



**REPUBLIC OF KENYA**

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



# **Situational Analysis Report for Children's Institutions in Nyamira County**

February 2020

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## ACKNOWLEDGEMENT

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

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

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

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**Noah M.O Sanganyi, HSC**

Director, Department of Children's Services

## LIST OF ACRONYMS

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

## CLASSIFICATION OF INSTITUTIONS

The situational analysis report refers to three categories of institutions:

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

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<sup>1</sup> Throughout this document, childcare institutions, residential care and institutions are used interchangeably.

# Nyamira

## Childcare Institution Situational Analysis Summary



**299** children living in residential care



**178** boys



**121** girls

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

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

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

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



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

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



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

**Institutions most frequently provide:**

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

**Institutions rely on external services for:**

- health care
- education

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

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

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

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

–Private institution staff

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

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

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

–Community member

# CONTENTS

Acknowledgement .....	i
List of Acronyms .....	ii
Classification of Institutions .....	iii
Executive Summary .....	1
1. Purpose of Situational Analysis .....	3
2. Methodology .....	4
2.1 Data Collection Tools .....	4
2.2 Sampling .....	5
2.3 Data Collection .....	6
2.4 Data Entry and Analysis .....	7
2.5 Limitations .....	7
3. Findings .....	9
3.1 Children Living in Institutions .....	9
3.2 Institutions .....	12
3.3 Workforce .....	17
3.4 Gatekeeping .....	18
3.5 Case Management .....	23
3.6 Perceptions of Transitioning Away from Residential Care Services .....	25
4. Conclusions .....	27
4.1 Opportunities for Institution Transformation to Community-based Service Model ..	27
4.2 Necessity of Admissions to Residential Care .....	28
4.3 Suitability of Services .....	28
5. Recommendations .....	30
5.1 Further Investigation .....	30
5.2 Regulation .....	31
5.3 Reintegration .....	32
5.4 Workforce Strengthening .....	33
5.5 Advocacy and Awareness Raising .....	33
6. Annexes .....	34
6.1 Institution Registration Status (with any government body), Child Population and Staffing by Sub-county .....	34
6.2 Detailed methodology .....	36
6.3 List of Contributors .....	43



## 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 Nyamira 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, including 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 299 children and youth living in 10 institutions in Nyamira County, including 178 boys and 121 girls, and four children reported to be living with disabilities. Seventy-three of these children were residing in Nyamira's SCI. Forty-six percent of the children living in institutions were 11-14 years old. Only 41% of case files sampled contained a Court Committal Order (the legally required document for admission to residential care).
- Nyamira South sub-county had the most institutions (three) and the most children living in institutions (40.5% of the total population of children living in institutions in Nyamira).
- Fifty percent of children in institutions originated from the same sub-county in which the institution is located; 20% of children originated from another sub-county within Nyamira; and 30% originated from another county. No children were reported to have originated from outside of Kenya.
- Orphanhood was most frequently cited by directors as a reason for a child's admission to institutions, followed by poverty and access to education. Qualitative data supported that access to education was a strong contributing factor for admission to CCIs and private childcare institutions.
- Children tended to stay in CCIs and private childcare institutions substantially longer than the statutory institution: no child mapped had resided in the SCI longer than one year, whereas 51% of children mapped in CCIs and private childcare institutions had resided there for three years or more.
- Institutions most frequently provided religious services, primary education and protection, and largely relied on external service providers for health services and primary education. Few institutions provided support to families.
- Individual sponsors and independent income generation were the most frequent funding streams.



- There were 99 staff employed by institutions in Nyamira, with around three-quarters of these being general operations staff (kitchen, security, groundskeeper), compared to specialized staff (teachers, social workers, house parents). House parent-to-child and social worker-to-child ratios were slightly higher than guidance in the National Best Practice Standards for CCIs, and, in general, sampled case files did not meet guidance provided within National Best Practice Standards for CCIs.
- Care leavers and institution staff cited both positives and negatives related to residential care, and identified a range of challenges that adolescents/young adults face upon exiting institutions. Most stakeholders recognized the benefits of family-based care, though parents and guardians noted better access to services for children while living in residential care.

Overall, it is concluded that the findings present a multitude of opportunities for care reform; for example, transitioning the workforce to community-based service provision, utilizing independent income streams to support this transition, 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: the prevalence of kinship care and Gusii adoption, community-based support services available across Nyamira, the overrepresentation of particular age groups of children in Nyamira's institutions and details about children with disabilities in living Nyamira's institutions.
- Regulatory measures could help to improve Nyamira's care system, including: assessment of institutions against the National Standards for Best Practices in CCIs and development of individualized 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.<sup>2</sup> Furthermore, preparation of young adults ages 18 years and above to transition to supported independent living placements, or to reunify with their families, should be prioritized.
- 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.
- The workforce should explore how to better link vulnerable and reintegrating families to social protection programs, especially the cash transfer program.

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<sup>2</sup> As per the Interagency Guidelines on Children's Reintegration (2016) and reflected in the case management for reintegration package, reunification is defined as the physical reuniting of a child and his or her family or previous caregiver with the objective of this placement becoming permanent. Reintegration is defined as the process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

# 1. PURPOSE OF SITUATIONAL ANALYSIS

The purpose of the situational analysis is to provide a snapshot of Charitable Children's Institutions (CCIs), other private childcare institutions and Statutory Children's Institutions (SCIs), and the children living in them. This report is specific to Nyamira County. The aim is to create a clearer understanding of the current situation of children in residential care in Nyamira and to identify strengths and potential challenges that may impact care reform<sup>3</sup> work within the county. In particular, the situational analysis sought to investigate:

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

The findings within this report are intended to be complementary to information already existing within the Child Protection Information Management System (CPIMS) and other government-endorsed data. It is hoped the information will be helpful for the Nyamira County government and the national government, as well as non-governmental organizations, community groups and advocates, in working to improve the care system within Nyamira 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 institutions/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.), and for development of monitoring and evaluation frameworks, program interventions, action planning, transition strategies and policy.

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

## 2. METHODOLOGY

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

### 2.1 DATA COLLECTION TOOLS

#### 2.1.1 Quantitative

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

The questionnaire was administered to each institution's 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 these 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, considered a mix of statutory, registered and unregistered CCIs, and private childcare institutions. Geographical distribution was also considered such that institutions were selected from various sub-counties. Once an institution was selected, three interviews were conducted with different staff in the institution, and therefore the selected CCIs and private childcare institutions had to have at least one staff in each of the required categories (i.e., director/manager, social worker and house parent). The community groups were targeted in areas with higher numbers of reported residential care institutions. Before the data collection, a data collection schedule for all targeted interviews in a county was developed jointly by DCS and CTWWC. The sub-county DCS officers contacted targeted respondents before the proposed interview date, and secured appointments based on availability.

Participants involved in qualitative data collection included:

- DCS county coordinator for children's services
- Sub-county children's officers – at least one-third
- Institution managers/directors – from at least one SCI and 10% of the total CCIs and private childcare institutions
- Institution social workers
- Institution house parents
- Parents and guardians
- Young adults who spent time in residential care as children (referred to as care leavers)
- Community members, including:
  - AAC members
  - Child protection center staff
  - Members of child protection committees
  - Village elders
  - Religious leaders
  - Community policing initiative (nyumba kumi<sup>4</sup>) chairpersons

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<sup>4</sup> *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 Nyamira.

RESPONDENTS FOR KEY INFORMANT INTERVIEWS (KII)	
CCI/SCI manager	3
CCI/SCI social worker	2
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	16
Area Advisory Council (AAC) members	22
Community members	15
House parents	21
Parents or guardians	16
<b>Total</b>	<b>105</b>

*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 April 23 to 26, 2019 to equip the data collectors with the necessary skills and familiarize them with the tools. The training program included field-testing exercises of the tools so that the enumerators improved their confidence on administering the tools. A total of 14 enumerators and eight DCS staff were trained on the methodology and their roles and participated in developing the field logistical plan covering all the targeted interviews.

Data collection was done between April 30 and May 7 under the close supervision of DCS sub-county children's officers (SCCOs) and CTWWC staff. The structured quantitative questionnaire was programmed into a mobile application (CommCare), and data was collected using tablets. Data was collected in an offline mode and synced to the secure cloud-based servers at the end of each day. The submitted data was reviewed for completeness by the CTWWC team members.

## 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 KIs 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 using Dedoose<sup>5</sup> 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.

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<sup>5</sup> 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.<sup>6</sup> 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 to those that have all three categories of staff, therefore the sampling may somewhat disguise diversity.
- **Case files were not able to be sampled from the SCI** in Nyamira, as the SCI noted they used an aggregated admission register in place of individual case files.
- For those institutions that stated they were registered, **information on the specific ministry or agency with which they were registered was not collected.** Recognizing the usefulness of this information, data collection tools were subsequently adjusted to capture this information for other counties participating in the situational analysis.

