In the last three years, a total of **1,497 children left institutions in Kilifi**. Of the 1,497 children who left institutions over the last three years, 1,180 (79%) exited from CCIs and other private childcare institutions (equivalent to just 70% of the current reported population of children living in CCIs and other private childcare institutions). Notably, approximately a quarter (444) of these children exited from five CCIs that identified as rescue centers, with a vast majority of these children exiting within one year of admission. Comparatively, 317 (21%) exited from the SCI (13 times the current reported population of children living in the SCI). This is in line with the data on length of stay that shows a higher turnover in children passing through the SCI, while children in CCIs and other private childcare institutions stay for much 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, 1,032 children will age out of care in the next three years (those currently age 15 years and above).

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

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

1,682 CHILDREN LIVING IN CCIs/OTHER PRIVATE CHILDCARE INSTITUTIONS	**68%** OF CHILDREN HAD LIVED THERE FOR 3 OR MORE YEARS	**1,180** CHILDREN HAD EXITED IN THE PAST 3 YEARS

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

24 CHILDREN LIVING IN SCIs	**4%** OF CHILDREN HAD LIVED THERE FOR 3 OR MORE YEARS	**317** CHILDREN HAD EXITED IN THE PAST 3 YEARS

Where institutions reported quite high numbers of exits, combined with higher than recommended caseloads for institution social workers, these social workers likely face challenges in monitoring the many children reported to have exited Kilifi's institutions, while also conducting assessments, tracing and case planning for children currently residing in their care.

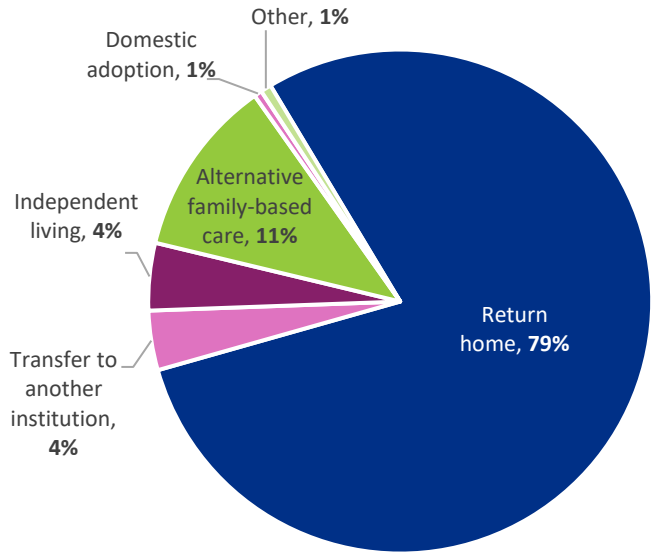


Figure 11. *Placement type of children who exited Kilifi CCIs/other institutions in the last three years.*

Of the 1,180 children who were recorded to have exited from CCIs and other private childcare institutions in Kilifi over the last three years, the vast majority (79%) returned home (where "home" referred to the household the child had been residing in prior to entering the institution; it is possible this could have included households with biological parents or households of relatives).

Children who were recorded to have exited CCIs and other private childcare institutions also went on to alternative family-based care (kinship care – nine percent, and foster care – two percent), independent living (four percent) other institutions (four percent) and domestic adoption (one percent). During interviews, most private institution staff stated they had little to no experience with foster care and adoption, while some had referred cases to DCS for these forms of care.

Of the 317 children who were recorded to have exited Kilifi's SCI over the last three years, 96% returned home and four percent were transferred to other institutions; the SCI did not place children to other forms of care.

Though institutions reported that almost 1,500 children had been exited from institutions over the last three years, DCS and NGAO cited uncertainty related to this data, and that they had not been involved in this number of exits. Similarly, this finding appears somewhat inconsistent with data that almost three-quarters of children mapped in CCIs and other institutions had resided there for over three years. It was suggested by DCS that the figure of children exiting care could include children who exited temporarily (for example, during school holidays).

