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Department of Children's Services

Situational Analysis Report for Children's Institutions in Kisumu County

February 2020

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

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

LIST OF ACRONYMS

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

CLASSIFICATION OF INSTITUTIONS

The situational analysis report refers to three categories of institutions:

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

Kisumu

Childcare Institution Situational Analysis Summary

1,734 children living in residential care

947 boys **787** girls

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

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

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

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

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

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

35 childcare institutions including 2 statutory children's institutions

Institutions most frequently provide:

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

Institutions rely on external services for:

- health care
- education

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

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

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

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

Many stakeholders recognized the benefits of family-based care.

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

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

CONTENTS

EXECUTIVE SUMMARY

The purpose of the situational analysis is to provide a snapshot of Charitable Children's Institutions (CCIs), other private childcare institutions and Statutory Children's Institutions (SCIs), and the children living in them. The aim is to create a clearer understanding of the current situation of children in residential care in Kisumu and to identify strengths and potential challenges that may impact care reform work within the county.

A toolkit containing procedural guidance and data collection tools for both quantitative and qualitative methodologies was developed by Changing the Way We Care (CTWWC) with support from the Department of Children's Services (DCS). All SCIs, known CCIs and other known privately operated institutions were targeted for quantitative data collection, and qualitative data was collected from purposively sampled institutions and communities (including DCS county coordinators for children's services and sub-county children's officers (SCCOs), institution managers/directors, social workers and house parents, parents and guardians, care leavers, Area Advisory Council (AAC) members, police, national government administration officers, chiefs, assistant county commissioners, deputy county commissioners, representatives from non-governmental organizations (NGOs) providing child protection services, etc.

Findings include:

- There were 1,734 children and youth living in 35 institutions in Kisumu County, including 47 children reported to be living with disabilities. The number of children residing in Kisumu's two SCIs was 139. Of children living in institutions, 40% were 11-14 years old. Only 32% of case files sampled contained a Court Committal Order (the legally required document for admission of children into residential care).

- Kisumu Central sub-county had the most institutions (nine total) and the most children living in institutions (22% of the total population of children living in institutions in Kisumu).

- Forty percent of children living in institutions originated from the same sub-county in which the institution is located; 26% of children originated from other sub-counties within Kisumu; 33% of children originated from another county within Kenya; and seven children (>1%) originated from outside of Kenya

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

- Children tended to stay in CCIs and institutions substantially longer than the statutory institution: 90% of children mapped in the SCIs had resided there less than one year, whereas 70% 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 used external service providers for health services, 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 one-third of institutions had their own independent income-generating activities.

- There were 615 staff employed by Kisumu's institutions, with more than half 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 provided within the National Best Practice Standards for CCIs, and sampled case files overall did not meet guidance in National Best Practice Standards for CCIs.

- Care leavers and institution staff cited both positives and negatives related to residential care, and identified a range of challenges that adolescents/young adults face upon exiting institutions. Most stakeholders recognized the benefits of family-based care and the potential to transition away from residential care, and highlighted the importance of addressing the root cause of separation.

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 Kisumu's institutions and details about children with disabilities living in Kisumu's institutions.

- Regulatory measures could help to improve Kisumu'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]

- Preparation for reintegration of infants, children with disabilities and adolescents age 18 years and above should 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.

[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.

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

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 Kisumu County. The aim is to create a clearer understanding of the current situation of children in residential care in Kisumu, and to identify strengths and potential challenges that may impact care reform work[3] 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 Kisumu County government and national Government of Kenya, as well as non-governmental organizations, community groups and advocates, in working to improve the care system within Kisumu county.

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

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

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

2. METHODOLOGY

The situational analysis was conducted using a mix of quantitative and qualitative methodologies for data collection. Prior to primary data collection, a desk review was first completed to extract secondary data related to child protection and childcare at the national and county levels; information collected helped to inform the development of approach and tools and planning and logistics for data collection. A toolkit containing procedural guidance and data collection tools for both quantitative and qualitative methodologies was developed by Changing the Way We Care (CTWWC) with support from the Department of Children's Services (DCS). In designing the toolkit, CTWWC reviewed more than a dozen toolkits, individual tools, and mappings of residential care created by different organizations and used in Eastern European, African and East Asian countries. The toolkit has standardized tools for use by any partner supporting DCS to conduct situational analysis in other counties. Data enumerators were trained to use the methodology from a standard training curriculum delivered by CTWWC and DCS. Below is a summary of the methodology utilized for the situational analysis, with the detailed methodology in Annex 6.2.

2.1 DATA COLLECTION TOOLS

2.1.1 Quantitative

Two instruments were utilized to collect quantitative data from institutions: (1) a structured questionnaire, and (2) a case file review checklist.

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

The case file review captured the information collected by institution staff about the children in their care, and the extent to which standardized case management is utilized within the institution (including assessing the recency, completeness and accessibility of the child's information). The review instrument comprised a checklist of critical documents informed by the Government of Kenya Best Practices in Charitable Children's Institutions (e.g., copy of birth 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 CCIs and other private childcare institutions. Geographical distribution was also considered such that institutions were selected from various sub-counties. Once an institution was selected, three interviews were conducted with different staff in the institution, and therefore the selected CCIs and private childcare institutions had to have at least one staff in each of the required categories (i.e., director/manager, social worker and house parent). The community groups were targeted in areas with higher numbers of reported residential care institutions. Before the data collection, a data collection schedule for all targeted interviews in a county was developed jointly by DCS and CTWWC. The sub-county DCS officers contacted targeted respondents before the proposed interview dates, and secured appointments based on availability.

Participants involved in qualitative data collection included:

- DCS county coordinators for children's services
- Sub-county children's officers – at least one-third
- Institution directors/managers – 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 Kisumu.

RESPONDENTS FOR KEY INFORMANT INTERVIEWS (KII)	
CCI/SCI manager	9
CCI/SCI social worker	5
DCS county coordinator for children's services	1
DCS Sub-county children's officer	2
Other key stakeholder (police, NGAO, health personnel, NGO service providers)	7
PARTICIPANTS IN FOCUS GROUP DISCUSSIONS (FGD)	
Care leavers	8
Area Advisory Council (AAC) members	36
Community members	25
House parents	15
Parents or guardians	6
Total	**114**

Table 1. *Respondents by category*

2.3 DATA COLLECTION

The data collection exercise was jointly planned and executed by DCS and CTWWC. A four-day training of enumerators and DCS staff was conducted May 7 to 10 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 May 13 to 17 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. Where interviews were not recorded, detailed notes were taken and later transcribed into Microsoft Word documents using a standard guidance and template. Data coding was conducted with Dedoose[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.

- **One statutory institution, Kisumu Girls Rescue Centre, was omitted from the situational analysis.** This was accidental, as the Rescue Centre is located in the same compound as the Rehabilitation Centre and under the same management, and data collectors therefore assumed that the two centers were one facility. It was reported during the validation meeting that approximately 15 girls were residing in the Kisumu Girls Rescue Centre at the time of data collection, this information was not captured.

[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, below, shows the overall location distribution of children living in institutions in Kisumu, disaggregated by gender, at the time of data collection.

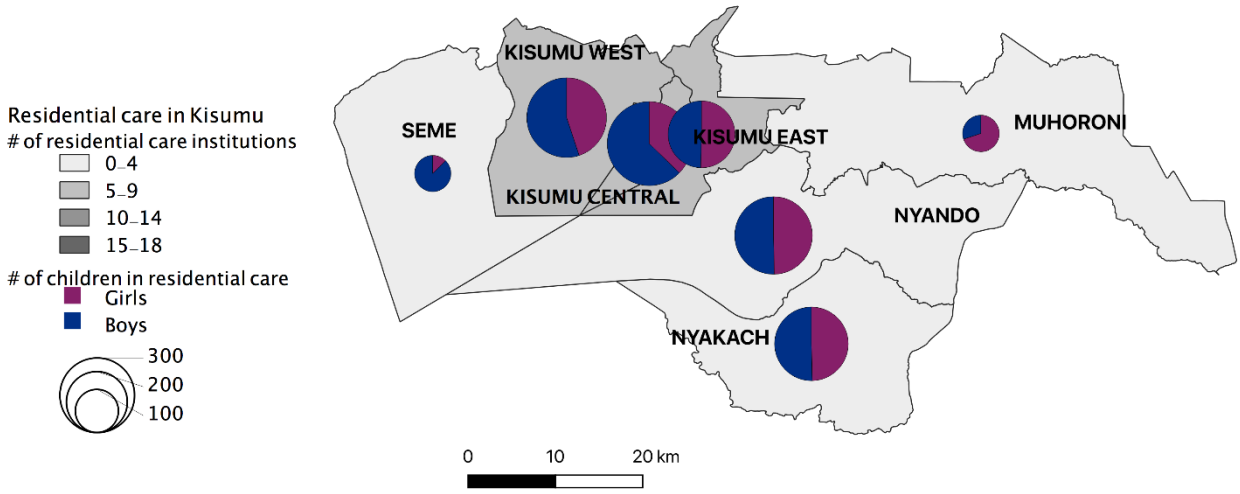

Figure 1. *Children living in Kisumu institutions by sub-county and gender.*

The situational analysis mapped **1,734 children and youth living in institutions in Kisumu County**, including 947 boys and 787 girls. Of these 1,734 children, 139 children were living in Kisumu's two SCIs (123 boys and 16 girls), as compared to 1,595 children living in Kisumu's CCIs and other private childcare institutions. It was reported that 47 of these children were living with disabilities; 23 boys and 24 girls (approximately half the children were recorded as having intellectual disabilities, and approximately half as physical disabilities).[7] With 1,734 children reported to be living in Kisumu's institutions during the exercise, and an estimated child population of 674,725 children in Kisumu in 2018,[8] the population living within residential care constitutes approximately 0.26% of Kisumu's total child population.