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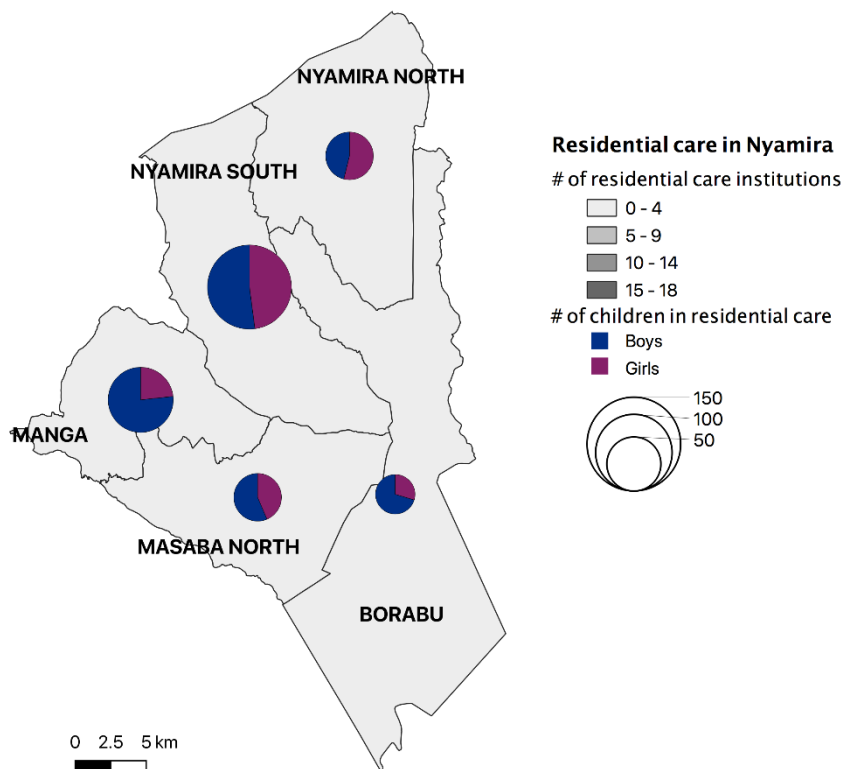
<sup>6</sup> Social desirability bias refers to the tendency of research respondents to provide responses reflective of positive social attitudes/practices rather than their true feelings. The likelihood of bias increases where there is a power dynamic between researcher/respondent and where the scope of the study involves socially sensitive issues.



## 3. FINDINGS

### 3.1 CHILDREN LIVING IN INSTITUTIONS

#### 3.1.1 Current location and location of origin



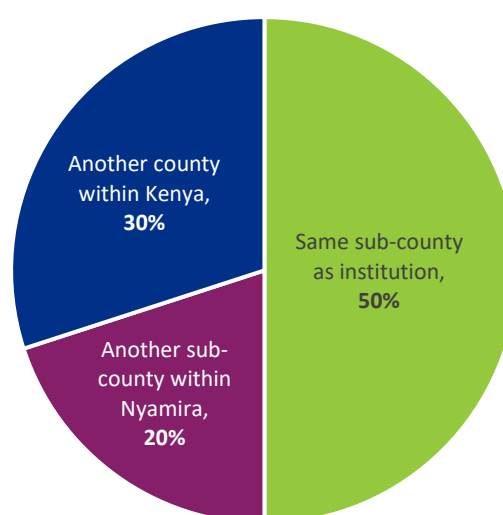
**Figure 1.** Children living in Nyamira institutions by sub-county and gender.

The situation analysis mapped **299 children and youth living in institutions in Nyamira County**, including 178 boys and 121 girls. Of these 299 children, 73 children were residing in Manga’s SCI (56 boys and 17 girls). With 299 children reported to be living in Nyamira’s institutions during the exercise, and an estimated child population of 391,709 children in Nyamira in 2018,<sup>7</sup> the population of children living in residential care constitutes approximately 0.08% of Nyamira’s total child population.

<sup>7</sup> 2018 Nyamira child population estimate from Nyamira County Integrated Development Plan 2018-2022, retrieved from <https://cog.go.ke/downloads/category/106-county-integrated-development-plans-2018-2022>

Four of these children were reported to be living with disabilities: two boys and two girls; one with a physical disability and, three with intellectual disabilities.<sup>8</sup> By sub-county, Nyamira South was found to have the highest numbers of children living in institutions with a total of 121 children; this constitutes 40.5% of Nyamira's total children living in institutions. By contrast, Borabu has just 27 children living in institutions, or 9% of Nyamira's total children living in institutions.

Figure 1 shows the distribution of children reported to be living in institutions in Nyamira, disaggregated by gender, at the time of data collection.

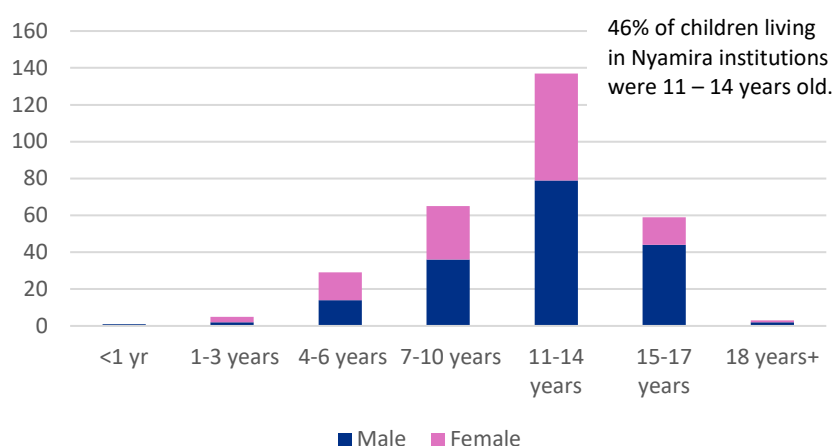


Institution directors noted that 50% of children in their institutions originated from the same sub-county in which the institution is located; 20% of children originated from another sub-county within Nyamira; and 30% originated from another county. No children were reported to have originated from outside of Kenya. Figure 2 shows the origin of children living in institutions at the time of data collection.

**Figure 2.** Origin of children living in Nyamira's institutions

### 3.1.2 Age and gender

Data collected from institution directors revealed that 60% of children living in institutions in Nyamira at the time of data collection were boys, and 68% of all children in Nyamira institutions were between seven and 14 years of age. Figure 3 shows the age and gender distribution of children living in institutions in Nyamira at the time of data collection, as reported by institution directors.

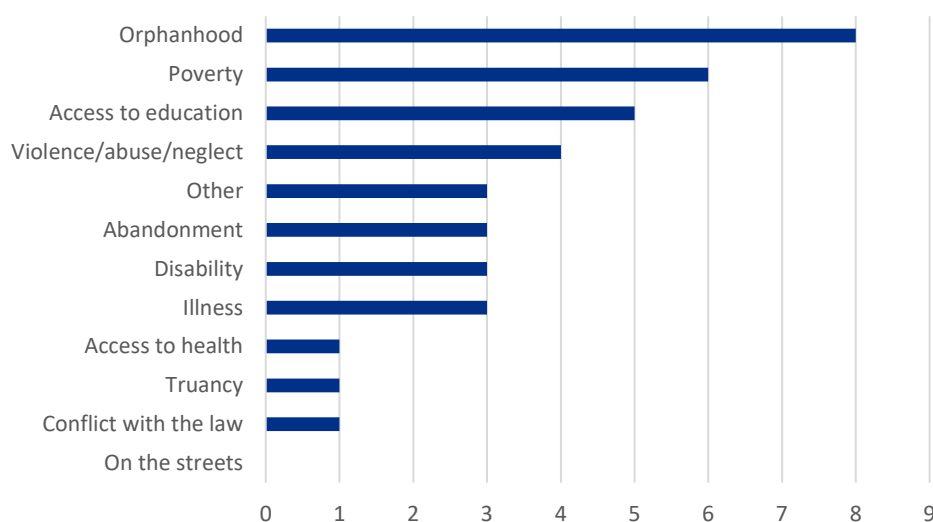


**Figure 3.** Age and gender distribution of children and youth living in institutions in Nyamira.

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

Only six children living in Nyamira institutions were age three years or under (just 2% of the total population of children in Nyamira institutions), and just three were age 18 years or over (one percent of the total population of children in Nyamira institutions). The most common demographic of child living in Nyamira institutions was a boy between 11 and 14 years of age, living without a disability (79 children, or 26% of the total children living in institutions in Nyamira) (Figure 3).

### 3.1.3 Reasons for admission



*Figure 4. Frequency of reason for admission cited by institution directors*

Of nine CCIs and private childcare institutions in Nyamira, **orphanhood<sup>9</sup> was most frequently cited as the reason for a child's admission**, with directors of eight of nine CCIs and private childcare institutions noting that their institution admitted children for this reason. Orphanhood was closely followed by poverty (cited by six of nine directors), access to education (cited by five directors), violence or neglect (cited by four directors) as shown in Figure 4. Though orphanhood was cited by all CCIs and private childcare institutions as a reason for admission, interviews with institution staff also revealed that many children go home to their families during school holidays. During interviews, children's guardians (i.e., caregivers' children were living with before entering the institution, predominantly parents and relatives) highlighted that access to education was an important contributing factor as to why they preferred their child to stay in an institution, rather than return home.

