



GLOBAL
CASE STUDY
SERIES



The Impact of COVID-19 on Children's Care

KENYA



MacArthur
Foundation

Changing
THE WAY WE
care

Changing the Way We CareSM (CTWWC) is a global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others toward family care.

Since COVID-19 was declared a pandemic in March 2020, the world has experienced a series of waves and variants of the ever evolving and vaccine eluding COVID-19 virus. Initial responses predominantly focused on slowing the spread of the virus and included movement restrictions,

intra-country and inter-country border closings, quarantine, isolation, social distancing, and mask wearing. Whilst these responses aimed to slow the spread of the virus, they also tended to overlook the prioritization of vulnerable populations such as children with disabilities, children in alternative care settings and children who have lost either one of both parents/caregivers due to the virus. The initial response plans also neglected to assess and address the secondary impact of the virus, that is increased mental health and psychological distress, disruption in accessing basic services, loss of caregiver's livelihood and food insecurity.

In numerous countries, for children in residential alternative care settings the response led to abrupt



reunification with families that were - from parenting capacity, psychological and financial perspectives - ill-prepared for their return. Children who had no families to return to were kept in residential care, many of whom were children with disabilities, and thus, inadvertently exposed to further exclusion and were disproportionately affected by the disruption of essential services and access to education.ⁱ The Global Reference Group on Children Affected by COVID-19 and research by the Imperial College of London estimate that minimum of 10,512,700 children globally have lost one or both parents, custodial grandparents or other co-residing grandparents to COVID-19 death.ⁱⁱ These deaths compound the anxiety, uncertainty and fears children faced and continue to face related to grief, loss (community, friendship and other social networks), separation from family, placement into alternative care and falling into poverty.ⁱⁱⁱ

Within this evolving context of the pandemic, this document is one of a series of case studies conducted in India, Kenya, Moldova and Uganda over the course of 2020-2022 to gather information on how COVID-19 has and is affecting family-child reunification, alternative care placement, and support for reintegration and to identify trends and recommendations for family- and community-based care of vulnerable children in the context of COVID-19 and beyond. The case studies are intended to inform programming for CTWWC and others working on the care and protection of children during COVID-19 and future emergencies. They present recommendations around the global and national responses to caring for vulnerable children during emergencies such as COVID-19 and provide individual country-level learning.

Using a mixed-methods approach the case study explored these questions:

- In what ways has the COVID-19 pandemic affected the reunification of children and families and the

provision of family/community support services? What was most helpful and who was involved?

- In what ways has the COVID-19 response affected the reunification of children and families and the provision of family-based alternative care and family/community support services in terms of emergency response, recovery and longer-term rebuilding? What immediate and more long-term steps were taken? By whom? What was most helpful? What were the main gaps?
- What considerations need to be taken in global and national responses to COVID-19, and other health pandemics that may arise in the future, to ensure the safety and wellbeing of children in family and community-based care?

While the small number of key informants comprises a limitation, in the analysis of information attention was given to balancing the information shared by interview informants and learning gathered through desk review. Interviews were phased approach between the end of 2020, the beginning of 2021 and June and July of 2022.

CTWWC deeply appreciates the time and input from many Kenyan colleagues to make this case study a reality. Thank you to the CTWWC program managers in demonstration counties of Kilifi, Kisumu, Nyamira and Siaya. Information and insights shared by our local implementing partners, Kenyan care leavers, Hope and Homes for Children Kenya and Child in Family Focus helped us to gain tremendous perspective. Thank you.