[7] The situational analysis relied on staff's views of children's abilities, and may well have missed functional challenges that 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] 2018 Kisumu child population estimate from Kisumu County Integrated Development Plan 2018-2022, retrieved from https://cog.go.ke/downloads/category/106-county-integrated-development-plans-2018-2022

Every sub-county in Kisumu has children living in institutions. Kisumu Central had the highest numbers of children living in institutions with a total of 381 children constituting 22% of Kisumu's total number children living in institutions. By contrast, Seme has 72 children living in institutions, and there are 73 children in Muhoroni living in institutions, each constituting 4% of Kisumu's total number children living in institutions.

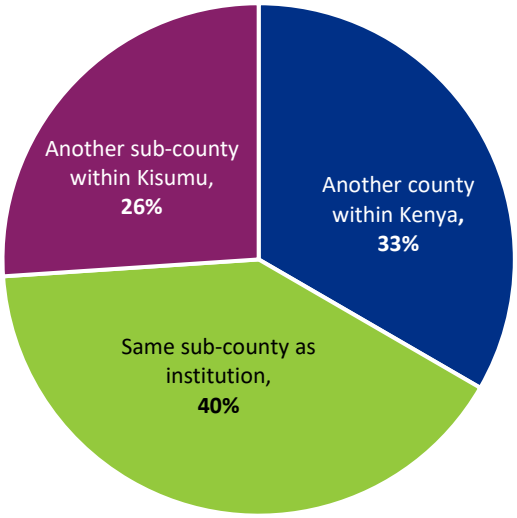

***Figure 2**. Origin of children living in institutions in Kisumu.*

Institution directors reported that 40% of children living in institutions originated from the same sub-county in which the institution is located, 26% of children originated from other sub-counties within Kisumu, 33% of children originated from another county within Kenya, and seven children (>1%) originated from outside of Kenya. Figure 2 shows the origin of children living in institutions at the time of data collection, according to institution directors.

3.1.2 Age and gender

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

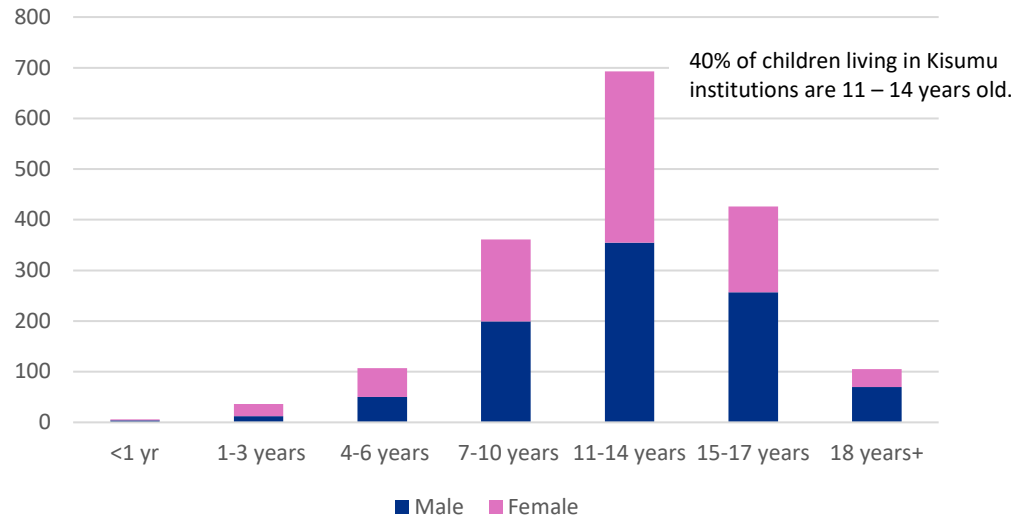

***Figure 3.** Age and gender of children living in Kisumu institutions (N = 1,734).*

The situational analysis revealed relatively equal distributions of girls and boys (55% boys, 45% girls) living in Kisumu institutions, and that 61% of all children in Kisumu institutions are between seven and 14 years of age (Figure 3). The data revealed that at the time of data collection there were 42 children living in Kisumu institutions age three years or under (2.5% 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. Additionally, there were 105 youth age 18 years or above (6% of the total population mapped), and the National Best Practice Standards for CCIs asserts that institutions are not mandated to house young adults who are 18 years and above.

3.1.3 Reasons for admission

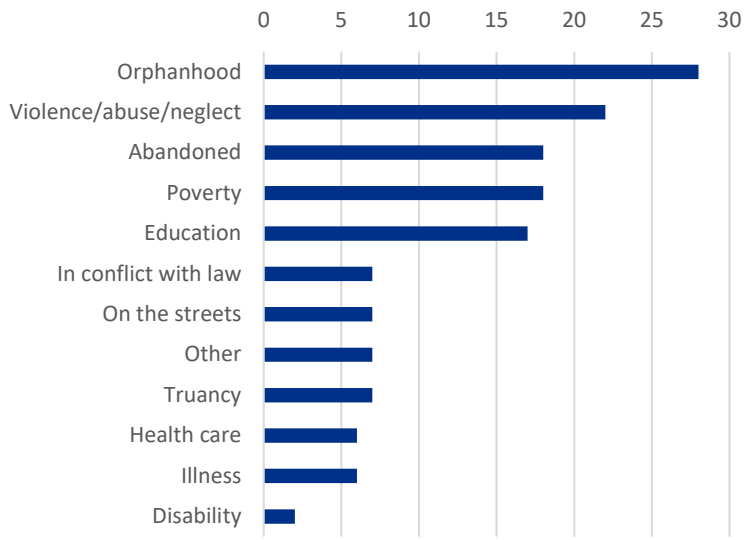

Figure 4. *Number of CCIs/other private childcare institutions in Kisumu that cite the above as reasons for entry (N=33 institutions).*

Of 33 CCIs/other private childcare institutions in Kisumu, **orphanhood was most frequently cited as a reason for children's admissions**, with 29 of 33 CCIs and private childcare institution directors noting their institution admitted children for this reason. Orphanhood was closely followed by violence/abuse/neglect (cited by 21 of 33 directors), poverty (cited by 19 directors), abandonment (cited by 19 directors) and access to education (cited by 18 directors) as shown in Figure 4. By contrast, Kisumu's SCIs noted only admitting children for truancy, violence/neglect/abuse, in conflict with the law and children living on the street**.** During an interview, an SCI staff noted the SCI admits children who are in need of care and protection.

During interviews, staff from the DCS in Kisumu cited a range of reasons for children's admissions to institutions, including breakdown of the family, and also mentioned orphanhood, lost children, poverty, children born out of wedlock, natural disasters and dependency on NGOs and lack of parental responsibility.

> *"When a family faced a problem in the past, the family had a mechanism of how to solve its own problems, but … now you find in most families there's that breakdown in family resolutions on how they solve ... So that is why … most children find themselves in institutions because there's that systematic way on how things were being sorted up. Then secondly, you find naturally, or initially the African way of how people lived, we have that socialism. So, people have moved from socialism to individualistic lifestyle whereby it's me and my God."*
>
> *– DCS sub-county officer*

National government administration officers (NGAOs) additionally identified poverty, disability, poor health and peer pressure to engage in unlawful activities as reasons children were admitted to institutions in Kisumu.

CCI and other private childcare institution staff acknowledged that the existence of residential-based services may be a pull factor for children, and reported that they check information at the "children's department" before admitting a child to ensure children are "really vulnerable."

"There is a time a parent had forged a death certificate and when the child had reached form two...the father appeared. There are families who also cheat you know, when something is good. They are coming because the quality of education."