Staff from the Department of Children's Services (DCS) in Nyamira cited a similar range of reasons for children's admissions to CCIs and private childcare institutions, including poverty, neglect, parental alcoholism, parental drug abuse, broken marriages, abandonment, families not valuing children ("not caring"), parents wanting to shirk their parental responsibilities, parents' positive perceptions of CCI services (especially that they are free services), degradation of family ties (e.g., when a parent dies, relatives no longer care for children as they once did) and "bad character" of children. However, contrary to the reasons for admission cited by institution directors (as shown in Figure 4), DCS staff did not identify orphanhood as a primary reason for admission. Instead, DCS staff cited pull factors related to CCIs and private childcare institutions as a common reason for admission (see quote) and highlighted that caregivers sent their children to CCIs and private childcare institutions to access free education services in particular:

<sup>9</sup> Respondents did not specify if "orphanhood" referred to single or double orphanhood.

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*“People from this region depend on agriculture of small scale which cannot support the entire family; like they don’t have an income-generating activity to enable them access [to] their basic needs like education and medical care ... [also] the availability of those children’s homes ... they attract people to be in those institutions ... we have institutions where children take themselves to those institutions.”*

*– DCS Sub-county Children’s Officer*

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This finding seems to be consistent with the age of children in Nyamira institutions (i.e., approximately three-quarters of children were school age) and with the reasons for admission most commonly cited by CCIs and private childcare institutions staff.

By contrast, Nyamira’s SCI (a remand home) reported they only admitted children for truancy and those in conflict with the law. During interviews, DCS staff additionally noted that children were taken to the statutory remand home for care and protection and while awaiting the outcome of judiciary processes.

## 3.2 INSTITUTIONS

### 3.2.1 Quantity, location and capacity

A total of ten institutions were identified by DCS leadership across five out of five sub-counties in Nyamira to participate in the situation analysis. This included one SCI (Manga Children’s Remand Home) and nine CCIs and private childcare institutions. Unlike other counties, no new institutions were discovered in Nyamira during data collection.

**10 INSTITUTIONS IN  
5 OUT OF 5  
SUB-COUNTIES**



Table 2 shows the sub-county distribution of children living in Nyamira institutions. While most institutions housed between 10 and 35 children, two institutions housed 73 and 77 children respectively at the time of data collection (one was the statutory remand home, and the other a private childcare institution in Nyamira South).

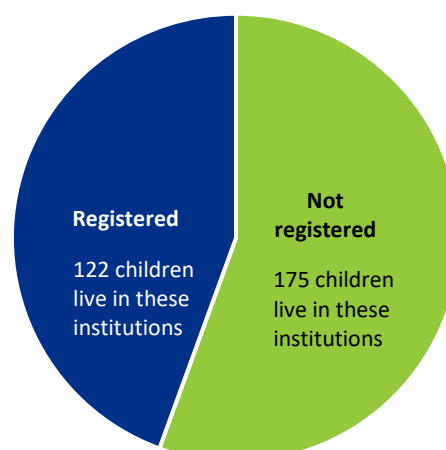
SUB-COUNTY	NO. OF CHILDREN			% OF CHILDREN	NO. OF INSTITUTIONS
	BOYS	GIRLS	TOTAL		
Borabu	19	8	27	9%	2
Manga	56	17	73	24%	1
Masaba North	22	17	39	13%	2
Nyamira North	18	21	39	13%	2
Nyamira South	63	58	121	40%	3
<b>Total</b>	<b>178</b>	<b>121</b>	<b>299</b>	<b>100%</b>	<b>10</b>

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

### 3.2.2 Registration status

From the nine CCIs and private childcare institutions identified in Nyamira for participation in the situational analysis, four directors stated their institution was registered with the Government of Kenya, and five directors noted their institution was not registered. For those institutions that cited they were registered, registration years were 1977, 2007, 2008 and 2018. Data was not collected regarding with which line ministry or government agency they were registered, and registration documentation was not seen.

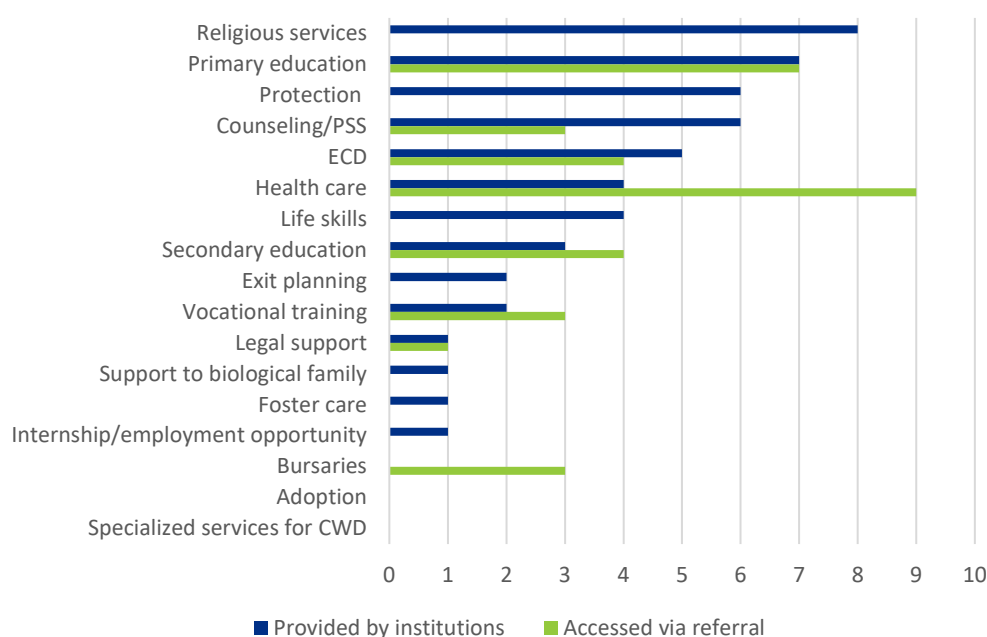
The above results need to be understood in light of the NCCS board not being fully constituted at the time of data collection, and the NCCS was therefore unable to approve CCI registration renewal applications since mid-2016; most existing CCI registration certificates had expired over that time. The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



*Figure 5. Registration status of private institutions in Nyamira.*

### 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.



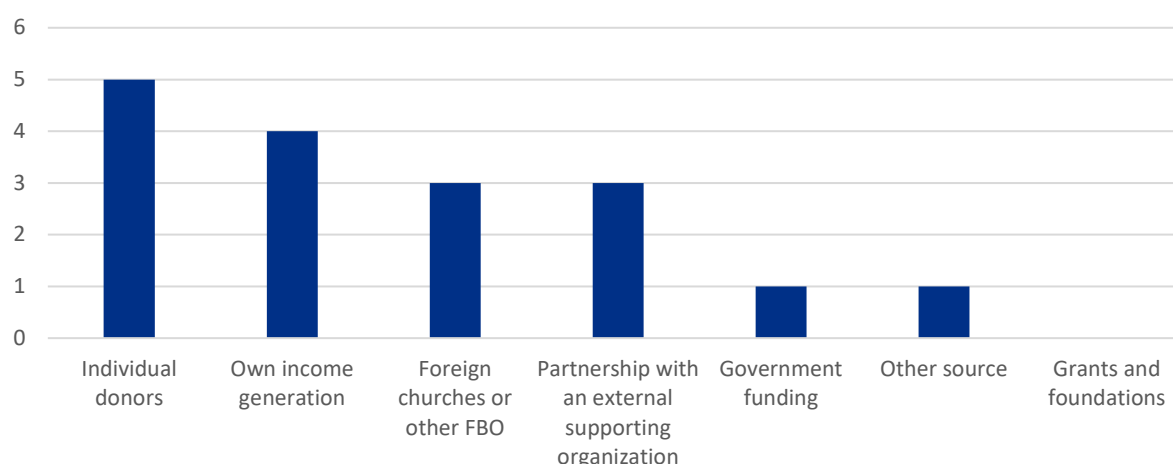
*Figure 6. Number of Nyamira institutions providing and referring to social services by service category.*

The data revealed that institutions most frequently provided religious services (with eight out of nine institution directors reporting that they provided this service), primary education (seven institutions), protection (six institutions) and counseling and psychosocial services (six institutions). By contrast, the data revealed that institutions largely rely on external service providers for health services (all nine institutions) and primary education (seven institutions).

Notably:

- Though around half of institutions reported they were providing and/or referring to early childhood development services, there were very few children living in Nyamira institutions who are within the age-group appropriate for this service.
- Poverty was cited by two-thirds of Nyamira's institutions as a reason for admission; however, only one institution cited providing support to biological families.
- Though education was also given as a common reason for admission to CCIs and private childcare institutions, access to primary education was provided and accessed externally by an equal number of institutions (seven each; some institutions do both), and secondary education and vocational training were more frequently accessed via referral than provided directly by institutions.
- It was not clear if and how children in Nyamira's SCI access education as the respondent did not report that they either provided or referred to education services.
- Though the Guidelines for the Alternative Family Care for Children in Kenya requires that placements into residential care are for the shortest possible duration of time, few institutions cited providing services to help children safely leave residential care. Exit planning was provided by just two institutions, and biological family and foster care support were provided by just one institution for each.
- Adoption was not reported to be provided nor accessed via referral.