For more information on these organizations:

<https://childinfamilyfocus.or.ke>

<https://www.hopeandhomes.org>

<https://www.kesca.org>

Background

According to Kenya's 2019 Population Census Report, the total population is just over 47.5 million of which, about half is below the age of 20.^{iv} While Kenya's GDP growth is considered to be relatively strong, the country faces several challenges that complicate the country's efforts to fulfil the rights of women and children, including worsening food and nutrition security caused by drought and leading to displacement of children and disruption of social services, insecurity and instability in some areas of the country, and poverty causing an estimated 45% of children to be deprived in more than three basic

rights areas.^v The Kenya Food Security Steering Group estimates that in July 2020, approximately 1.3 million people were acutely food insecure and in need of humanitarian assistance.^{vi} As reflected in the 2019 Kenya Violence Against Children (VAC) Report,^{vii} rates of early pregnancy are high and 22.3% of young women aged 18-24 years were reported to have been pregnant under the age of 18. According to the 2017 Situation Analysis of Children and Women in Kenya Report, the predominant formal alternative care arrangement is placement in charitable children's institution (CCIs) or other



forms of residential care. Whilst the total number of children living in CCIs in Kenya remains unknown, official records showed that there were about 43,000 children living in 831 registered institutions in Kenya in 2017.^{viii}

In 2019, as a first effort to address the lack of data on children living in residential care, a CCIs situational analysis was conducted in five counties.^{ix} This study found 8,005 children living in 210 CCIs/ statutory children's institutions in the five counties of which 96% were charitable or privately owned (compared to less than 4% that were statutory children's institutions).^x Of these 8,005 children, 3.8% were children with disabilities, 35% were aged 11-14 years old, 50% of children came from the same sub-county as the institution in which they resided, and 55% of the children had been living in the institution for 3 years or more.^{xi} The most common reasons for placement were: orphanhood; violence, abuse and neglect; abandonment and poverty.^{xii} The report notes that these reasons for placement are in conflict with Kenya's Guidelines for the Alternative Family Care of Children (2014).

On 12 March 2020, Kenya's Ministry of Health confirmed the first COVID-19 case in the country. In September of this year (2022), the Global Reference Group on Children Affected by COVID-19 estimate that, at minimum, 100,900 children in Kenya have lost one or both parents, custodial grandparents or other co-residing grandparents to COVID-19 death.^{xiii}

By March 17, 2020 the Ministry of Labour and Social Protection issued a directive to officers managing residential care institutions, including boarding schools and children's institutions to release all children in their care possible to their families in an "orderly manner," in order to reduce the risk of exposure to COVID-19 in congregate care. Given the importance of tracing the children affected by



the directive and to provide appropriate support and ensure their safety, CTWWC and partners drafted a data collection tool to facilitate the collection of institutional level data on the number of children leaving and remaining in residential care in the CTWWC demonstration counties. After presenting this data collection spreadsheet to the National Care Reform Core Team, the spreadsheet was adopted as a national data collection tool and approved by the Ministry of Labour and Social Protection for use nationwide. County Children's and Social Service Coordinators from all 47 counties were quickly trained to use the tool to help track children remaining in or leaving residential care and ensure appropriate follow up service provision. The National Disaster Management Office also worked with the Department of Children's Services to support with tracing children who were reunified to families and to ensure that these children were appropriately protected from COVID-19 infection.



Impact of COVID-19 on Children in Alternative Care and Reunification

Rapid Deinstitutionalization

Like other countries, in Kenya there was a mass movement of children from CCIs to families. Approximately half of the children who resided in CCIs remained in the facilities, particularly children whose families could not be traced, children who had no living relatives, or in some cases, children with disabilities.^{xiv} Respondents shared that for children with disabilities, the rapid return to family or community was particularly difficult since in CCIs “at least children with disabilities receive some specialized care and physiotherapy.”

Respondents highlighted

difficulties families caring for children with disabilities had because of the lack of community-level disability services, including therapeutic services and respite care, and the added challenges with accessing any services during lockdowns and restricted movement.

According to all those interviewed, during acute phases of the pandemic, families struggled to cope, and when the caregiver was eventually able to go out to work, the children with disabilities would be left at home alone. The pandemic also reportedly affected the financial operations of the CCIs, as international funding decreased rapidly and drastically due to the COVID-19-induced economic crisis in donor countries. International travel, which often connects tourists’ resources with charitable children’s institutions, dried up as a source of funding. Local businesses supporting CCIs

institutions financially or through in-kind donations (food, clothing, etc.) were also directly affected by the economic impacts and had less revenue to share or were prohibited from bringing their in-kind donations to CCIs due to containment measures and mobility restrictions.^{xv} Of note, during the initial stages of the pandemic, all measures taken focused on decreasing the spread of the virus. This resulted in children’s needs, such as safety and protection, access to medical services and access to therapeutic services for children with disabilities, being deprioritized.