– CCI manager

3.2 INSTITUTIONS

3.2.1 Quantity, location and capacity

A total of 35 institutions were identified by DCS leadership across seven out of seven sub-counties in Kisumu to participate in the situation analysis. This included two SCIs (one remand home, one rehabilitation center). One SCI, Kisumu Girls Rescue Centre, was omitted from the situational analysis (see Limitation section above). Additionally, one private childcare institution was omitted as a respondent was not available for interview during the data collection period (only a kitchen staff member was available, who was not privy to sufficient organization-level information).

Table 2 reflects the distribution of institutions and children living in institutions across Kisumu's sub-counties.

SUB-COUNTY	NO. OF CHILDREN			% OF CHILDREN	NO. OF INSTITUTIONS
	BOYS	GIRLS	TOTAL		
Kisumu Central	239	142	381	22%	9
Kisumu East	121	122	243	14%	7
Kisumu West	190	155	345	20%	6
Muhoroni	22	51	73	4%	3
Nyakach	148	146	294	17%	4
Nyando	164	162	326	19%	4
Seme	63	9	72	4%	2
Total	**947**	**787**	**1,734**	**100%**	**35**

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

The data reveals a broad distribution of children across five of Kisumu's seven sub-counties (Kisumu Central, Kisumu East, Kisumu West, Nyakach and Nyando range between 14% and 22% of the total institutionalized population each) with fewer children in the remaining two sub-counties (Seme and Muhoroni comprising 4.2% each). The two SCIs included in the situational analysis were located in Seme and Kisumu Central sub-counties.

3.2.2 Registration status

From the 33 CCIs/other private childcare institutions identified in Kisumu at the time of data collection, just one had valid/active registrations with NCCS. Fifteen directors stated their institution's registration with NCCS had expired and they had applied for renewal. Two directors cited their institution's registration with NCCS had expired and they had not applied for renewal. Fifteen directors stated that their institutions were either registered with a government body other than NCCS (government bodies cited included "Social Services," NGO council, Ministry of Education, "Kisumu County Government," and "Department of Social Development") or were not registered at all. [9] In total, this constitutes almost 718 children living in institutions that are not registered with NCCS or who had not applied for renewal with NCCS.

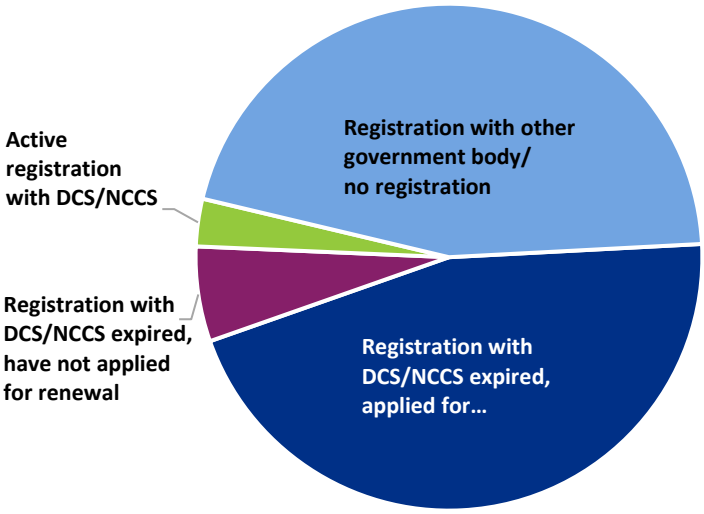

Figure 5. *Registration status of Kisumu CCIs.*

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.

[9] 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.

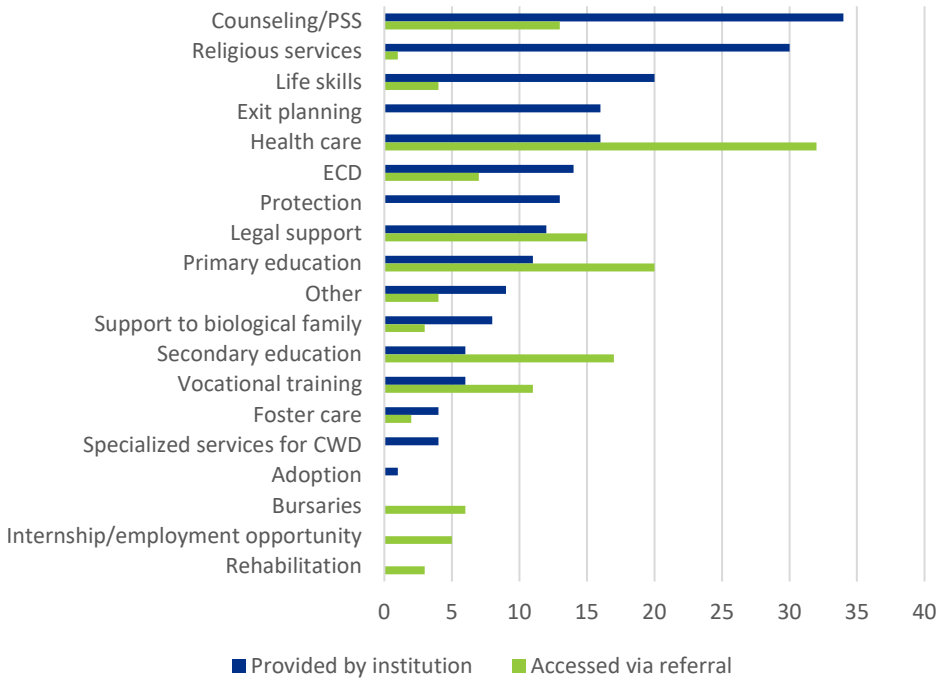

Figure 6. *Number of Kisumu institutions providing and referring to social services by service category.*

That data revealed that institutions most frequently provided counseling/psychosocial support services (with 34 of 35 institution directors reporting they provided this service), religious services (cited by 30 institution directors), life skills training (20 institutions), and exit planning (16 institutions). By contrast, the data revealed that institutions largely rely on external service providers for health services (32 institution directors reported they accessed external health services), primary and secondary education (20 and 17 institutions respectively) and legal services (15 institutions).

Notably:

- Although the Guidelines for the Alternative Family Care of Children in Kenya asserts that residential placements must continue for the shortest time possible, it is clear that family-based care services – including support to biological family, foster care and adoption – were all very infrequently provided or accessed via referral. Similarly, exit planning was only conducted by approximately one-third of institutions.

- Economic-focused services, including bursaries, internships and employment opportunities, were accessed solely on a referral basis. These services are critical for both adolescents who will soon exit/have already exited care, as well as for families to prepare them to receive their children home.

- Though education was among the most frequently cited reasons for admission, primary education, secondary education and vocational training were all more frequently accessed externally than provided for within the institution. Where education was accessed via referral, it was majorly public education that was accessed (compared to private).

- There was a level of incongruence between the ages of children living in institutions and the services most frequently provided. For example, a third of institutions cited they offered early childhood education services, yet there were very few young children reported to be living in institutions. Similarly, very few institutions provided or referred children to secondary education, vocational training or internships/employment opportunities, yet almost a third of the institution's population were age 15 years and above and could benefit from such services.

- Religious services were provided by almost all institutions, and only one institution accessed this service externally.

3.2.4 Funding

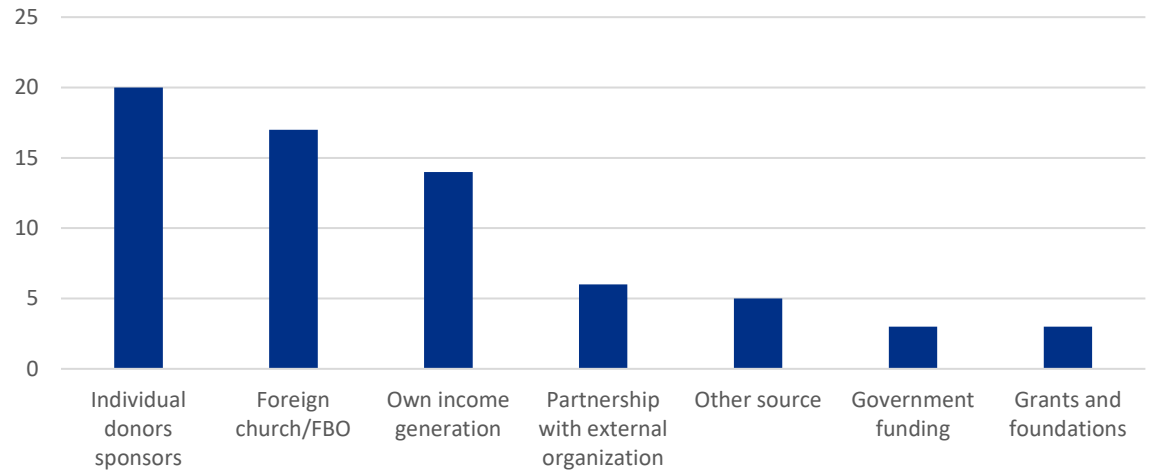

Figure 7. *Frequency and type of funding to Kisumu institutions.*

Of 33 CCIs/other private childcare institutions in Kisumu, the majority received funding from multiple sources. Figure 7 shows the types and frequency of funding to Kisumu institutions at the time of data collection. Individual donors or sponsors were most frequently identified as a source of funding, with 20 of 33 CCI/other private childcare institution directors stating they received funding from this stream. This was closely followed by foreign churches and other faith-based organizations (17 institutions), own income-generating activities (14 institutions, mostly related to agricultural sources), partnerships with external organizations (six institutions), other sources including material support from the local community (five institutions), government (three institutions, at 1%, 10% and 95% of their total funding, respectively) and grants and foundations (three institutions). One institution received corporate funding from two Kenya-based companies (automotive and banking sectors), and another received corporate funding from a regional East African company (clothing manufacturing). Donor countries included the U.S., Australia, Canada and several European countries.