Additionally, where almost 80% of children returned to their household of origin, it is not clear if there was sufficient preparation and post-placement support for children and families to ensure that the root causes that led to the initial separation had been appropriately addressed. As reflected in the Case Management section below, sampled case files were often scarce, and exits that occur without appropriate case management, can be unsafe for children.

3.4.3 Experiences of exiting residential care

During FGDs and KIIs, it was widely cited that children and young people who leave residential care face many challenges. Adult respondents noted that children and young adults lack skills, ability to get jobs or earn an income, struggle with relationships and a sense of belonging, meaning they keep to themselves and may be at risk of turning to crime or getting pregnant. While respondents did note that services are provided by some institutions to connect care leavers with their families, provide counseling, life skills training, moral support, and to assist with school or business skills, some felt these services were insufficient. Respondents cited a need for more support from government, institutions and families to ensure care leavers are supported until they are stable, and that support should be in place as early as possible.

Care leavers' own experiences of exiting institutions were varied. Some reported they had received sufficient support and faced few challenges, and others noted they had not been well supported and wanted more support. One young person commented:

> *"[Leaving care] was easy because you were prepared since day one when you join the CCI. You were also provided with some basic needs for your up keep. The CCI also provided house rent and also some pocket money."*
>
> *– Care leaver, Kilifi*

By contrast another young person mentioned that their experience was less supportive:

> *"For our case, you were given six months for you to be stable then after that you were to do things on your own ... They should also be giving them counseling and also following them to see that their behaviors do not change."*
>
> *– Care leaver, Kilifi*

Care leavers expressed that they felt stigmatized and discriminated against by their communities upon their return. They cited incidents during which community members judged them as "pampered," and therefore "not being able to work." As a result of this, they received less food than children who had grown up in the community and were considered good workers. Additionally, care leavers recalled experiences of being labeled as orphans (even in cases where they were not), and that children in community schools did not want to associate with them. They also noted that teachers at community schools tended to treat children from institutions as a group rather than individuals (for example, if one child from an institution was lagging behind in a lesson, all children from the institution would be punished). One young person recalled:

"[Mingling with other children] is impossible. Mostly it is them who separate themselves. You look different from them."

– Care leaver, Kilifi

Another young person explained their experience in the community and at school:

"… when we went out to play football, [our neighbors] would call us orphans, they could say we do not have parents, they assumed that we all are orphans. … There were also issues in schools … if one child from the CCI isn't getting [it right], then it would be blamed on all children from an institution."

– Care leaver, Kilifi

3.4.4 Attitudes toward exiting children from residential care

There were mixed views between and within adult respondent groups during FGDs and KIIs, with respondents citing both the benefits and challenges related to children leaving residential care. Respondents highlighted discrimination, rejection and stigma, challenges in adjustment to different lifestyles and culture (which can lead to isolation and misbehavior), but also positives, including feelings of acceptance and support to adjust via regular visits.

"The environment maybe a challenge since in the institution provides for all their needs, while the community does not. Adapting to those changes maybe a problem."

– Key stakeholder, Kilifi

DCS and community members suggested family conferences and community meetings could help critical stakeholders to understand why the child is returning, and the benefits of family-based care compared to residential care. One DCS staff highlighted the importance of working with families:

"When we prepare them appropriately, they will be ready to accept that child, but if that is not done carefully, then they will also have some rejections in the family."

– DCS, Kilifi

NGAO and parents highlighted the importance of addressing the problems that led the child to be placed in the institution:

"[the community] will not easily accept [a child back] due to the economy. If what pushed the child to the CCIs has not yet been solved, it will be difficult to integrate the child back."

-– Key stakeholder, Kilifi

3.5 CASE MANAGEMENT

Case management is a systematic, individualized approach to working with children and families that is recommended by both the Guidelines for the Alternative Family Care of Children in Kenya and the National Best Practice Standards for CCIs. Rigorous case management helps to ensure that children's unique needs are identified and addressed while they are in formal care, and helps to strengthen families to prepare them to receive children into their care, ensuring that children do not stay longer than necessary in residential care. An absence of systematic case management can result in a failure to meet children's needs, as well as children staying in residential care for long durations.