### 3.2.4 Funding



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

Of nine CCIs and private childcare institutions in Nyamira, individual donors and sponsors were most frequently identified as a source of funding, with five of nine CCIs and private childcare institutions directors stating that they received funding from this stream. Figure 7 shows the types and frequency of funding to Nyamira institutions at the time of data collection.

Four CCI and private childcare institution directors mentioned having independent income generation, including two directors who stated their institutions were solely funded by independent income generation (horticultural and animal rearing). Nyamira’s SCI was the only institution to receive government funding, with the director citing they are funded solely by government resources.

### 3.2.5 Experiences in institutions

#### Care leavers

When asked about their experiences living in institutions in Nyamira 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 a sense of belonging, access to education and other services, guidance, discipline, responsibility, interacting with ethnically diverse children and field trips. There was a common sentiment that children were well provided for:

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*“You don’t miss anything in the orphanages. You get education, food, clothing and love as you grow together as a family which made us to lose interest in going to visit our families”*

*– Care leaver*

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Among the negative experiences cited by care leavers were feeling “spied on” and an overall lack of freedom, that some children were not able to visit their families and had to watch others go, favoritism by foreign tourists toward children who spoke English, lack of connection to the outside world (and therefore not feeling ready for independence), feeling they had no one to talk to and not being required to work for or wait to receive things (negative in that it didn’t set realistic expectations for life after the institution).

#### **Institution staff**

Similarly, when asked about their perceptions of the institutions in which they were employed, institution staff identified both positive and negative elements to children’s lives in the institutions.

Among the positive elements, institution staff identified that children received education, healthcare, clothing, protection, counseling, food, clean water, strict discipline, routine and love. Though staff noted that the love they provided as caregivers was not equivalent to that provided by family:

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*“Love of a mother or community is different from the love they got when they are in the CCI.”*

*– CCI staff*

---

Among the negative elements, institution staff cited that children lose their identity and have questions about where they come from:

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*“Maybe a child has a mother and when the child is brought to the CCI, another person now acts as the mother, yet the mother is available. That really pains me. So the child will be tortured when he or she will be a grown-up and will find out the truth that we were not the biological parents.”*

*– CCI staff*

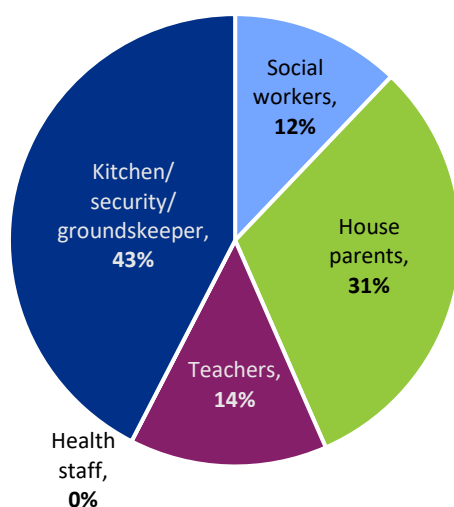
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Additionally, staff identified that children are not well prepared to live outside of the institution, and struggle to adjust when they exit. Staff also stated they felt it was negative that they were prohibited from caning children as they perceived this as an important discipline method.

It was clear from the discussions and interviews that both care leavers and staff valued the provision of services to children, and felt that love was important for the children to thrive. However, it was also noted by both groups that leaving care was a struggle, especially given the lack of preparation and connection with family and community. This links to the limited provision of exit planning and support to families highlighted in the section above and will be a growing issue as the current population of children grow up with over 50% of children turning 18 in the next one to seven years.

### 3.3 WORKFORCE

Institution directors stated that a total of 99 staff were employed by Nyamira institutions at the time of data collection, including 43 kitchen/security/groundskeeper staff, 31 house parents, 14 teachers and 12 social workers. Institution directors stated there were no health staff members employed by Nyamira institutions at the time of data collection despite four institutions stating they provided health care services.



**Figure 8.** Workforce by type employed by Nyamira institutions.

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 12 social workers identified, these were employed across seven institutions; three institutions (all private) did not employ any social workers. This finding is surprising because psychosocial services was cited as one of the most frequently provided services. Nine of the 12 identified social work staff held either a degree, diploma or certificate; three did not

**3 INSTITUTIONS DID NOT HAVE A SOCIAL WORKER ON STAFF.**

hold any qualification. The National Best Practice Standards for CCIs recommends a caseload of 20 children per social worker; just four of Nyamira's institutions met this recommendation when taking into account only children currently living within the institution (but not taking into account those children who had exited institutions and required monitoring).

The other significant group of staff who work directly with children are the house parents; they usually have a residential role and oversee sleeping arrangements, food, clothing and household chores. They often fulfill the primary caregiver role in residential care. The 31 house parents identified during the situation analysis were employed by nine institutions; one CCI did not employ any house parents.<sup>10</sup> Where the National Standards for Best Practices in CCIs recommends a caregiver to child ratio of maximum 1:10,<sup>11</sup> six CCIs and private childcare institutions met this recommended standard. By contrast, Nyamira's SCI had a ratio of one house parent to 24 children, more than double the recommended ratio.

Though CCIs and private childcare institutions cited provision of a range of social services, 74% of staff employed in institutions were related to general operations (i.e., kitchen staff, groundskeepers, security guards and house parents) as compared to positions related to specialized services (education, health, social workers).

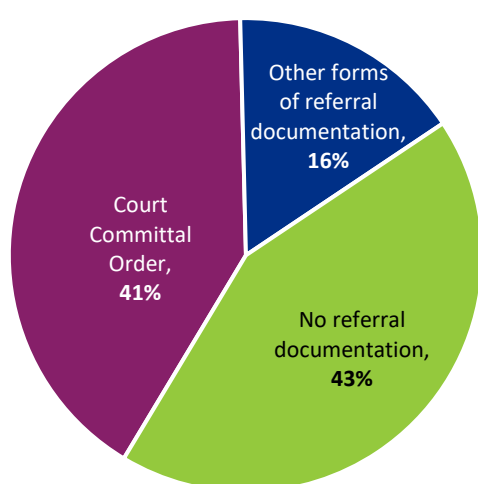
<sup>10</sup> This institution housed 31 children at the time of data collection, and employed one social worker and seven teachers.

<sup>11</sup> The 1:10 caregiver-to-child ratio relates to children age seven years and above; a ratio of 1:8 is recommended for children ages four to six years, and a ratio of 1:6 is recommended for children ages zero to three years.

### 3.4 GATEKEEPING

Gatekeeping involves strict procedural safeguards to identify the best interests of the children 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<sup>12</sup>). 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.<sup>13</sup>

#### 3.4.1 Referrals for admission



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

The review of case files included in the situational analysis provides insight into how well gatekeeping guidelines were being followed in the admission of children into residential care. Of 51 case files that were reviewed in CCIs, 29 files (**57%**) contained some form of **referral documentation** (i.e., Committal Order, referral letter from chief or parental consent).

Also of 51 case files that were reviewed in CCIs and private childcare institutions in Nyamira, just 41% contained a Court Committal Order, which the National Best Practices in Charitable Children's Institutions requires before a child is admitted to residential care. Sixteen percent of case files sampled contained another form of referral documentation (referral letter from chief or parental consent), while **43% of case files did not contain any referral documentation**. When generalized to the total population, this equates to **97**

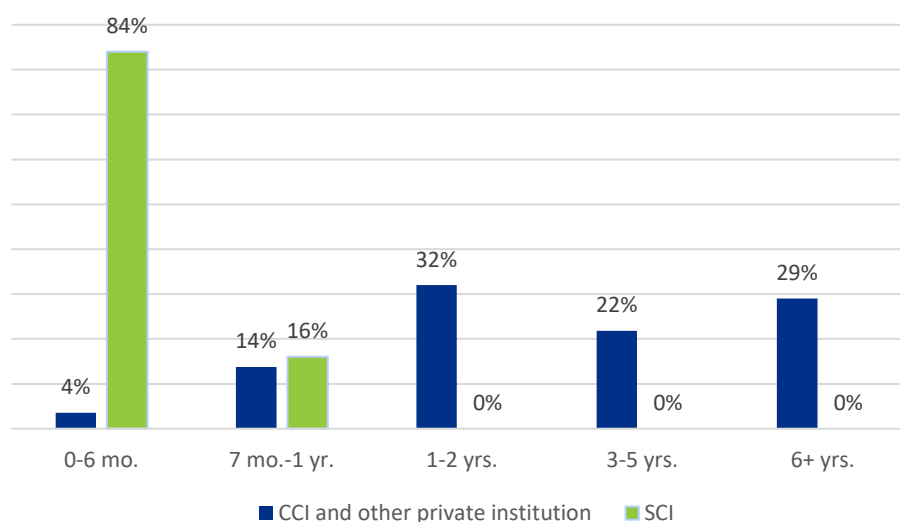
**children living in Nyamira's CCIs and other private childcare institutions without any referral documentation, meaning they have no clearly documented permission for being in care.**

Case files were not sampled from the Nyamira SCI since the institution uses an aggregated admission register rather than individual case files for each child. This is not aligned with the National Best Practice Standards for CCIs and the Guidelines for the Alternative Family Care of Children in Kenya, which assert that individualized case management should be provided for all children in formal care.