One of the Kisumu SCIs noted they were funded solely by government resources; the other cited foreign church/faith-based organization support in addition to government funding.

3.2.5 Experiences in institutions

Care leavers

When asked about their experiences living in institutions in Kisumu during focus group discussions, care leavers recalled both positive and negative experiences of life in the institutions.
Among the positive experiences cited by care leavers were access to education and basic needs (shelter, food, clothing), receiving love, positive peer influence, children were treated equally, children were made to feel at home, talent exploration, spiritual development, learned to be independent, opportunity to work in the orphanage, and stable routines.
Among the negative experiences cited by care leavers were unequal treatment of children (favoritism), segregation among children, strict rules, no freedom, and minimal opportunity to develop life skills. Regarding favoritism among children, one care leaver noted:

> *"… there was a time that the CCIs could be visited by tourists or the whites, it was a great benefit to children who knew how to talk in English that could take the visitors around, in return they were given cameras, money and other gifts, while others who could not speak in English fluently were left admiring the gifts. There was no equal love as some children were loved most, and even when it came the time for work, some children were being given light duties [more] frequently than the rest of the children. Also, in terms of food, the loved children were often being given top layer, while the rest were just served normal food."*
>
> *– Kisumu care leaver*

Institution staff

Interestingly, during KIIs and FDGs institution staff noted very similar positives and negatives for children living in institutions. Positively, staff noted that children had consistent access to services, including school, health services, and church, children received enough food and clean drinking water, children were consistently disciplined, and children began to feel that institution staff were their only caregiver/parent after some time (reflected in the quote below):

> *"For the children that I stay with, they have a feeling in their heart that [they see me] as a parent. You will know because the children are very much concerned when I'm leaving and asking if they can accompany me to the place that I am going. This means that the children do not have any other person in mind that they can call their mother except me. So, they receive parental love."*
>
> *– CCI house parent*

By contrast, some of the negatives associated with children living in residential care that staff highlighted included restricted freedom (meaning children only ever spent time at the institution, school, the hospital and church), no connection to the community, no understanding of their family history and heritage, feeling "tortured" when they grew up to find out they had families who could have cared for them instead of allowing them to grow up in an institution, and not having known families to return to during school holidays and feeling sad when seeing their friends return to their families during holiday periods. These sentiments are reflected in the quote, below:

"We are not the biological parents, so the love that we give to the children here and the love they will receive when they are with their parents will be different. Love of a mother or community is different from the love they get when they are in the CCI…"

– CCI house parent

3.3 WORKFORCE

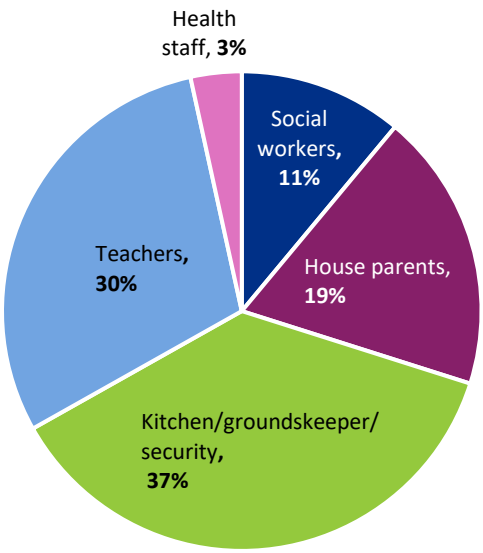

Figure 8. *Workforce employed by Kisumu institutions.*

Institution directors stated that a total of 615 staff were employed by Kisumu institutions at the time of data collection, including:

- 204 kitchen/security/groundskeeper staff,
- 164 teachers,
- 104 house parents,
- 61 social workers, and
- 19 health staff.

Social workers are critical members of the childcare workforce as they are responsible for overseeing the care children receive, and are typically mandated with assessment, planning and monitoring. Of the 61 social workers identified, they were employed across 29 institutions; six institutions (all private) did not employ any social workers, including one institution with 145 children.[10] Fifty-two of the 61 identified social work staff held a degree, diploma or certificate; nine did not hold any qualification.

6 INSTITUTIONS HOUSING **297 CHILDREN,** DID NOT HAVE A SOCIAL WORKER ON STAFF.

When comparing the total children living in institutions to the total social workers employed by the institutions, the average social worker in a CCI or private childcare institution in Kisumu holds a caseload of 28 children, and social workers in Kisumu's SCIs hold an average caseload of 28 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 10 of Kisumu'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 104 house parents identified during the situation analysis were employed by 30 institutions. Five CCIs/private childcare institutions did not employ any house parents.[11] The National Standards for Best Practices in CCIs recommends a caregiver-to-child ratio maximum of 1:10.[12] However, the average house parent in a CCI/private childcare institution in Kisumu takes care of 17 children; just 11 institutions (all private) met the recommended standard of a ratio of one house parent to 10 children or less. The SCIs did not employ house parents.

Several institutions noted that staff took on multiple roles; for example, house mothers also took on social worker responsibilities, house fathers also took on driver responsibilities, etc.

[10] There were 297 children living in institutions without social workers at the time of data collection.
[11] There were 248 children living in institutions without house parents at the time of data collection.
[12] The 1:10 caregiver to child ratio relates to children age seven years and above; a ratio of 1:8 is recommended for children ages four to six years, and a ratio of 1:6 is recommended for zero to three-year-olds.

3.4 GATEKEEPING

Gatekeeping involves strict procedural safeguards to identify the best interests of the child before taking certain major decisions related to their care and protection. The primary objective of gatekeeping is to prevent separation in some cases, and divert children from entry into the formal care system (i.e., into any care situation where the child's placement was made by order of a competent authority[13]). Secondly, gatekeeping aims to ensure that a proactive approach is taken in seeking reunification options for children already in the formal care system. In countries where there is an overreliance on residential care, gatekeeping helps to restrict the flow, or "block" the entry, of children into residential care, as well as support children's timely exit from residential care back to family-based care. Gatekeeping should be thought of not as a one-time event, but as a sustained process of referral, assessment, analysis, planning, implementation and review that determines ongoing decision-making about the best types of care of children.[14]

3.4.1 Prevention

During interviews, Area Advisory Council (AAC) members cited deferring several requests from institutions to bring children into their care, with one AAC member stating:

> *"So far we have not experienced any case that would make us place a child in a CCI. Most of the cases are being handled at the family level or ... the relatives normally come up and take care of the children. Two organizations ... that have approached me as the chief of the area if I have a child in the location that they would support while staying at the orphanage home, but they didn't get because I had to check on the status of the child, because we can't just take a child and place in an orphanage home so we somehow disagreed."*
>
> *– AAC member*

[13] Better Care Network, *Toolkit Glossary of Key Terms,* 2019, retrieved from https://bettercarenetwork.org/toolkit/glossary-of-key-terms#D.
[14] Better Care Network and UNICEF (2015). *Making Decisions for the Better Care of Children.* Retrieved from https://www.unicef.org/protection/files/UNICEF_Gatekeeping_V11_WEB_(003).pdf.