Of 404 case files that were reviewed in Kilifi, **just seven files (2%) contained a complete set** of case management forms.[17] Interviews with institution staff revealed varied levels of case management knowledge, with some staff noting they conduct child and family assessments, regular home visits, counseling, economic strengthening and referrals, and others unaware of these practices.

[17] 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 would be 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 are 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.

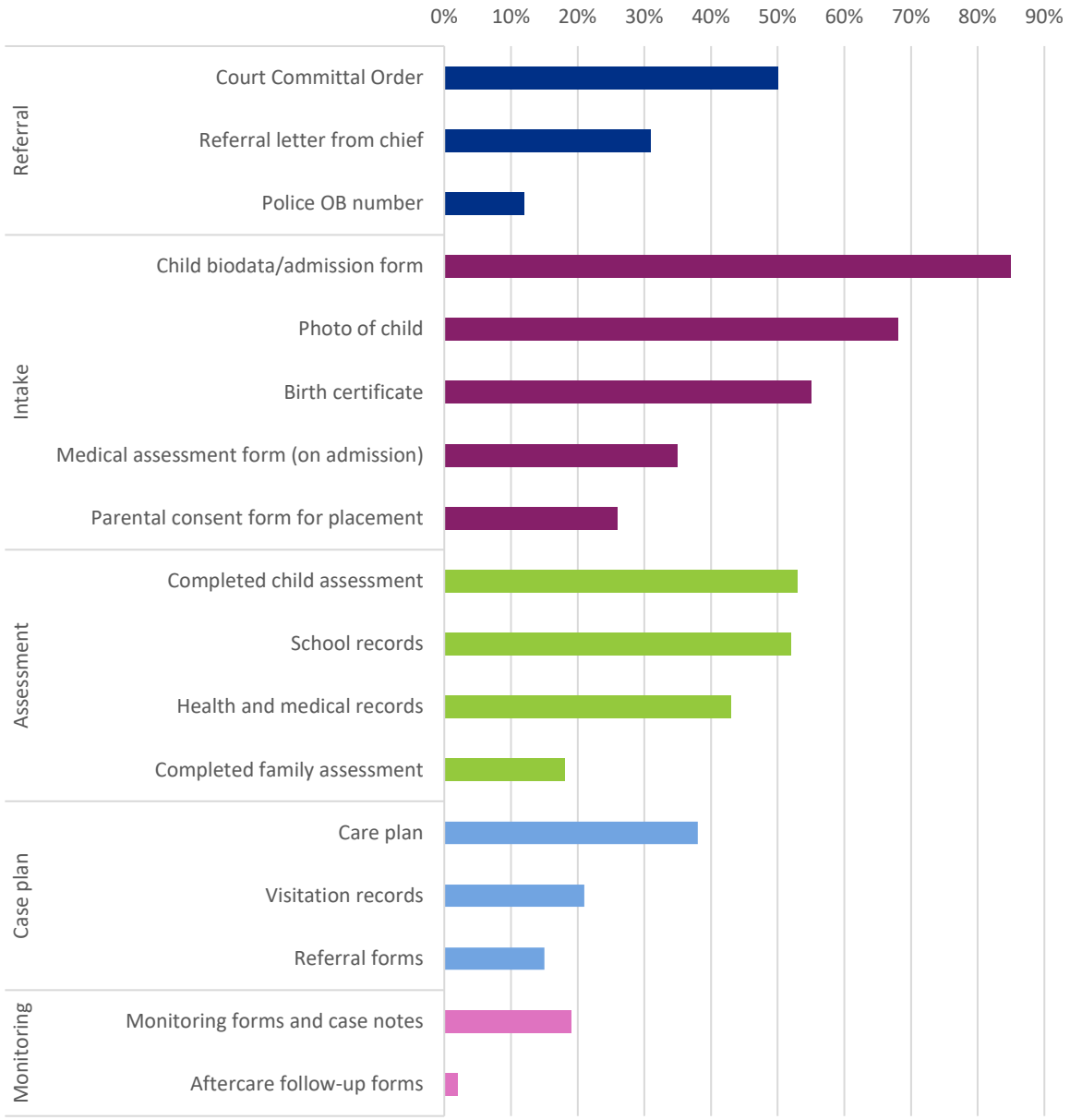


Figure 12. *Documentation contained in sampled case files in Kilifi institutions.*

Figure 12 shows that case file documentation that was most commonly available was typically related to intake and identification; for example, 85% of case files sampled contained an admission form, 68% contained a photo of the child, and 55% contained a copy of a birth certificate. When looking to subsequent case management processes, the prevalence of documentation decreases.