<sup>12</sup> Better Care Network, *Toolkit Glossary of Key Terms*, 2019, retrieved from <https://bettercarenetwork.org/toolkit/glossary-of-key-terms#D>.

<sup>13</sup> Better Care Network and UNICEF (2015). *Making Decisions for the Better Care of Children*. Retrieved from [https://www.unicef.org/protection/files/UNICEF\\_Gatekeeping\\_V11\\_WEB\\_\(003\).pdf](https://www.unicef.org/protection/files/UNICEF_Gatekeeping_V11_WEB_(003).pdf).

### 3.4.2 Duration of stay and exits from institutions



**Figure 10.** Children's duration of stay in Nyamira institutions.

Within Nyamira institutions, the duration of stay varied greatly between the CCIs/private childcare institutions and the SCI, as reflected in Figure 10. Of the children residing in the SCI at the time of data collection, 84% had been admitted within the previous six months, and no children in the SCI had resided there longer than one year. By comparison, 82% of children residing in the CCIs and private childcare institutions at the time of data collection were admitted over one year ago, with 51% having resided in the CCIs and private childcare institutions for three years or more. The Guidelines for the Alternative Family Care of Children in Kenya asserts that children should reside in an institution for the absolute shortest time possible and not for more than three years.<sup>14</sup> 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.

<sup>14</sup> Only in very exceptional circumstance, an institution may apply for an extension of stay before a court of law.

In CCI and other private childcare institutions, at the time of data collection, there were...

**226**  
CHILDREN LIVING IN  
CCIs/OTHER PRIVATE  
CHILDCARE INSTITUTIONS

**51%**  
OF CHILDREN HAD LIVED  
THERE FOR 3 OR MORE YEARS

**147**  
CHILDREN HAD EXITED IN THE  
PAST 3 YEARS

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

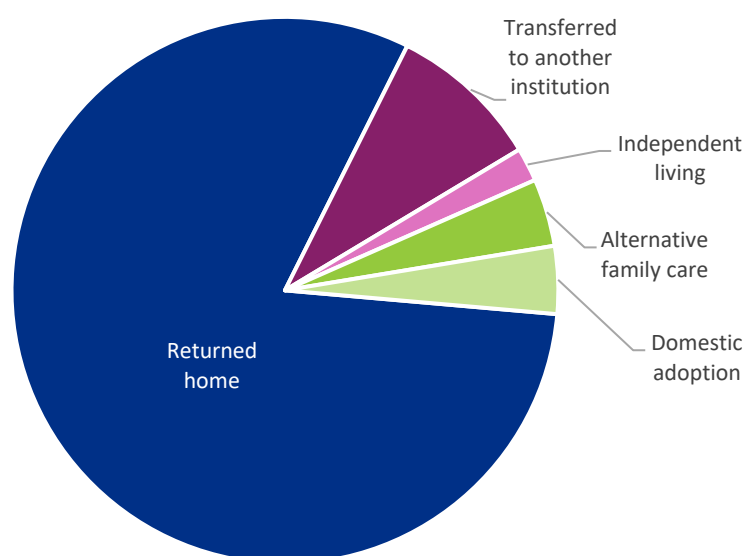
**73**  
CHILDREN LIVING IN SCIs

**0%**  
OF CHILDREN HAD LIVED  
THERE FOR 3 OR MORE YEARS

**890**  
CHILDREN HAD EXITED IN THE  
PAST 3

Over the last three years, a total of **1,037 children left institutions in Nyamira**. Of these children, **890 (86%) exited from the SCI** (equivalent to 12 times the current reported population of children living in SCIs), **compared to 147 (14%) from CCIs and private childcare institutions** (equivalent to just 65% of the current reported population of children living in CCIs and private childcare institutions). This finding is consistent with the median duration of stay for children residing in the SCIs recorded as zero to six months, compared to the median duration of stay for children living in CCIs and private childcare institutions recorded as one to two years, closely followed by six to ten years. Overall, children are

exited from Nyamira's CCIs and private childcare institutions at a much slower rate than from the SCI.



**Figure 11.** Placements of children who exited Nyamira CCIs/other institutions in the last three years.

The placement types of children who exited Nyamira's CCIs and other private childcare institutions are reflected in Figure 11. Of the 147 children who were recorded to have exited from CCIs and other private childcare institutions in Nyamira over the last three years, the vast majority (81%) returned home (where "home" referred to the household the child had been residing in prior to entering the institution; it is possible this could have included households with biological parents or households of relatives). Very few

children who exited in the last three years moved on to other forms of care, especially family-based alternative care. Surprisingly, directors stated that some children were placed into domestic adoption, yet no directors cited adoption as a service that they either provided directly or referred children to. Directors stated during the survey that no children exited to kinship care, however this is inconsistent with qualitative data obtained, as well as the direct observations of DCS staff which reflects that kinship care is very common in Nyamira. This might be due to a lack of understanding about the difference between "returning home" and kinship care, since the concept of "home" might be broadly understood. Nyamira's SCI manager cited that all children who had exited in the last three years were either returned home (89%) or transferred to another institution (11%); the SCI did not refer children to other forms of care.

Interviews with staff from institutions suggested that most CCIs and private childcare institutions have processes for reunification; for example, family assessment, working with the family before reunification, child visitation to families, and creating exit strategies. This was not, however, reflected in the documentation contained in case files that were sampled for review (detail in case management findings section to follow). Additionally, some staff of CCIs and private childcare institutions further reported that they provide material assistance to children after reunification throughout the reintegration process.

While returning children to their home of origin was very common for both private and statutory institutions (81% and 89% of all children exited in the last 3 years, respectively), institutions had less experience with placement into alternative family- and community-based care options, including foster care, independent living and adoption. Interviews with institution staff sometimes reflected very little knowledge of the processes related to alternative family and community-based forms of care:

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*Interviewer: Have you ever heard about adoption?*

*CCI manager: Yes; I heard it on TV from a nearby town, Nakuru.*

*Interviewer: So, what do you understand about it?*

*CCI manager: It is buying a child?*

*Interviewer: Do you know the process?*

*CCI manager: No*

*– conversation between KII interviewer and CCI manager*

---

Some staff from CCIs and private childcare institutions noted that they provide youth who will be moving to independent living arrangements with seminars, guidance and financial support in preparation for their transition, but this was not a widespread or in-depth experience. When asked about their experiences of leaving residential care to live within their communities, care leavers recalled numerous challenges that they had to overcome, including unemployment, strained relationships with their families, stigmatization and adapting to a new life.

Staff from one CCI revealed that the institution's exiting practices are standardized across children (rather than based on the unique needs of each child), in that they are reunified to their household of origin once they complete class eight. The staff highlighted how their institution's standardized exiting practice can create challenges for children:

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*"Once kids complete class eight here, we release them back to the community.*

*They face a challenge of acceptance, especially the boys whom some families wish to chase away due to land issues. They are also looked at differently by the community"*

*– CCI staff*

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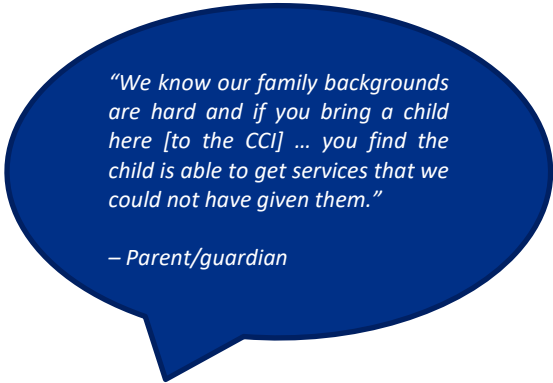
### 3.4.3 Experiences of exiting residential care

When asked about their experiences of leaving residential care to live within their communities during FGDs, care leavers recalled numerous challenges that they had to overcome, including unemployment, strained relationships with their families, stigmatization, jealousy from other children in the community and adapting to a new life. Some care leavers felt it would have been helpful if they had been monitored after leaving the institution.

Care leavers also highlighted numerous positives to returning to their families, including learning life skills like household chores and cooking (that they previously did not know how to do), freedom to visit other family and friends in the community, being able to sleep for longer hours compared to the institution, and building relationships with those in their households.

### 3.4.4 Attitudes toward exiting children from residential care

Of the guardians who were interviewed (i.e., those who were caring for children before they were institutionalized; majority biological parents and relatives), none expressed that they would like their children to be reunified, as they believed there were better services and opportunities available to their children while living in the institutions.