Similarly, during a focus group discussion with AAC members, participants noted that families often make care decisions among themselves, including extending as far as informal foster care arrangements. One participant explained both the positives and negatives associated with this traditional informal mechanism for care decision-making:

> *"Sometimes you just see this family is poor and say 'just give me the child to stay with.' Or sometimes a child's interest … Like another, a big school girl who we go with to the same church, she tells my wife, 'Mama, why don't I just stay with you, here is closer to school,' … 'I've talked to mum and dad and they have agreed, so that I'm able to go to school from here.' Okay. The parents come in and they talk … If the two families agree, the child stays. So, I just said 'let the child stay, what's wrong?'...They go to church and come back and play. The next day they go to school. And the child is not being misused. You know there are others who take a child like that and make them their house help."*
>
> *– AAC member*

3.4.2 Referrals for admission

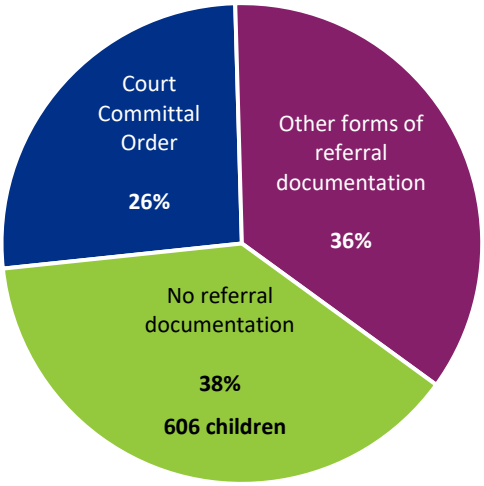

Figure 9. *Referral documentation contained in case files sampled from Kisumu CCIs and other private childcare institutions.*

The review of case files included in the situational analysis provided an insight into how well gatekeeping guidelines were being followed in the admission of children in residential care. Of 347 case files that were reviewed in Kisumu CCIs/other private childcare institutions, just 26% contained a Court Committal Order. 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**.** Thirty-five percent of sampled case files contained another form of referral documentation (referral letter from chief, OB number from police, or parental consent), **while 34% did not contain any referral documentation.** Applying this to the total population of children living in CCIs and other private childcare institutions in Kisumu, this represents potentially over **600 children living in CCIs and other private childcare institutions without any referral documentation.**

Of 31 case files that were reviewed in Kisumu SCIs, 30 files **(97%) contained some form of referral documentation** (i.e., committal order, referral letter from chief or parental consent); only one file did not contain any referral documentation (this was a newly admitted case, with the child admitted three weeks prior to the date of data collection).

Overall, chief referral letters were the most commonly found form of referral documentation, with 40% of sampled case files containing them, and police referrals were least common and found in only 2% of sampled case files.

3.4.3 Duration of stay and exiting institutions

The Guidelines for the Alternative Family Care of Children in Kenya assert that children should reside in residential care for the absolute shortest time possible and not for more than three years.[15] The guidelines state that case reviews must be conducted every three months to ensure that sufficient efforts are being made to safely exit the child from the institution back to family-based care.

The data related to duration of stay for children living in Kisumu institutions revealed that length of stay varied greatly between children living in CCIs/other private childcare institutions as compared to SCIs, as reflected in Figure 10.

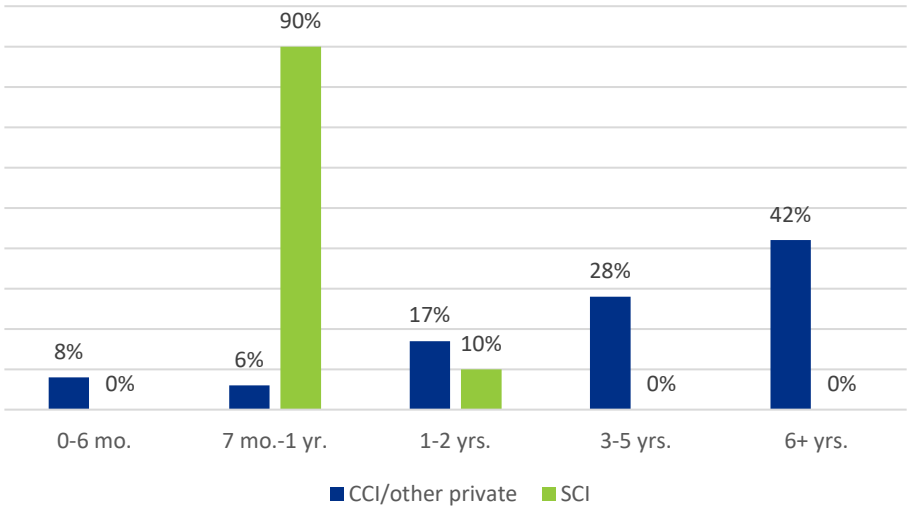

Figure 10. *Duration of stay of children living in Kisumu institutions.*

A vast majority (90%) of children living in Kisumu's SCIs resided there for between seven months and one year; there were no children in the SCI who had lived there longer than two years. By comparison, 70% of the children living in CCIs/other private childcare institutions at the time of data collection had lived there for three years or longer; 13% had lived in the CCI/other private childcare institution for 10 years or more. This finding does not align with the standards outlined in the Guidelines for the Alternative Family Care of Children in Kenya.

[15] 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…

1,595 CHILDREN LIVING IN CCIs/OTHER PRIVATE CHILDCARE INSTITUTIONS	**70%** OF CHILDREN HAD LIVED THERE FOR 3 OR MORE YEARS	**1,204** CHILDREN HAD EXITED IN THE PAST 3 YEARS

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

139 CHILDREN LIVING IN SCIs	**0%** OF CHILDREN HAD LIVED THERE FOR 3 OR MORE YEARS	**190** CHILDREN HAD EXITED IN THE PAST 3 YEARS

In the last three years, it was reported that a total of **1,394 children left institutions in Kisumu**. Of these 1,394 children, 190 (14%) exited from SCIs (equivalent to 137% of the current reported population of children living in SCIs), compared to 1,204 (86%) exited from CCIs/other private childcare institutions (equivalent to just 75% of the current reported population of children living in CCIs and other private childcare institutions). This finding is consistent with the median duration of stay for children residing in the SCIs recorded as seven to 12 months, compared to the median duration of stay for children living in private childcare institutions recorded as six years or more. Children in CCIs and other private childcare institutions tend to 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, approximately 10% of the child population have already "aged out" of care (i.e., those who are 18 years and above) and approximately another quarter of the population will age out of care in the next three years (those currently age 15 years and above). Overall, children are exited from Kisumu's CCIs and private childcare institutions at a much slower rate than from the SCIs.

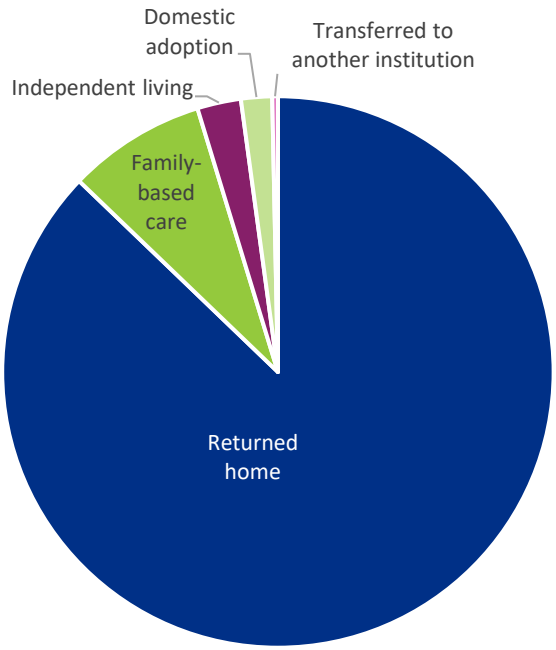

Figure 11. *Placements of children who exited Kisumu CCIs/other institutions in the last three years. MW: Pls note caption needs to move to follow figure.*

Though orphanhood was the most commonly cited reason for admission by institution directors, of the 1,204 children who were recorded to have exited from CCIs and other private childcare institutions in Kisumu over the last three years, the vast majority (86%) were reported to have returned home (where "home" may have included households with biological parents or households of relatives) as shown in Figure 11. This finding is surprising where there was minimal provision of family strengthening interventions, as reflected by just eight out of 35 institutions noting they provided support to families. Similarly, less than a third of sampled case files contained family assessments, and only a quarter of sampled case files contained case plans, both of which are critical processes in

determining the types of support families need.

Very few children who exited Kisumu CCIs and other private childcare institutions were placed in alternative family-based care (kinship care 8%; foster care >1%), independent living (3%), other institutions (>1%) and domestic adoption (2%) (Figure 11).

Of the 190 children who were recorded to have exited Kisumu's SCI over the last three years, 91% returned home, and 9% were transferred to other institutions; the SCI did not place children in another form of care.

Regarding practices related to exiting children from institutions, interviews with institution staff revealed varied levels of case management practice, with some staff noting they conduct child and family assessments, regular home visits, counseling, economic strengthening and referrals, and others unaware of these practices. Most CCIs and private childcare institutions had little to no experience with foster care and adoption, while some had referred cases to DCS for these forms of care.