The gaps in case management that were revealed raise questions about the suitability of services being provided. Despite almost three-quarters 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 which would guide the types of services each child needs to access. Similarly, less than a fifth of files contained family assessments. When a family assessment has not been conducted, understanding the root cause of child vulnerability is very difficult, and this should be the factor that determines the types of services that children and families receive. Additionally, just 38% 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. 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.

Despite high numbers of children reported to have exited Kilifi institutions over the last three years, less than a fifth of files sampled contained a family assessment, a critical process to enable safe reintegration of children to family and community settings. Similarly, family visitation records (to strengthen the attachment between the child and family while they are separated) were very low. Aftercare documentation was also lacking, but this is because all files sampled were for children still residing in the institution, meaning aftercare was not yet needed.

3.6 PERCEPTIONS OF TRANSITIONING AWAY FROM RESIDENTIAL CARE SERVICES

Of 42 CCIs/other private childcare institutions in Kilifi, 18 directors stated that they had a plan to transition their institution away from providing residential care, though when probed further it was clear that these were mostly child-level transition plans (i.e., reunify children with their families), rather than institutional-level transition plans (i.e., converting from a residential service model to a community-based service model).

During KIIs and FGDs, institution staff expressed doubt about how feasible transition away from residential care would be, and doubted that the many causes of child-family separation could be adequately addressed. Institution staff reported they expected more guidance from government on how systemic care reform should occur, how they should transform their institution, and how to prepare communities to receive their children home.

Most respondents (other than institution staff) were very positive about the idea of transitioning away from reliance on residential care, although some felt that institutions would always be needed for "genuine" cases, including orphans and victims of abuse. Respondents highlighted the need to transition away from reliance on residential care gradually and safely through a multi-pronged approach; this included suggestions for broad sensitization on the benefits of family-based care (including among communities, institution staff and donors), capacity strengthening the workforce, improving the availability of alternative family-based care options, and assessing and supporting families. This latter point was highlighted by several people; they emphasized the importance of helping families to manage the challenges they face that cause child-family separation including provision of/support for education, vocational training, health care and family planning. For instance:

> *"With time [care reform] is possible. It is not an overnight thing but it is possible. Provision of counseling and dialogue meetings with the community will help identify challenges that the children are going through to be addressed at the home level before they get to the CCIs."*
>
> *– Key Stakeholder*

"Eventually [care reform] will be successful as everyone takes in the process, most stakeholders will need a change of mind and that is why we are talking about care reforms which basically start from homes and not in the institutions, and it will empower the family members, making the option of taking the child to an institution be the last."

– Key Stakeholder

4. CONCLUSIONS

Informed by the Kilifi situational analysis findings, the conclusions below were reached during a validation meeting with both national and county-level DCS staff, and 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 Kilifi.

4.1 OPPORTUNITIES FOR INSTITUTION TRANSFORMATION TO COMMUNITY-BASED SERVICE MODEL

- Most respondents (across respondent groups) were very positive about the idea of transitioning away from reliance on residential care and showed an understanding of the need to transition gradually and safely. Respondents encouraged broad sensitization on the benefits of family-based care (including among communities, institution staff and donors), strengthening the workforce, improving the availability of alternative family-based care options, and assessing and supporting families to manage the challenges they face that cause child-family separation.

- Kilifi's institutions employ a sizeable workforce, with over 500 staff in total, who provide a range of services that could be transitioned to community-based provision. The house parents, teachers, social workers and health staff in Kilifi's institutions are well-positioned to continue providing services on a non-residential 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 an opportunity to leverage the workforces' existing skills and knowledge and apply these to family and community-based services.