Basic Needs

95% of children leaving residential care during COVID-19 were reunited with their biological parents or families of origin (kinship care).^{xvi}

Follow-up showed that most families were critically in need of financial support to meet their basic needs. Families of children who were placed in CCIs were often already struggling to provide for any remaining children in their care before the COVID-19 pandemic hit. Often meeting basic needs was a factor driving their children into care to begin with. The economic impacts of the crisis on the tourism industry combined with movement restrictions further challenged families’ ability to work or gain income from petty trade.

Respondents observed resistance from communities to accept returning children, as the reunified children were viewed as “another mouth to feed.” Given the secondary impacts of the



virus, many Kenyans were in survival mode and concerned about their livelihoods and basic needs, as opposed to the virus itself.^{xvii} During the second wave of the pandemic, many people lost their jobs, whilst in 2022, the economy was further hit by the war in Ukraine which led to a raise in inflation rates the world over, and leading to raises in the cost of living, food and fuel in Kenya. As previously shared, the first wave was also a financially difficult time for CClIs as many institutions lost funding from donors, making it near impossible for these facilities to look after the children who remained in their care. There was limited to no funding from the government for running of these facilities, which contributed to the further exclusion of children remaining in CClIs from accessing services, mainly children with disabilities.

Care leavers were also experiencing significant financial challenges throughout all waves of the pandemic. To survive, some care leavers participated in the manual labour market, whilst others relied on support from their communities, which was largely ad hoc.^{xviii} The magnitude of these financial struggles amongst care leavers was evidenced by the turn out of over 200 care leavers, attending a food support exercise targeting a maximum of 60 individuals.^{xix} During interviews for this case study, respondents noted that though social protection systems and structures were in place, these schemes did not favour children who fall into the category of “care leavers.” Essentially, care leavers remained overlooked as there are no existing policies or guidelines to ensure social supports for them.

No data is available to clearly evidence to policy makers that children and young people leaving care are a category of vulnerable citizens who need both basic social and specialised supports. Several laws were drafted during the acute phases of the pandemic however, none were specific to the needs of children reunified, in CClIs or care leavers,^{xx} despite care leaver and non-governmental organization (NGO) advocacy.

Protection Needs

The COVID-19 containment measures, especially the lockdowns and school closures, have led to an alarming documented rise in violence in the home, with women and children bearing the brunt. Respondents reported that there was “*lot of violence in families and communities*” associated with lockdown as poverty took a toll on families and fathers/men in the home were faced with the pressure of not being able to meet their families’ needs.^{xxi} Also, in cases where the child had fled a situation of abuse and ended up in residential care, the rapid return in response to COVID-19 meant that there was insufficient time to adequately prepare the child and the family, address safety and ensure the home was an appropriate place for the child to return to. In some cases, the returning child had not yet fully recovered from the trauma of the abuse or separation, resulting in a situation of high risk for the child. Furthermore, the main reasons for placement in CClIs include poverty, promises of education and domestic abuse or other forms of violence against children in the home. As such, teams from CTWWC and Hope and Homes for Children, expressed concern for children both who remained in CClIs as well as for those who were returned to their families.^{xxii}

Psychosocial Support Needs

Many children who were rapidly reunified were purported to have weak familial relationships, making conflict, break-up, neglect and abuse more likely to occur. Children in families receiving community-based support^{xxiii} and children who had been reunified with appropriate support and follow up^{xxiv} prior to the COVID-19 pandemic were reportedly much more resilient and coped better with the impacts of COVID-19 than those who were rapidly reunified. The main reason given by those interviewed for this difference in resilience was that families deal better with stress if relationships between family members are strong to begin with. In view of this, respondents reported that some children expressed distress about returning to their homes as the conditions there was “not bearable” and preferred to return to and/or stay in the CCIs.^{xxv}