3.4.4 Experiences of exiting residential care

During interviews, institution staff shared positive experiences of reintegration between children and their families, including a sense of satisfaction when sustainable reintegration has been achieved, reflected in the quote below:

> *"I think what is most rewarding is when you integrate the child back into the family and they permanently reintegrate. And you can see that the child has really belonged and [been] accepted in the family. You, as somebody who has really done that, you feel you have done [a] good job … seeing the child fully reintegrated back into the family."*
>
> *– CCI social worker*

However, institution staff also noted challenges that they faced when appropriate case management processes are not followed, so children and/or families are not fully prepared for reintegration. Challenges faced by children after exiting the institutions highlighted by institution staff included trouble adjusting to daily life, lack of life skills, poor decision-making, challenges in gaining employment, and challenges in interacting with and gaining acceptance from family and community members. Institution staff noted that proper case management was critical for positive reintegration, including rigorous assessment, observing the attachment between the child and family, and conducting monitoring and follow-up. Additionally, it was highlighted that opportunities for learning technical skills was important for youth exiting institutions to ensure they are able to financially support and sustain themselves.

During FGDs, care leavers expressed both positive experiences of returning to their communities, as well as many challenges associated with the transition. Some care leavers noted that staff from their institution did not prepare them for exit, but merely informed them that once they reached 18 years of age, they would be required to leave the institution. Others noted that they were provided with vocational skills training to help prepare them for independence. Care leavers identified that linkages to internships, care leavers who had exited before them (as mentors), as well as exposure to the outside world prior to exiting so "we don't get shocked on what real life is," would have helped prepare them more adequately for life in the community.

Positive aspects of returning to their communities included learning life skills, such as business skills, from family members that they had not known previously. Conversely, negative aspects included returning to communities that tended to treat care leavers as strangers upon exiting institutions, particularly when they had been away for a long period:

"The members of your community do not actually recognize you ... It will take you like a year or something for them to know you better. Whenever community activities are going on, nobody will inform you … Yes, you are educated ... you've gone to college. Now if you want go back home, you're going to stay there, you'll be a stranger in that home."

– Care leaver

3.4.5 Attitudes toward exiting children from residential care

During FGDs and KIIs, respondents reported both positive and negative opinions about reintegration and its impact on children. Positives included the opportunity for children to know their families, to learn life skills, and to identify with their community, culture and background. Negatives included difficulty adapting to life outside the institution, facing stigma, challenges in accessing their inheritance (namely land), adopting bad manners in a less restrictive environment, and challenges making decisions:

"[Children in institutions] were trained as robots. In the morning you wake up, you find food already set on the table. So they fear … making independent decisions because, within the institutions, decisions are being made for them. Outside there, you're supposed to make that decision"

– DCS officer

Most respondents agreed that families would require follow-up post-reunification support and that financial and material support would be needed to ensure families' basic needs are met. Suggestions for family necessary support services included:

- increased access to cash transfers, particularly for children living with grandparents,
- bursaries and access to quality education,
- accessible health care and medical services, particularly for children with disabilities,
- parenting skills training,
- vocational skills training,
- opportunities for income generation,
- counseling for families, and
- community sensitization and engagement to ensure children are accepted by both their immediate family and their entire community.

Respondents emphasized the need for government systems and structures that support prevention, reintegration and alternative family-based care

3.5 CASE MANAGEMENT

Case management is a systematic, individualized approach to working with children and families, which 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 being 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 see failure to meet children's needs, as well as children staying in residential care for long durations.

Figure 12 shows the percentage of case files that contained each case management form. Case files most commonly contained biodata/admission forms, and least commonly contained referral forms. Of 347 case files that were randomly sampled and reviewed in Kisumu CCIs/other private childcare institutions, only **21 files (6%) contained a complete set[16] of case management forms**. Of 31 case files that were reviewed in Kisumu SCIs**, none contained a complete set of case management forms**.

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

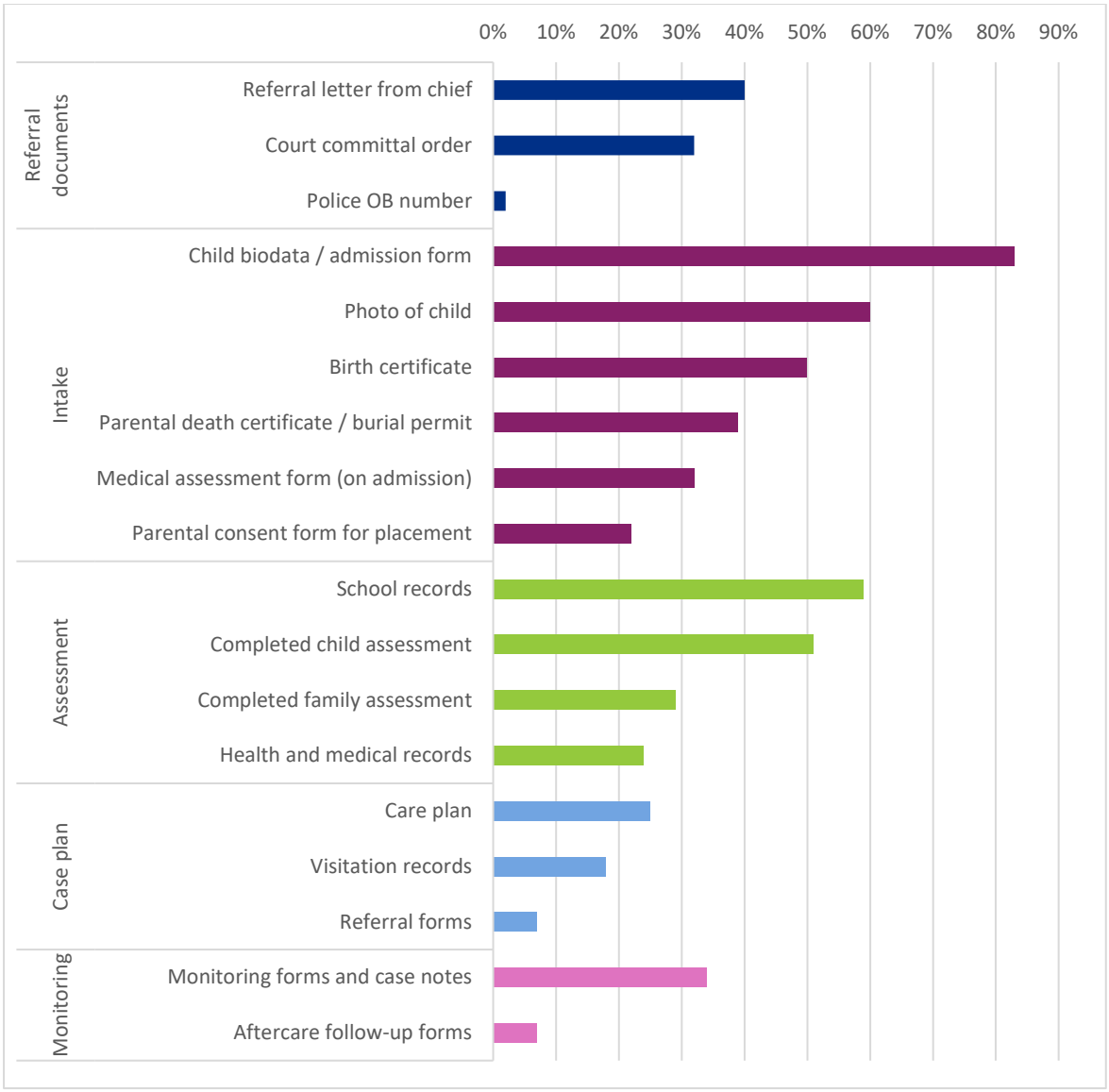

***Figure 12**. Documentation contained in sampled case files in Kisumu institutions.*

The gaps in case management that were revealed raise questions about the suitability of services being provided. The case file documentation that was most commonly available was typically related to intake and identification; for example, biodata/admission forms, photo of the child and birth certificate. When looking at subsequent case management processes, the prevalence of documentation decreases. 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 been conducted, it is difficult to understand the holistic needs of each individual child that would guide the types of services each child needs to access. Similarly, only a third of files contained family assessments. Without a family assessment being conducted, it is very difficult to understand the root cause of child vulnerability, and this should be the factor that determines the types of services that children and families receive. Additionally, just a quarter of case files sampled contained case plans and only a third 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 Kisumu institutions over the last three years, less than a third of files sampled contained family assessments (29%) and care plans (25%) that are critical processes for safely supporting children as they reintegrate to family and community settings. Similarly, while almost three-quarters of children living in Kisumu institutions were found to have originated from within the county (meaning their families are relatively near to the institution), family visitation records 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

3.6.1 Institution staff

At 33 CCIs/other private childcare institutions in Kisumu, 24 directors/managers stated that they had a plan to transition their institutions away from providing residential care. However, when asked their strategies, responses were reflective of child-level rather than organization-level transition plans (i.e., institutions noted they planned to reunify children with their communities, but did not note any plan to fundamentally transform their organizational model away from residential care in favor of community-based service provision).