- Most CCIs and private childcare institutions reported having more than one funding streaming and a third had their own independent income generation, including three institutions that were solely funded by independent income generation. 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 are from within Kilifi, and 85% of case files sampled had biodata/admission forms with critical information related to children's families' locations, it is likely that few additional financial resources would be needed to conduct tracing and assessment of 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 private institution 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 where 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. **A majority of children living in Kilifi's CCIs and other private childcare institutions had resided there for longer than three years; this is in conflict with the standards outlined in the Guidelines for the Alternative Family Care of Children in Kenya.**

- Kilifi'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. Where almost three-quarters of children's families reside within the same sub-county as the institution, 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.**

- Approximately half of Kilifi's institutions noted admitting children for access to education. Given education can be provided on a non-residential basis, the Guidelines for the Alternative Family Care of Children in Kenya clearly asserts that **access to education should not constitute cause to separate a child from their family**. Many children did not have appropriate documentation for admission and had not passed through appropriate channels (for example, children's officers or the courts), which may have been able to prevent these unnecessary separations.

- The presence of tourists (and potential sponsorship and donations that come from them) may have **inadvertently created a pull factor for children into institutions** in Kilifi.

4.3 SUITABILITY OF SERVICES

- Effective case management, which sets the foundation for the provision of suitable services for children, requires manageable caseloads so that social workers are able to individually assess, plan for, and monitor children, ensuring their unique needs are met. **Caseloads were consistently higher than standards set by the National Best Practice Standards for Charitable Children's Institutions,** and some institutions did not employ social workers at all. High caseloads make the individual assessment, care planning, provision of services and monitoring of children difficult, and can 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 only 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 and prevent unnecessarily long stays in residential care.

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

- In total, 110 children living in Kilifi institutions were age three years or younger, which is **not aligned with global evidence-based recommendations that residential care be avoided for this age group.** [18]

- While 33 children were reported to be living with disabilities in Kilifi's institutions, the situational analysis relied on staffs' 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,* [19] *it* is 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,** [20] **it is not recommended that children with disabilities be placed into residential care**.

- Few sampled case files contained family visitation records, despite almost three-quarters of families being located within Kilifi county. **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.

[18] The Guidelines for the Alternative Care of Children (2010) state that residential or institutional care should be avoided for children under 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."

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

[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/

- 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 **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).

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. Though kinship care and kafaalah were not cited by institution directors as frequent care arrangements for children who exited Kilifi's institutions, DCS officers and NGAO observed that these alternative family-based care arrangements are in fact common within Kilifi, and usually arranged informally, without external intervention. In light of this, it is recommended that a **baseline survey be conducted to map children living in kinship and kafaalah care arrangements within Kilifi**, and to explore the strengths and risks associated with these forms of care. Good practice lessons learned can then be leveraged to explore the expansion of these preferred forms of family-based care in Kilifi.

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

3. 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, [21] it is recommended that **further investigation to ascertain more accurate data about children with disabilities living in Kilifi's institutions be conducted**.

[21] 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

4. **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/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/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 Kilifi DCS officers**. 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**.**

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

6. Given the risks associated with nonstandardized 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 Kilifi** once nationally available. This would help to prevent unnecessary placement of children into formal care, ensure that placements are suitable, and ensure that children are returned to family-based care 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

7. DCS officers in Kilifi should work to disseminate and encourage use of the **Case Management for Reintegration of Children to Family and Community-Based Care package** to expedite safe and appropriate reunification for children. Given that more than three-quarters of children were reported to originate from within Kilifi, and that biodata forms containing information on family location were found in 85% of the case files sampled, institution social workers should be supported to locate families to commence family assessments. 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.

8. Cognizant of the heightened vulnerabilities of infants and of children with disabilities who live in residential care, **efforts to explore options for the safe reintegration of 110 infants and 33 children with disabilities** who live in Kilifi's institutions should 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.