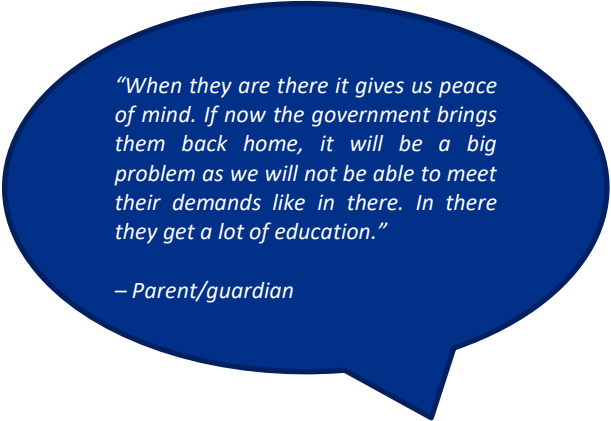


*"We know our family backgrounds are hard and if you bring a child here [to the CCI] ... you find the child is able to get services that we could not have given them."*

– Parent/guardian

To enable effective reintegration case management and the holistic reintegration of children into their families and communities, respondents highlighted that staffing, training, funding, and community sensitization on the benefits of family-based care would be needed. Additionally, respondents noted the importance of child preparation and continued child and family support (including household economic strengthening and education support) post-reunification, until reintegration has been achieved. These kinds of services seem to be lacking at the moment. Responses reflected an overall low level of understanding of the processes relate to alternative family-based care placement options.

Most other stakeholders interviewed believed that returning children who live in institutions to their families would be beneficial for children, though some worried that children will face stigma from their communities for having lived in an institution, or that they may be treated poorly at home.



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

– Parent/guardian



### 3.5 CASE MANAGEMENT

**90% OF SAMPLED  
CASE FILES WERE  
INCOMPLETE**



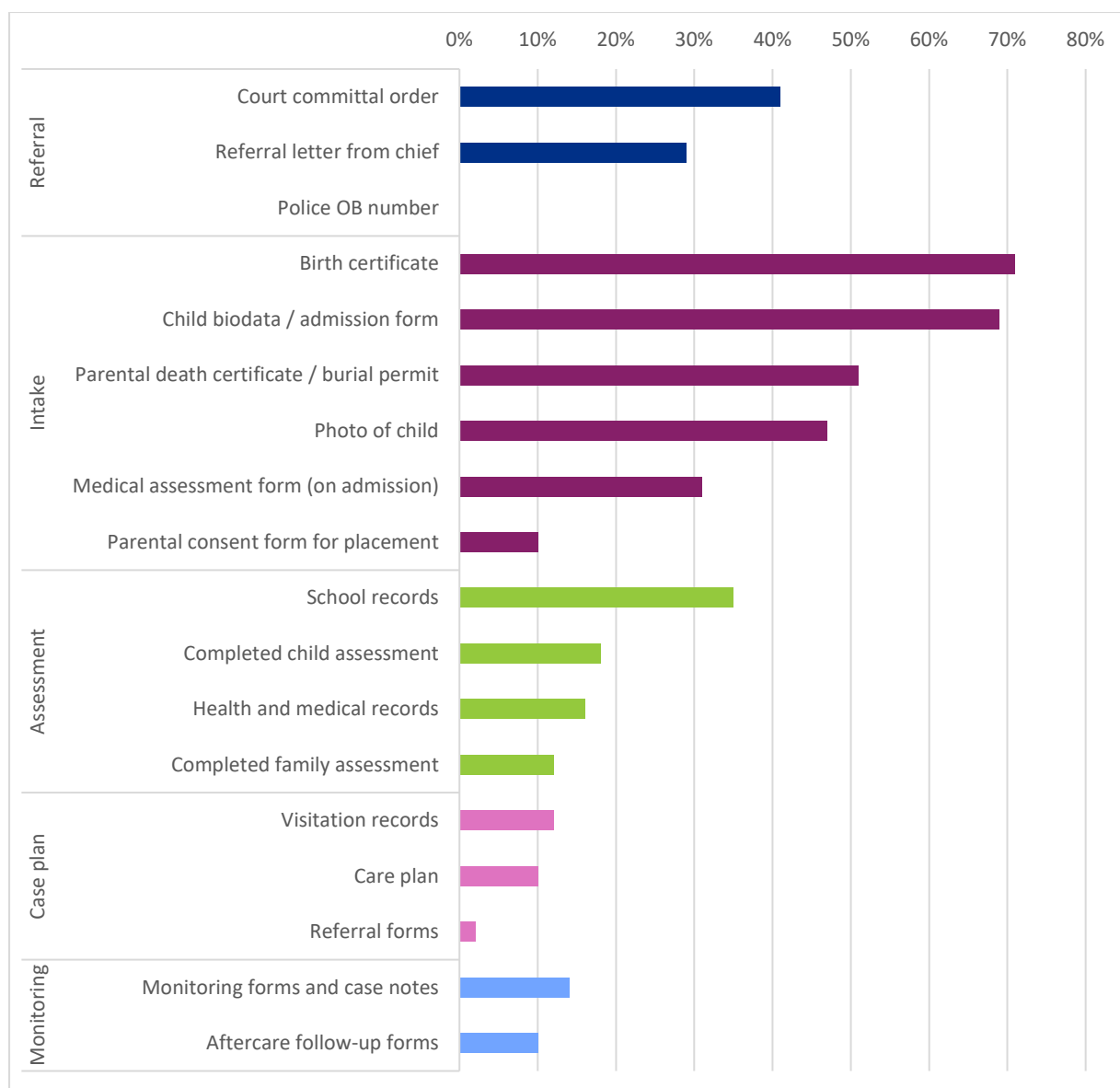
Case management is a systematic, individualized approach to working with children and families that is recommended by both the Guidelines for the Alternative Family Care of Children in Kenya and the National Best Practice Standards for CCIs. Rigorous case management helps to ensure that children's unique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

management can see failure to meet children's needs, as well as children staying in residential care for long durations.

Of 51 case files that were sampled and reviewed from CCIs and private childcare institutions in Nyamira, just five case files contained a complete set of case management forms.<sup>15</sup>

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<sup>15</sup> Where "complete" is considered: referral for admission document, biodata, medical assessment on admission, child assessment (including a photo of the child), family assessment, care plan, school record, case notes/monitoring. These are the minimum forms that would be expected to be contained in a case file for a child who is currently in care, as required by the National Standards for Best Practices in CCIs. For children who have exited care, aftercare follow-up forms would also be critical, however given the random sampling, this form was omitted from the "complete set" to accommodate expected practices for children currently in care.



**Figure 12.** Documentation contained in sampled case files (N=51) from CCIs and private childcare institutions in Nyamira.

Figure 12 reflects that case file documentation that was most commonly available was typically related to intake and identification; for example, 71% of files contained a birth certificate, 69% contained a biodata or admission form, and 47% contained a photo of the child. When looking to subsequent case management processes, the prevalence of documentation reduces.

The gaps in case management that were revealed raise questions about the suitability of services being provided. Despite 82% of the children living in CCIs and private childcare institutions having lived there for more than one year, less than a fifth 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, just 12% of files contained family assessments. When a family assessment has not been conducted, understanding the root cause of child vulnerability is very difficult, and this should be the factor that determines the types of services that children and families receive. Finally, just 10% of case files sampled contained case plans, and 14% 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.

Case files were not sampled from the SCI in Nyamira as the institution manager noted an aggregated admission registered is used in place of individual case files. This approach is not aligned with the Guidelines for the Alternative Family Care of Children in Kenya or the Throughcare & Aftercare Procedures for Children in Statutory Institutions in Kenya that require individualized case management for all children in formal care. The SCI reported large numbers of children exiting (i.e., almost 900 children exited in the last three years), and that 90% of children were returned to the same household from which they had originated. It would therefore be critical that the SCI provides individualized case management to address each child's needs and family-level conditions that led to separation to avoid recidivism.

## 3.6 PERCEPTIONS OF TRANSITIONING AWAY FROM RESIDENTIAL CARE SERVICES

### 3.6.1 Parents/guardians

During FGDs, parents and guardians expressed their concern that they would struggle to provide for their children if they were returned to their care. When asked what could help, several parents and guardians cited that financial support could be useful (however, not loans, which they had previously had poor experiences with):

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*“They should give them financial support from the government because they are struggling to raise those children and the children feel tormented while at school if they lack.”*

*– Parent/guardian*

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### 3.6.2 Institution staff

From nine CCIs and private childcare institutions in Nyamira, five directors answered affirmatively when asked if they had a plan to transition their institution away from providing residential care. However, this question did not appear to be well understood, and four of these directors noted their plan was to reunify children with their families of origin, but did not note a transformation of the services they provide (i.e., a transition away from residential-based services to community-based services). Additionally, one director stated that after children from their institution were reunified with their families, they intended to provide support to reunified children; however, this director similarly did not state an intention to completely move away from provision of residential-based services in favor of community-based service provision.

Institution staff were overall mixed in their responses regarding system care reform. Institution social workers expressed supportive views of care reform, but house parents expressed disapproving views, worrying that families will not care for children well. Institution managers and directors also expressed mixed views.

### 3.6.3 Community

Other respondents were generally supportive of care system reform efforts, noting that reform is possible with proper support and funding. Many highlighted the importance of properly assessing children and families to pinpoint the root cause of the child's separation to be able to support families and solve outstanding challenges before children were reunified.