In general, during KIIs and FGDs, institution staff were positive about care reform, and felt that children would benefit from knowing their families, their heritage and their culture. Some institutions noted they had already ceased to accept new admissions as a first step in transforming into community-based service provision. However, staff equally expressed concern about the feasibility of care reform, depending on whether underlying factors for institutionalization were addressed, whether there was a coordinated strategy, and whether government and non-government organizations collaborated effectively. For instance:

> *"It will be possible to transition from residential care to offering other services ... And the only things that should put in place, like giving it time to handle the cases of each and every child, then also ensure that our children in the society have got what they need to help them survive in the society and not face the same challenges that are making them run from the society into the children centers."*
>
> *– CCI staff*

Emphasis was placed on the need for sensitization, established processes that are rigorously implemented, addressing the individual factors that contributed to separation, involving and preparing children well, and government support to transform into community-based models (including capacity strengthening staff to ensure transitions into new roles rather than loss of jobs).

3.6.2 Community

During FGDs, members of AACs and NGAOs expressed overall positive attitudes toward reintegration to family-based care, stating reintegration is beneficial for children and should take place. Members recommended that the root cause of separation be addressed before reunification is considered, that reintegration efforts should be individualized and not hurried (allowing children and families sufficient time to bond), governance structures should be strengthened to support the process, and that children, families and communities should be sensitized about the process.

"In short, we need to address all the factors that make children to go into the CCIs before reintegrating them. If this is not done, then we won't solve anything, and the children will automatically come back to the CCIs."

– AAC member

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4. CONCLUSIONS

Informed by Kisumu 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 Kisumu.

4.1 OPPORTUNITIES FOR INSTITUTION TRANSFORMATION TO COMMUNITY-BASED SERVICE MODEL

- **Participants in the situational analysis (across respondent groups) were mostly 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 and systematic reintegration processes, including assessing and supporting families to manage the challenges they faced that caused child-family separation and adequately preparing children for returning to their communities.

- **Kisumu's institutions employ a sizeable workforce, with over 600 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 currently working within institutions are well-positioned to continue providing services on a non-residential basis. The large number of general operations staff, many of whom are already undertaking duties that may have led to the development of core social work competencies, could be further upskilled to support community-based service models.

- **Most CCIs and private childcare institutions reported having more than one funding streaming and a third had their own independent income generation.** This funding diversity and level of financial independence provides a buffer that could be leveraged by institutions while advocating to current and new funding sources to support their transformation efforts toward community-based service provision.

- Approximately three-quarters of children originate from within Kisumu County, and 83% of case files sampled contained biodata/admission forms with critical information related to families' locations. This suggests that **few additional resources would be needed to trace and assess the majority of families to begin a process of reintegration case management.** Additionally, if reunification is found to be safe, the close proximity of families would allow them access to community-based services after institutions have transitioned. This would also enable social workers to monitor children and families.

- In part because the NCCS had not been fully constituted to approve CCI registration renewal applications since mid-2016, just one CCI cited holding an active registration with NCCS. When 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 placements must be for the shortest possible period of time, and not for longer than three years (except in very exceptional circumstances). **A majority of children living in Kisumu'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.**

- Kisumu'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 40% 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 Kisumu's institutions noted admitting children for access to education. Though some of Kisumu's institutions provide education services, institutions more frequently accessed primary education, secondary education and vocational training for children via referrals to external service providers. 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**.

- Though the Kenya legal framework requires court committal orders for any placement into residential care, **three-quarters of children reported to be living in Kisumu's institutions did not have this compulsory documentation, and did not appear to have passed through appropriate channels** (for example, children's officers or the courts), which may have been able to prevent unnecessary separations.

4.3 SUITABILITY OF SERVICES

- Case management is critical to ensuring that children's and families unique needs are identified and that plans are made to suitably meet these needs. Equally, case management is essential to ensuring that children are returned to family settings as soon as possible. The gaps in case management practice highlighted in the situational analysis raise questions over the suitability of services being provided to children and families. 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.

- 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.

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

- Few sampled case files contained family visitation records. **It is a general principle of the Guidelines for the Alternative Family Care of Children in Kenya that contact between child and family must be maintained throughout placement in alternative care settings**, unless it is deemed to not be in the child's best interest. Where almost three-quarters of families are located within Kisumu County, there is significant potential to reconnect children and their families, and to strengthen their bond; this is critical preparation for reunification.

- In total, 42 children living in Kisumu institutions were age three years or younger, which is **not aligned with global evidence-based recommendations or the Guidelines for the Alternative Family Care of Children in Kenya which stresses that residential care be avoided for this age group.** [17]

- While 47 children were reported to be living with disabilities in Kisumu's institutions, the situational analysis relied on staff's understanding of children's abilities, and it is possible that less obvious functional challenges may have been missed. Noting global evidence that children with disabilities are up to 17 times *more* likely to live in *institutions* than other *children,* [18] *it* is suspected that this figure was underestimated. Where children with disabilities are 3.7 times more likely than non-disabled children to experience violence, and **where placement of children with disabilities into residential care further increases their vulnerability to violence,** [19] **it is not recommended that children with disabilities be placed into residential care**.

- Domestic adoption is a viable permanent, family-based option for a specific population of children. However, there are legal and ethical measures safeguarding this practice that should be followed. It appears that in some cases, **domestic adoption is occurring without following a standardized process that safeguards the rights and well-being of the child, birth family and adoptive family** (i.e., the adoption triad).

[17] 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."

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

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

5. RECOMMENDATIONS

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

5.1 FURTHER INVESTIGATION

1. Given an institution was identified during the situational analysis exercise (and included in the situational analysis), it is possible there are other institutions not known to DCS operating in Kisumu, and it is therefore **recommended that further mapping of childcare institutions is conducted.** The director survey tool and case file review tool should be utilized to rapidly assess previously unidentified institutions' organizational context. It is critical that all children are counted to ensure appropriate planning for care reform strategies within the county.

2. The **overrepresentation of particular age groups of children in Kisumu's institutions should also be further investigated**. Forty percent of children found to be living in Kisumu's institutions were ages 11 to 14 years, 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 are better understood, as well as organizational pull factors that may target this demographic, to appropriately plan and target care reform interventions within Kisumu.

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,[20] it is recommended that **further investigation take place to ascertain more accurate data about children with disabilities living in Kisumu's institutions**.

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

5.2 REGULATION

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 and DCS ensure institutions understand the **appropriate referral channels and intake processes that should be followed when children enter residential care** (i.e., children must be referred by statutory authorities and a committal order must be attained). Additionally, NCCS and DCS should ensure 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 Kisumu 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 Kisumu. However, the informality of the processes could benefit from a level of regulation. As such, the **national alternative family care standard operating procedures (currently in draft form) should be quickly adopted and implemented within Kisumu** once nationally available**.**

6. Given the risks associated with unstandardized processes for the admission and exit of children into/out of residential care and varied forms of alternative family care, **national gatekeeping guidelines (currently in draft form) should be quickly adopted and implemented in Kisumu** once nationally available. This would help to prevent unnecessary placement of children into formal care, ensure that placements are suitable, and ensure 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 Kisumu should ensure the immediate and holistic implementation of the Case Management for Reintegration of Children to Family and Community-Based Care package to support safe and appropriate reunification for children. Given almost three-quarters of children are from within Kisumu and that biodata forms that contain information on family location were found in 83% of the case files sampled, institution social workers should be supported to immediately 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 children with disabilities who live in residential care, efforts to explore options for the safe reintegration of 42 infants and 47 children with disabilities who live in Kisumu'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 105 adolescents age 18 years and above to transition to supported independent living placements, or to reunify with their families. Preparation should include technical skill development, employment support (including support to develop self-employment opportunities), provision of critical life skills training (see Kenya Society of Care Leavers Life Skills Manual), 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. Respecting the Guidelines for the Alternative Family Care of Children in Kenya, efforts should be made to expedite the facilitation of frequent contact between children and their families where contact doesn't already frequently occur (except in situations where contact with family is collaboratively determined to not be in the child's best interest). This is critical to rebuild the attachment between children and families and to understand family dynamics and needs, both 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 Kisumu. 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 over 500 adolescents age 15 years and above currently 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 Kisumu.