9. **Efforts should also be made to expedite the preparation of adolescents age 18 years and older 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), support building 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 systematically 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.

10. 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

11. 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 Kilifi. It is critical that **reunification and reintegration are the prioritized strategy to move toward attainment of appropriate staff to children ratios,** as compared to recruitment of additional staff within institutions.

12. To prepare and support the almost 400 adolescents age 15 and above living in institutions for transition back to their communities, the recently developed **Kenya Care Leavers Society Life Skills manual should be immediately disseminated, adopted and implemented** by institutions within Kilifi.

13. Recognizing that poverty was 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

14. As highlighted by most respondents during interviews, s**ensitization efforts should continue to promote the benefits of family-based care**. This includes raising awareness of the national legal and normative framework that prioritizes family-based care; ensuring that statutory authorities, local administrators and community structures understand their roles in childcare system strengthening and reform and that kinship care and kafaalah are the preferred forms of alternative care within Kilifi; and informing relevant stakeholders of recent developments and progress, as well as steps that will be taken within Kilifi to strengthen the childcare system.

15. 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 How to Engage Care Leaver in Care Reform. [22]

16. National advocacy could help to link vulnerable and reintegrating families (especially kinship and kafaalah, which DCS and NGAO observed to be the most common forms of informal care arrangements in Kilifi) to **social protection programs, especially the cash transfer program.**

17. County-level DCS staff identified that national advocacy may help to **increase the number of children's officers in Kilifi**, so DCS are better capacitated to provide appropriate supervision to institutions.

[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: GANZE

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
1	Spring of Hope Rescue Centre	Not registered	**11**	0	0	1	**2**	0	1	0	0

SUB-COUNTY: KILIFI NORTH

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
2	Mwangaza Children's Home	Active	**29**	0	0	0	**8**	1	3	0	0
3	Kibarani Children's Home	Expired, applied	**196**	0	9	0	**47**	0	7	12	2
4	Thoya Oya Children's Home Foundation	Not registered	**49**	6	0	1	**15**	9	3	0	0
5	Malezi Children's Home	Expired, not applied	**13**	0	0	0	**5**	0	2	0	0
6	Kikambala Rescue Centre	Expired, not applied	**19**	2	0	0	**8**	1	3	1	0
TOTAL			**306**	**8**	**9**	**1**	**83**	**11**	**18**	**13**	**2**

SUB-COUNTY: KILIFI SOUTH

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
7	Onesmus Good News Boys Centre	Expired, applied	**17**	0	0	1	**9**	3	3	1	0
8	Lifespring Children's Home	Expired, applied	**17**	12	0	0	**8**	1	4	0	0
9	Mudzini Trusts	Expired, applied	**21**	1	0	1	**12**	1	4	0	0
10	Furaha Phönix Orphanage	Expired, applied	**25**	1	0	1	**13**	1	3	1	0
11	Lioness Cubs Children's Home	Expired, applied	**15**	0	2	0	**7**	1	2	0	0
12	Green Olives Children's Home	Expired, applied	**37**	0	0	4	**5**	1	1	0	0
13	Trots Foundation	Not registered	**40**	0	0	0	**6**	2	4	0	0
14	Mother's Vision Children's Rescue Centre	Not registered	**12**	0	0	0	**7**	1	2	0	0
15	Upendo Children's Home	Not registered	**20**	1	0	0	**14**	1	4	2	0
16	St.Bakhita Girls Rescue Home	Not registered	**15**	1	0	1	**6**	1	2	0	1
17	Grandsons of Abraham	Not registered	**45**	0	8	0	**9**	3	0	12	0
18	Good Life Orphanage Trust	Expired, applied	**59**	1	0	4	**28**	2	11	2	1
19	St. Bakhita Boys Centre	Not registered	**9**	0	0	1	**7**	1	1	0	0
20	Mercy's Light Children's Centre	Not registered	**8**	0	0	0	**6**	1	4	0	0