Access to Education

After the closure of schools in March 2020, the education of many learners was disrupted. During acute periods of the pandemic, schools adapted to online classes and materials; however,

challenges were encountered with connectivity, data expenses (internet access) as well as access to devices (TV, phones, computers). Also, the UN-coordinated Education Taskforce for COVID-19 reported that when schools closed, caregivers (parents, grandparents, foster carers) were tasked with playing the role of teachers. This was a task few caregivers were prepared for, or able to take on, especially caregivers with limited education and resources or caregivers of children with special educational needs or younger children. This made it particularly difficult for caregivers to support their children’s education. Respondents reported that, although, institutions received a directive “not to take back children into their institutions,”^{xxvi} once the containment measures lifted at the end of 2021, many hundreds of the children who left the institutions came back. TEXT BOX: Respondents were of the view that many of the children who returned to the CCIs did so to continue their education, whilst others shared that parents/caregivers thought that the institutions were in the best interest of the child, given the poverty and stress experienced in families.^{xxvii}



Mitigation Measures for Harmful Impacts of COVID-19

Basic Needs

At the macro level, the Kenyan government introduced socio-economic welfare policies^{xxviii} as well as sought funding from the European Union, World Bank and UNICEF in efforts to increase the number of households receiving social protection interventions, such as cash transfers and food stamps during COVID-19.^{xxix} The government also made amendments to taxation practices to ease the burden on citizens and removed certain charges typically associated with mobile banking.^{xxx} Of note, the Children's Act passed in 2022, led to the development of the Child Welfare Fund which makes provisions for children in emergency settings, such as reducing family separation, promoting alternative family care, revision of timeframes for adopting a child and collecting data to get a clear number of the children who are being placed in CCLs.^{xxxi}

To help address financial and economic needs during the acute phases of COVID-19, in Kilifi, Kisumu and Nyamira counties, County Children's and Social Service Coordinators and NGO partners including CTWWC, agreed to help reunified families access existing cash transfer programs such as the government's social protection initiative, the National Safety Net Program (NSNP), and the National Hospital Insurance Fund. In Kilifi, of the 743 children who were rapidly returned home, 362 children's families were enrolled in the NSNP, and 302 families were provided financial support through a new cash transfer program set up by UNICEF. In Kisumu, families of 239 children who had returned home (119 families) were enrolled in the NSNP and UNICEF provided cash transfers to families of over 600 children.

Cash transfers comprised three tranches of 4000 KES (+/-37 USD) which were provided over 2-month intervals. CTWWC engaged local partners to complement the cash transfers with home visit support and mentoring to strengthen the livelihoods of families receiving the cash transfers and help them establish small business activities.

While facilitating access to cash transfers and livelihoods support, respondents learned that the majority of households are female-headed and, e.g., in Kilifi, 80% of caregivers receiving cash transfers were either the mother, grandmother or aunt of the child. This finding highlights the important role of women, how they shape care at the community level and how response services including livelihoods support must be tailored to the specific opportunities and needs of female caregivers to be effective.

Faith leaders were also instrumental in meeting the basic needs of children and families. They mobilized food and non-food items to families irrespective of their religious beliefs.^{xxxii} Religious leaders also engaged in awareness campaigns on the protecting elderly and youth from the virus, promoting vaccinations and even incorporated these key messages into their national corporation framework.^{xxxiii} NGOs at the local and international levels – such as the Red Cross,

Shani lives in western Kenya with her two sons, John and Adamu. In 2019, she brought her sons to a CCI asking them to care for the boys while she found a way to earn an income. The caseworker noted how thin the children and their mother were, she offered them all a meal together before Shani left. With the COVID-19 crisis, John and Adamu returned home. The Kisumu Coordinator of Children's and Social Services worked to ensure Shani could get cash transfers through the NSNP and CTWWC partners helped with start-up costs for a small business cooking biscuits and selling these in the local market. Shani has now enrolled her sons in the local school and has bought all their school items with the money she made. In a follow up visit, the family was found to be doing well and Shani told of how she is better able to care for her children now.