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, **sensitization 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 informing relevant stakeholders of recent developments and progress, as well as steps that will be taken within Kisumu 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 Leavers in Care Reform.[21]

16. National advocacy is needed to advocate for linking vulnerable and reintegration families who are providing care and support to children to **social protection programs, especially the cash transfer program.**

[21] 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: KISUMU CENTRAL

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
1	Victory Children's Home Foundation	Not registered	**52**	0	6	3	**45**	2	6	24	1
2	Jamii Ya Tumaini	Expired, applied	**5**	0	0	1	**8**	1	2	0	0
3	Kisumu Children's Remand Home	SCI	**85**	0	0	4	**8**	1	0	2	0
4	Kisumu Urban Apostolate Program	Expired, applied	**30**	0	0	1	**22**	7	3	3	0
5	St. Claremont Children's Home	Expired, applied	**28**	0	0	0	**21**	1	3	4	0
6	Mama Ngina Children's Home	Not registered	**43**	7	0	8	**19**	3	4	2	2
7	New Life Home Trust	Expired, applied	**54**	22	3	18	**54**	1	11	3	4
8	Peace Integrated Community	Not registered	**4**	0	0	0	**6**	2	0	0	0
9	Agape Children's Ministry	Active	**80**	0	0	0	**76**	17	0	7	1
		TOTAL	**381**	**29**	**9**	**35**	**259**	**35**	**29**	**45**	**8**

SUB-COUNTY: KISUMU EAST

	INSTITUTION	REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
10	Our Lady of Perpetual Support	Not registered	**24**	0	0	0	**8**	2	3	6	0
11	Mercy Christian Children's Ministry International	Expired, applied	**25**	0	0	0	**7**	1	2	0	0
12	Ebenezer Rescue and Rehabilitation Centre	Expired, applied	**54**	0	12	1	**7**	1	1	0	0
13	Tumaini Boarding Facility	Not registered	**40**	0	0	1	**11**	0	2	0	0
14	St. Mary Magdalene Oasis of Peace	Not registered	**47**	1	0	0	**26**	1	6	11	1
15	Springs Ministries	Expired, applied	**31**	0	0	0	**6**	1	2	0	0
16	Gilgal Community Based Organisation	Not registered	**22**	0	1	0	**5**	1	2	0	1
		TOTAL	**243**	**1**	**13**	**2**	**70**	**7**	**18**	**17**	**2**

SUB-COUNTY: KISUMU WEST

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
17	Bethel Rays of Hope Ministries	Not registered	**46**	4	0	0	**18**	0	3	13	0
18	Arise and Shine Kogony Orphanage	Expired, not applied	**25**	0	0	0	**5**	2	0	0	0
19	Cherry Brierley Children's Home	Expired, not applied	**72**	0	9	2	**13**	2	2	0	0
20	Aic Ogada Children's Home	Expired, applied	**42**	0	0	0	**11**	1	3	1	1
21	SOS Children's Villages	Not registered	**145**	0	24	0	**43**	0	16	4	0
22	Too Little Children's Home	Not registered	**15**	2	4	0	**3**	0	2	0	0
TOTAL			**345**	**6**	**37**	**2**	**93**	**5**	**26**	**18**	**1**

SUB-COUNTY: MUHORONI

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
23	Miracle Power Children's Home	Expired, applied	**17**	0	0	2	**19**	1	4	0	4
24	Amazing Grace Children's Home	Expired, applied	**25**	0	0	0	**34**	1	2	20	0
25	Happy Home Child Care	Expired, applied	**31**	0	0	1	**11**	0	4	1	0
TOTAL			**73**	**0**	**0**	**3**	**64**	**2**	**10**	**21**	**4**

SUB-COUNTY: NYAKACH

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
26	Lee McGraw Children's Home	Not registered	**49**	0	0	0	**12**	1	2	0	0
27	House of Hope Children's Center	Expired, applied	**42**	0	1	0	**21**	1	2	12	2
28	Lakeside Children's Home	Not registered	**83**	0	0	0	**8**	1	1	0	0
29	Golf Course Road Children's Home	Expired, applied	**120**	0	10	0	**20**	1	4	0	1
TOTAL			**294**	**0**	**11**	**0**	**61**	**4**	**9**	**12**	**3**

SUB-COUNTY: NYANDO

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
30	Ebenezer Life Centre	Not registered	**233**	3	33	0	**18**	3	4	36	1
31	Mama Wilfrida Children's Home	Expired, applied	**54**	0	0	5	**8**	1	1	0	0
32	Mier Pamoja Children's Care Centre	Expired, applied	**19**	0	0	0	**26**	1	1	13	0
33	Humanity Home for Children	Not registered	**20**	3	0	0	**5**	0	5	0	0
TOTAL			**326**	**6**	**33**	**5**	**57**	**5**	**11**	**49**	**1**

SUB-COUNTY: SEME

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
34	Kisumu Rehabilitation Centre	SCI	**54**	0	2	0	**7**	2	0	0	0
35	Living Word Children's Home	Not registered	**18**	0	0	0	**4**	1	1	2	0
TOTAL			**72**	**0**	**2**	**0**	**11**	**3**	**1**	**2**	**0**

6.2 DETAILED METHODOLOGY

6.2.1 Preparation

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

6.2.2 Ethical considerations

Enumerators were trained on research ethics and child protection reporting protocols should cases of abuse be suspected or witnessed during data collection. Prior to data collection, the objectives of the situational analysis was explained to individual respondents, as were confidentiality protocols and the right to skip questions or withdraw, before formal consent was sought. Institution managers/directors consented in writing to allow for data collection within the institution, as well as access to children's case files for review; all the other interviews utilized a verbal consent approach. Permission was sought by enumerators to audio record interviews. After collection, data was accessed only by authorized persons.

6.2.3 Data collection tools

Quantitative
Two instruments were utilized to collect quantitative data from institutions:

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

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

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

Qualitative

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

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

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

6.2.4 Sampling

Quantitative

All SCIs, known CCIs and other known institutions were targeted for quantitative data collection. DCS officers at the county level worked closely with the local administration to generate a list of institutions known to be operating in all sub-counties within Nyamira, Kisumu, Kiambu and Kilifi counties. This included review of CCI reports submitted to DCS officers, AAC reports on the known CCIs operating in their jurisdiction, 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 existence of previously unknown institutions was finally gathered by the enumerators during the actual data collection. These newly identified institutions were also visited.

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

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

Qualitative

Qualitative data was collected from purposively sampled institutions and communities.

The table below summarizes the sampling rationale by respondent type.

RESPONDENT GROUP	SAMPLING RATIONALE
Institution directors/managers	In each county, one SCI was selected (most counties had only one SCI; 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 director/manager was interviewed per CCI/private childcare institution in a minimum of 10% of the total CCIs and private childcare institutions in the county. The selected CCIs and private childcare institutions had to have at least one staff in each of the required categories, i.e., director/manager, social worker and house parent. When several institutions 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 coordinators for children's services and sub-county children's officers	All county coordinators for children's services were targeted for interviews while at least one-third of the sub-county children's officers were targeted for interviews. Sub-county children's officers were selected based on the number of institutions within their sub-counties (i.e., those with a higher number of institutions were prioritized). Geographical distribution of the sub-counties was also considered where particular sub-counties had unique sociocultural or demographic features (as determined/identified by the SCCOs during the logistical planning session).
Other key stakeholders	Key stakeholders included police, national government administration officers (NGAO), i.e., chiefs, assistant county commissioners and deputy county commissioners). Other key stakeholders include 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*[22]) chairpersons • *Boda boda* association chairpersons • Child protection volunteers (CPVs) • Beneficiary welfare committee (BWC) members • Community health volunteers (CHVs) • Representatives from the business community Community groups were targeted in areas with higher numbers of institutions. Sub-county children's officers collaborated with local leaders in identifying possible respondents from targeted localities. Each group comprised 10 participants, with a minimum of four groups interviewed per county.
Parents or guardians of children in institutions	Institutions that had been targeted for qualitative data collection mobilized caregivers or guardians whose children were residing in the institutions at the time of interview. Institution directors/managers were guided to target caregivers who were geographically accessible and able to travel to the location where the focus group discussion was to be held.[23] In each county, at least one group of about eight caregivers/guardians was identified and mobilized by the institutions.
Young adults who spent time in residential care as children (a.k.a. care leavers)	Care leavers were identified and mobilized from various CCIs and private childcare institutions to participate in focus group discussions of eight respondents (one FGD per county). Care leavers represented a minimum of two institutions per FGD. Sub-county children's officers collaborated with CCIs and private childcare institution managers to identify and select respondents. To encourage free expression, targeted care leavers were all within five years of each other.

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

[22] *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.

[23] Transport expenses were reimbursed.

to ensure that data analysts gained an accurate understanding of respondents' discussion and opinions. Children's case file reviews utilized a standardized checklist of key documents expected in a child file as per the National Standards for Best Practices in Charitable Children's Institutions. A review of a child file utilized one checklist with the enumerator putting a *yes* or *no* against each listed document in the checklist. The checklist was filled first in hard copy during the data collection, and then entered into an electronic CommCare application form at the end of each day.

Data collection was conducted over one week in each county and the number of enumerators recruited was based on the projected total number of institutions and interviews to be conducted. In total, 56 enumerators were engaged for data collection in the four counties as follows: four in Nyamira County, 12 in Kisumu County, 26 in Kiambu County and 14 in Kilifi County. Data collection was conducted in the four counties as per the table below.

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

In total 90 key respondents were individually interviewed across the four counties, 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 coordinator 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 were filtered by code and respondent type to understand how different respondents spoke about each topic (i.e., code).

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