21	Biraily Children's Home/ Timbetimbe Children's Home	Not registered	**35**	4	0	0	**7**	1	3	0	0
22	Heshima Rescue Centre	Not registered	**21**	2	0	2	**5**	1	2	0	0
23	Sarafina Children's Home	Not registered	**27**	4	1	1	**8**	1	3	0	0
TOTAL			**423**	**26**	**11**	**16**	**157**	**23**	**53**	**18**	**2**

SUB-COUNTY: MAGARINI

INSTITUTION		**REGISTRATION (stated by Director)**	**CHILD POPULATION**				**STAFFING**				
			TOTAL	**Under 3**	**18+**	**CWD**	**TOTAL**	**Social workers**	**House parents**	**Teachers**	**Health staff**
24	Asante Sana Children's Home	Expired, applied	**86**	1	0	0	**10**	1	3	0	0
25	Jombas Children's Home	Not registered	**26**	2	0	0	**5**	1	1	1	0
TOTAL			**112**	**3**	**0**	**0**	**15**	**2**	**4**	**1**	**0**

SUB-COUNTY: MALINDI

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
26	Mayungu Children Centre Malindi	Expired, applied	**39**	3	0	0	**12**	1	3	0	1
27	Heart Children's Home	Not registered	**24**	3	0	1	**10**	1	4	0	0
28	Chembe Joyous Children's Home	Expired, not applied	**21**	0	0	0	**11**	1	2	6	0
29	Lango baya Children's Home	Expired, applied	**31**	0	0	0	**9**	1	2	1	0
30	Lea Mwana Children's Home	Expired, applied	**27**	5	0	0	**5**	1	2	0	0
31	Rise and Shine Community Concern Children Home	Not registered	**46**	2	0	0	**13**	1	3	3	0
32	Sue Hayward's Happy House	Expired, applied	**59**	4	0	0	**19**	1	6	20	1
33	Pope Francis Rescue Home	Expired, applied	**43**	5	0	0	**28**	2	8	2	1
34	God Our Father Centre For Needy Children	Expired, applied	**132**	2	43	0	**14**	1	6	0	1
35	Malindi Children Remand Home	Not registered	**24**	0	0	0	**9**	1	2	1	0
36	Jua Rescue Centre	Expired, applied	**16**	4	0	0	**8**	1	2	0	0
37	Children of The Rising Sun	Not registered	**69**	16	0	0	**18**	1	6	0	1
38	Magangani Gede Rainbow Home	Expired, applied	**45**	0	0	0	**22**	1	2	11	1

39	Imani Rehabilitation Agency	Not registered	**76**	1	0	12	**12**	1	7	1	0
40	Blessed Generation Children's Home	Not registered	**70**	9	0	0	**50**	3	7	14	0
41	Mama Anakuja Children's Home	Expired, applied	**74**	16	1	1	**25**	3	5	1	0
42	Mlezi Children Home	Expired, applied	**17**	0	0	0	**13**	2	3	1	3
43	Home of Hope Children's Centre	Expired, applied	**41**	2	0	0	**5**	1	2	0	0
TOTAL			**854**	**72**	**44**	**14**	**283**	**24**	**72**	**61**	**9**

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. During the design of the toolkit, more than a dozen toolkits, tools and residential care mappings were reviewed and information was gleaned from several. 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 abuse be suspected or witnessed during data collection. Prior to data collection, the objectives of the situational analysis were explained to individual respondents, as were confidentiality protocols and the right to skip questions or withdraw, before formal consent was sought. Institution managers/directors consented in writing to allow for data collection within the institution, as well as access to children's case files for review; all the other interviews utilized a verbal consent approach. Permission was sought by enumerators to audio record interviews. After collection, data was accessed only by authorized persons.

6.2.3 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 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 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 (KII) and focus group discussions (FGD). 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, SCCOs' 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 the 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 dates, 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 when 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, where 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 manager/director was interviewed per private 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 member in each of the required categories (i.e., director/manager, social worker and house parent). When several institutions had met these criteria, the selection was further done by subcounty 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 a 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 (NGAOs; i.e., chiefs, assistant county commissioners, deputy county commissioners), 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 interviews 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 managers/directors 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 private 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. Child case files review 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: 4 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, while 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 county 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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