Source: collated from respondent stories. All names in the case studies have been changed

World Vision, Action Aid and other local actors were also supportive of COVID-19 emergency response efforts for children in CCIs.^{xxxiv} Some partners also provided food vouchers and residential care facilities provided storybooks from their libraries to children who had returned home. The Ministry of Health and Ministry of Education supported families in-kind through the distribution of food, non-food items, water tanks, water purification tablets and soaps either through local chiefs or directly to CCIs.^{xxxv} Families were also supported with the payment of school fees and school supplies once schools re-opened.^{xxxvi} CTWWC partners and other organizations provided personal protective equipment, including face masks and hygiene supplies. The National Care Reform Core Team also worked with partners such as CTWWC to develop guidance for CCIs on how to organize the care in a way that would prevent COVID-19 transmission.

Kenya received its first batch of COVID-19 vaccines in March 2021 under the COVAX initiative; a partnership between the Coalition for Epidemic Preparedness Innovations, Gavi, World Health Organization and UNICEF.^{xxxvii} This was a key measure to counteract the spread of the virus as well as to assist inoculated service providers (health,

social welfare, etc.) to be able to reach families and address the basic needs of those who were struggling. Vaccination campaigns are on-going, however there are issues with uptake due to limited knowledge and misinformation in the community about vaccines and their effects. Currently, there is no special approach for children in alternative care settings to access vaccines. Nonetheless, the government has issued a directive stating that all children must be vaccinated before they return to school. Progress is not being monitored.^{xxxviii}

Protection Needs

The community level workforce was activated to support CTWWC actors with identifying and responding to at-risk children and families as well as those residing in remote areas. Prior to being activated, these workers were trained on how to conduct monitoring visits, case management, follow-up and family care, amongst other topics.^{xxxix} Of note, technological adaptations were applied to the support offered to the community level workforce, such as the use of phones for monitoring, WhatsApp groups for case discussions as well as supervision and trainings over virtual platforms.^{xl} In some instances there was also a hybrid approach applied to daily tasks, that is a staff member on

video/voice call and a community level worker in-person with the child or family.^{xli}

As soon as children rapidly reunified had been traced, government and civil society organization partners worked with CCIs and government child protection volunteers to conduct family assessments and engage caregivers and children in identifying the support services they might require. Depending on the lockdown situation, such assessments, followed by case planning were done through home visits or by phone. Respondents highlighted the importance of talking directly to the child and asking both the caregiver and child how they were doing, about their health and how they were coping. Besides gathering information, such questioning had an important positive empowering effect, emphasizing to the child and caregiver that they are important and that someone cares about them. Importantly, if a child and/or family faced complex challenges, case workers engaged with service providers to conduct a case conference to jointly identify how the child's safety could be ensured, how the family could be supported and the prevention of (re-) separation.^{xliii}

Psychosocial Support Needs

During acute periods of the pandemic, government and civil society partners also sought innovative ways to engage community members to support with keeping watch on vulnerable children in their communities.

Local radio call-in programs to raise awareness of how children and families could be affected by COVID-19 and the associated stressors as well as explained what community members could do and which services they could contact to help children and/or families in distress.

To support children through the reintegration process, counselling support for the reunification. If the child was a secondary separation from families, then that child received support through the psychosocial response mechanism. There was also increased efforts to support reintegration within families (biological or alternative care), wherein parenting sessions were conducted to strengthen the caregivers' capacities to support children who were returning home and covered topics such as relating to children and adjusting the household's budget.^{xliii} Psychosocial support (PSS) groups were also established for parents/caregivers who lived in proximity to one another. Life skills courses, previously developed for parents/caregivers were modified to support children within and outside CCIs, as content of these materials were deemed suitable for managing stress and developing positive coping mechanisms.^{xliii} Some children in the localities had toys to play^{xliii} with in the communities and also given the option to call a designated number where they could speak with someone about their concerns, worries and fears.^{xliii}

At the policy level, response committees initially focused on slowing the spread of the virus. However, as social and psychosocial issues began to unfold, these committees were reconstituted to include more actors, such as counsellors and psychologists in the group, who then advocated for the needs of at-risk children and families. Once the containment measures lifted, teachers were also trained by the education, social welfare and health sectors on the provision of psychological support, responding to and preventing the spread of the virus and the incorporation of child protection into their day-to-day work. However, despite these efforts, respondents are of the view that there was a gap in serving the mental health needs of children during the acute phases of the pandemic.^{xliii}