## 4. CONCLUSIONS

Informed by the Nyamira situational analysis findings and with support from the Changing the Way We Care Initiative, the conclusions below were reached during a validation meeting with both national and county-level DCS staff. 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 Nyamira.

### 4.1 OPPORTUNITIES FOR INSTITUTION TRANSFORMATION TO COMMUNITY-BASED SERVICE MODEL

- Nyamira’s institutions employ a diverse workforce, with almost 100 staff in total, who provide a range of services that could be transitioned to community-based provision. The house parents, teachers, social workers and health staff in institutions in Nyamira are well-positioned to continue providing services on a nonresidential basis. The large number of general operations staff could be further upskilled to support community-based service models, particularly where they already support duties outside of their official roles and may have developed core social work competencies.
- Though informal and formal kinship care and traditional (Gusii) adoption were not highlighted by institution staff, perhaps because of differing understanding of the terminology, **DCS officers believe traditional adoption practices are prevalent within Nyamira and could be leveraged further.**
- Most CCIs and private childcare institutions reported having more than one funding stream, and half had their own independent income generation. This funding diversity and level of financial independence could be leveraged while advocating for other funding sources to support transformation of institutions toward community-based service provision.
- Since approximately three-quarters of children are from within Nyamira and three-quarters of case files sampled had biodata/admission forms with critical information related to children’s families’ locations, it is likely that **few additional financial resources would be needed to conduct tracing and assessment of the majority of families** to begin a process of reintegration case management. Additionally, if reunification is found to be safe, the close proximity of families would allow them access to community-based services after institutions have transitioned, and enable easy monitoring by social workers.
- In part because the NCCS had not been fully constituted to approve CCI registration renewal applications since mid-2016, just one CCI cited holding an active registration with NCCS. Where CCIs and private childcare institutions do not hold a valid registration, there is a risk that they operate without appropriate supervision and regulation as an assurance of meeting minimum service standards. However, this situation also poses **an opportunity for NCCS to introduce and promote care reform and a transition process as part of the process to register and renew registrations of CCIs.**

## 4.2 NECESSITY OF ADMISSIONS TO RESIDENTIAL CARE

- The Guidelines for the Alternative Family Care of Children in Kenya asserts that alternative care must only be considered where all efforts to strengthen the family and prevent child-family separation have been exhausted, and that residential care should only be considered as a very last resort, and for the shortest possible period of time. **Half of children living in Nyamira'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.**
- Nyamira's institutions primarily provide and access services that benefit the children they serve; however, few provide or access services that strengthen families to prepare them to receive their children home. When almost three-quarters of children's families reside within 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 Nyamira's institutions noted admitting children for access to education. Further, one institution highlighted an internal policy that required children exit the institution once they reached the end of primary school, and guardians highlighted education as a key factor in why they prefer their children to stay in residential care. It appears that education support is a strong pull factor for admitting children into care. Given education can be provided on a non-residential basis, the Guidelines for the Alternative Family Care of Children in Kenya clearly asserts that **access to education should not constitute cause to separate a child from their family.** Many children did not have appropriate documentation for admission, and had not passed through appropriate channels (for example, children's officers or the courts) which may have been able to prevent these unnecessary separations.

## 4.3 SUITABILITY OF SERVICES

- Child assessments are critical to understanding the unique needs of each and every child living in residential care, to in turn guide their care plan, which ultimately ensures the types of services required to meet children's needs are identified. Of the case files sampled, **child assessments were available in less than one-fifth, making it very difficult for institution staff to know the types of services each child requires.** This includes services that would prepare children to exit residential care to re-enter family care to prevent unnecessarily long stays in residential care.
- 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 Nyamira's institutions and the types of services most frequently provided and accessed. For example, half of institutions reported they provide early childhood development, and half also cited they referred children to external early childhood development services; yet only approximately 2-10% of children were within the relevant age group for these services. Additionally, while approximately 20% of Nyamira's institutionalized child population was age 15 and above, only two institutions reported providing vocational training and only one institution provided internships and employment opportunities.
- While just four children with disabilities were reported to be living in Nyamira's institutions, the situational analysis relied on staffs' understanding of children's abilities, and it is possible that less obvious functional challenges may have been missed. Noting global evidence that children with disabilities are up to 17 times more likely to live in institutions than other children,<sup>16</sup> 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,<sup>17</sup> 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 which should be followed. It appears that in many cases, **domestic adoption is occurring without following a standardized process that safeguards the rights and well-being of the child, birth family and adoptive family** (i.e., the adoption triad).

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<sup>16</sup> UNICEF (2019). Children with Disabilities [webpage], retrieved from <https://www.unicef.org/eca/children-disabilities>.

<sup>17</sup> 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/](https://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/)

## 5. RECOMMENDATIONS

Reflecting on the above conclusions, a range of recommendations were 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

While institution directors noted low placements into kinship care, it is believed that kinship placements are common for children exiting residential care in Nyamira, and that informal kinship care is also common. **The prevalence of kinship care in Nyamira should be further explored to better understand how relatives can and do care for children deprived of parental care.**

1. While institution directors noted low placements into kinship care, it is believed that kinship placements are common for children exiting residential care in Nyamira, and that informal kinship care is also common. **The prevalence of kinship care in Nyamira should be further explored to better understand how relatives can and do care for children deprived of parental care.**
2. While institution directors cited minimal adoption placements into adoption, it is believed that informal cultural (Gusii) adoption exists within Nyamira. The **Abagusii Council of Elders, as custodians of the tradition, should be engaged, and promising practices and risks associated Gusii adoption documented**, to explore the benefits of concerted efforts to rejuvenate this retrogressive traditional form of care.
3. Nyamira DCS officers and local administrators should conduct **county-level service mapping, to systematically identify the services available** to support families at risk of separating with their children and to strengthen children and families in preparation for reintegration.
4. The **overrepresentation of particular age groups of children in Nyamira's institutions should also be further investigated**. Almost half of children found to be living in Nyamira's institutions were 11 to 14 years of age, and were likely to have entered the institution at around school-going age. It is critical that the particular risks and vulnerabilities affecting this age group are better understood, as well as organizational pull factors (such as education), which may target this demographic, to appropriately plan and target care reform interventions within Nyamira.
5. Where it is suspected that children living with disabilities were underestimated in the situational analysis, and cognizant that children with disabilities experience heightened vulnerability to violence in residential care,<sup>18</sup> it is recommended that **further investigate to ascertain more accurate data about children with disabilities in living Nyaira's institutions is conducted**.

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<sup>18</sup> World Health Organisation (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/](https://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/)



## 5.2 REGULATION

6. **Assessment of institutions against the National Standards for Best Practices in CCIs** should be conducted by NCCS, DCS and other relevant departments (education, health, etc.), prioritizing CCIs and other private childcare institutions that are unregistered or have an expired registration. During the assessment process, it is critical that NCCS and DCS ensure that 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 obtained). Additionally, NCCS and DCS should ensure that institutions understand their **responsibilities to provide individualized case management for children in their care, to prepare children and their families for timely reunification, and for aftercare of children who exit care**. Following the assessment of institutions, action plans for institutions should be developed and **implementation of action plans should be closely followed-up by Nyamira 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.
7. The prevalence of informal foster care illustrates an openness to caring for unrelated children within Nyamira. However, the informality of the processes could benefit from a level of regulation. As such, a **national alternative family care standard operating procedures (currently in draft form) should be quickly adopted and implemented within Nyamira** once nationally available.
8. Given the risks associated with unstandardized processes for the admission and exit of children into/out of residential care and varied forms of alternative family care, **national gatekeeping guidelines (currently in draft form) should be quickly adopted and implemented in Nyamira** 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 prevalence of chief letters of referral in sampled case files, targeted efforts should be made to support chiefs in their gatekeeping responsibilities.

### 5.3 REINTEGRATION

9. It is a positive finding that very few children below school age were found to be residing in Nyamira institutions; it is critical that **institution staff, DCS, other local authorities and administrators, and communities continue in their efforts to retain infants within their families** and prevent them from entering residential care.
10. DCS officers in Nyamira should initiate 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. This is especially critical for Nyamira's SCI, which did not appear to follow an individualized case management approach at the time of data collection. Given almost three-quarters of children were reported to originate from within Nyamira, and that biodata forms containing information on family location were found in approximately three-quarters of the case files sampled, institution social workers should be supported to immediately locate families to commence family assessments. Additionally, some institutions return children to their families during school holidays, and are therefore already aware of their locations. Institution staff and DCS should then collaborate to develop family-level case plans to ensure necessary and suitable services are accessible while children reside with their families.
11. Aligning with guidance in the Guidelines for the Alternative Family Care of Children in Kenya, and capitalizing on the close proximity of most families, efforts should be made to **facilitate more frequent contact between children and their families** (except in situations where contact with family is collaboratively determined to not be in the child's best interest). This is critical to strengthening the attachment between children and families, and to understanding family dynamics and needs, both of which are critical to support smooth reintegration.
12. Efforts should also be made to expedite the preparation of 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.

## 5.4 WORKFORCE STRENGTHENING

13. Ongoing case management training and capacity-strengthening opportunities should be sought for institution staff, DCS and relevant NGOs to ensure case management practice is meeting the standards outlined in Kenya's normative framework. The national **Case Management for Reintegration of Children to Family and Community-Based Care package should be disseminated, adopted and implemented** in Nyamira.
14. Recognizing that poverty has been identified as one of the main reasons for admission into institutions, and that the Guidelines for the Alternative Care of Children in Kenya explicitly states that poverty should never be a reason for a child to be separated from their family, it is strongly encouraged that the existing workforce is strengthened in household economic support services, and that interventions are augmented. These services should be provided to both prevent separation as well as to support reunified families. Furthermore, **DCS should explore how to better link at-risk and reintegrating families to the public OVC Cash Transfer initiative.**

## 5.5 ADVOCACY AND AWARENESS RAISING

15. Cognizant of institution staff and the community's mixed attitudes toward care reform, **sensitization efforts should continue to promote the benefits of family-based care**, to raise awareness of the national legal and normative framework which prioritizes family based care (ensuring that statutory authorities, local administrators and community structures understand their roles in childcare system strengthening and reform), and to inform relevant stakeholders of recent developments and progress, as well as steps that will be taken within Nyamira to strengthen the childcare system.
16. 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.<sup>19</sup>
17. National advocacy could help to link vulnerable and reintegrating families to **social protection programs, especially the cash transfer program.**

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<sup>19</sup> 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](https://ovcsupport.org/wp-content/uploads/2019/01/care_leaver_guidance_2018_final.pdf)

## 6. ANNEXES

### 6.1 INSTITUTION REGISTRATION STATUS (WITH ANY GOVERNMENT BODY), CHILD POPULATION AND STAFFING BY SUB-COUNTY

#### SUB-COUNTY: BORABU

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
1	Mercy Children's Home	Y	3	1	0	0	1	0	1	0	0
2	Rabii Orphans Home	N	24	1	0	1	8	1	1	2	0

#### SUB-COUNTY: MANGA

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
3	Manga Children's Remand Home	SCI	73	0	1	0	12	4	3	0	0

#### SUB-COUNTY: MASABA NORTH

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
4	Huruma Children's Home	N	31	0	0	0	8	1	0	7	0
5	Montine Children's Home	Y	8	0	1	0	2	1	1	0	0

**SUB-COUNTY: NYAMIRA NORTH**

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
6	Matongo Emmanuel Children's Home	Y	16	4	0	0	16	1	9	1	0
7	Shining Star Orphanage	N	23	0	0	0	6	0	3	0	0

**SUB-COUNTY: NYAMIRA SOUTH**

INSTITUTION		REGISTRATION (stated by Director)	CHILD POPULATION				STAFFING				
			TOTAL	Under 3	18+	CWD	TOTAL	Social workers	House parents	Teachers	Health staff
8	Blessed Generation Children's Centre	Y	77	0	1	3	28	2	9	4	0
9	Mabundu Favoured Home	N	10	0	0	0	3	2	2	0	0
10	Thinkers of Knowledge Orphan Home	N	34	0	0	0	6	0	2	0	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 of 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 certificates, referral documentation, child and family assessments, individual care plan, medical and education records, etc.).

### Qualitative

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

RESPONDENT	TOOL
CCI/SCI manager	Key informant interview
CCI/SCI social worker	Key informant interview
DCS county coordinator for children's services (CCC) and sub-county children's officer (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, and SCCO records and information from communities via the area chiefs. The list of known institutions in each target county was collated before the training of enumerators to allow for proper planning of the data collection exercise. Subsequent information on the existence of previously unknown institutions was finally gathered by the enumerators during the actual data collection. These newly identified institutions were also visited.

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

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

## Qualitative

Qualitative data was collected from purposively sampled institutions and communities.

The table below summarizes the sampling rationale by respondent type.

RESPONDENT GROUP	SAMPLING RATIONALE
Institution directors/managers	In each county, one SCI was selected (most counties had only one SCI; when there was more than one, the institution with the largest population was selected), and CCIs and private childcare institutions were selected based on their numbers per category. One manager/director was interviewed per CCI/private childcare institution in a minimum of 10% of the total CCIs and private childcare institutions in the county. The selected CCIs and private childcare institutions had to have at least one staff in each of the required categories, i.e., director/manager, social worker and house parent. When several institutions met these criteria, the selection was further done by sub-county to ensure more sub-counties were represented in the final sample.
Institution social workers	Social workers were targeted within the same institutions in which managers were interviewed to allow for triangulation of data. When there was more than one social worker employed by the institution, the lead social worker was purposively selected for interview.
DCS county coordinator for children's services and sub-county children's officers	All county coordinators for children's services were targeted for interviews, and at least one-third of the sub-county children officers were targeted for interviews. Sub-county children's officers were selected based on the number of institutions within their sub-counties (i.e., those with a higher number of institutions were prioritized). Geographical distribution of the sub-counties was also considered where particular sub-counties had unique sociocultural or demographic features (as determined/identified by the SCCOs during the logistical planning session).
Other key stakeholders	Key stakeholders included police, national government administration officers (NGAOs), i.e., chiefs, assistant county commissioners and deputy county commissioners. Other key stakeholders included health personnel and representatives from NGOs providing child protection services. At least two individuals were identified by the DCS team during planning and interviewed per category, with individuals who had greater direct exposure to childcare and protection issues prioritized (for example, police working at the gender desk at a police station with high numbers of child protection concerns reported, NGAO in areas with high numbers of institutions, child protection NGOs working at community-level, clinical officers at healthcare facilities in areas with higher cases of physical/sexual/gender-based abuse cases).
Institution house parents or caregivers	House parents/caregivers were targeted within the same institutions in which managers and social workers were interviewed to allow for



	triangulation of data. All the house parents in a sampled institution were targeted for interview in a focus group discussion.
Community members	<p>This category of respondents comprised a range of individuals with child protection mandates at the community level, as well as community leaders, including:</p> <ul style="list-style-type: none"> <li>• AAC members</li> <li>• Child protection center staff</li> <li>• Members of child protection committees</li> <li>• Village elders</li> <li>• Religious leaders</li> <li>• Community policing initiative (<i>nyumba kumi</i><sup>20</sup>) chairpersons</li> <li>• <i>Boda boda</i> association chairpersons</li> <li>• Child protection volunteers (CPVs)</li> <li>• Beneficiary welfare committee (BWC) members</li> <li>• Community health volunteers (CHVs)</li> <li>• Representatives from the business community</li> </ul> <p>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.</p>
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. <sup>21</sup> 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 institutions 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

<sup>20</sup> *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.

<sup>21</sup> Transport expenses were reimbursed.

September 2019. Data was collected separately in each of the four counties by a team of trained enumerators selected by DCS, and under the close supervision of DCS SCCOs. Each county-level data collection exercise was preceded by four days of training for enumerators and DCS staff. The structured quantitative questionnaire was programmed into CommCare mobile application and data collected using tablets. Data was collected in an offline mode and synced to the secure cloud-based servers at the end of each day. Enumerators had login credentials to access the mobile application and submitted data was reviewed and quality assured by CTWWC monitoring, evaluation and learning staff. A majority of KIIs and FGDs were recorded, with a team of trained transcribers responsible for transcribing the interviews and focus group discussions. The transcription was done in verbatim mode to ensure that data analysts gained an accurate understanding of respondents' discussion and opinions. Children's case files 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: 4 in Nyamira County, 12 in Kisumu County, 26 in Kiambu County, and 14 in Kilifi County. Data collection was conducted in the four counties as per the table below.

COUNTRY	DATA COLLECTION PERIOD
Nyamira	30 <sup>th</sup> April – 7 <sup>th</sup> May 2019
Kisumu	13 <sup>th</sup> – 17 <sup>th</sup> May 2019
Kiambu	17 <sup>th</sup> – 21 <sup>st</sup> June 2019
Kilifi	2 <sup>nd</sup> – 6 <sup>th</sup> September 2019

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

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

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

	KISUMU	NYAMIRA	KIAMBU	KILIFI	TOTAL
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<b>Respondents for Key Informant Interviews (KIIs)</b>					
CCI/SCI Manager	9	3	11	4	<b>27</b>
CCI/SCI Social Worker	5	2	8	5	<b>20</b>
DCS County Coordinator for Children's Services	1	1	0	1	<b>3</b>
DCS Sub-County Children's Officer	2	2	3	3	<b>10</b>
Other key stakeholder (Police, NGAO, Health Personnel, NGO service provider)	7	7	9	8	<b>31</b>
<b>SUBTOTAL</b>	<b>24</b>	<b>15</b>	<b>31</b>	<b>21</b>	<b>91</b>
<b>Participants in Focus Group Discussions (FGDs)</b>					
Care leavers	8	16	25	14	<b>63</b>
Area Advisory Council (AAC) members	36	22	25	30	<b>113</b>
Community members	25	15	39	35	<b>114</b>
House parents	15	21	49	20	<b>105</b>
Parents or guardians	6	16	27	23	<b>72</b>
<b>SUBTOTAL</b>	<b>90</b>	<b>90</b>	<b>165</b>	<b>122</b>	<b>467</b>

## 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

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*care*<sup>SM</sup>



Maestral.

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