Access to Education

Education access is a major pull factor for placing children in CCIs; as such, education for most children who remained in CCIs continued.^{xlviii} In some localities, reunified children were able to participate in learning groups, run by teachers, with a maximum of 5-6 children per group so as to ensure adherence to the prevailing COVID-19 protocols.^{xlix} However, children with disabilities were highly disadvantaged in accessing to education as platforms developed for online learning or reading materials were not inclusive/accessible for visual impairment, hearing impairment or intellectual challenges.



Remaining Challenges

- COVID-19 vaccination access for children
- Continued in flow of children into CCIs, despite issuance of the directive
- Uptick of volunteers (national and international) coming into CCIs
- Ongoing difficulties obtaining accurate information of children running away from homes and/or returning to the CCI
- Shortage of family level interventions to address the underlying drivers of children going into CCIs
- The sustainability of cash transfers and how families will cope if the financial support is not continued



Conclusions & Lessons Learnt

Care reform actors demonstrated flexibility and adaptability for incorporating virtual working modalities to complete day-to-day tasks, some of which are still being used to this day.^l They also adapted joint working modalities to ensure the safety, protection and provision of basic needs to children reunified or within care settings. This is evidenced by the National Care Reform Core Team facilitation of joint efforts of the Kenyan government, international and national NGO partners to mitigate the impacts of the COVID-19 pandemic and related containment measures. The success of this coordinated support was praised by respondents as families received a combination of services rather than individual and unlinked interventions.

LESSON: Such partnership makes it possible to leverage existing resources to address the complex needs of reunified families. Future application of partnered and coordinated support, along with the strengthening of government oversight, will be beneficial to supporting the needs of at-risk children and families during emergencies in the future.

The availability of trained child protection volunteers at community level allowed partners to work with and support case management activities with at-risk children and families at the community level. Community volunteers visited with families on their porch, with PPE, and made sure to respect social distancing rules so everyone would stay safe.^{li} Respondents explained that children and families do not exist in a void, children exist in a relationship with their family and with the community; as such, families must be strengthened within the context of their community. **LESSON:** The engagement of the community-level actors is critical to holistic family resilience building, while ensuring the best

When tracing children's families, it was noted that, in some instances, many children came from the same villages, which as a key respondent explained, had to do with the recruitment practices of CCIs, i.e., 'recruiters' would work village-by-village to offer educational opportunities, international sponsorship and a "better future" for children placed in their care. Where the communities and families were receptive to these messages, children were placed in the CCIs. Some villages had no children in CCIs, either because the recruiters didn't go there or because they were not accepted by the local community. This is one example of a practice highlighted by the COVID-19 situation.

Source: Respondent feedback



interest of the child, particularly in advance of, during and after crisis or heightened stress.

LESSON: A key learning from Kenya was that children and families that had already received family strengthening support within their communities, including the children and families that had already received reunification support before the pandemic hit, were generally more resilient, managing much better and appeared to be more likely to remain together. Respondents^{lii} explained that families of children who were rapidly sent home per the 17 March 2020 directive and did not receive any follow up support in the initial six months, were thus left to their own devices and had to figure out how to manage yet often did not know where to go to for help. This resulted in situations where children were neglected or suffered abuse (until they had been traced and assessed and a care plan was put in place). However, when rapidly reunified families received livelihoods support (in the form of cash transfers and household economic strengthening) and PSS, they did significantly better than those that did not receive such support.^{liiii} Therefore, efforts to strengthen family-based alternative care and reduce unnecessary separation of children are to be promoted as a key strategy for progressing care reform in Kenya.

LESSON: Prevention requires strengthening systems to enable government to adequately oversee adherence to national policies and their implementation in practice and strengthening mechanisms for information gathering by community level caseworkers and use of this data to inform decision making, including to ensure workable options so that frontline workers (police and social/care workers) have alternatives to residential care when they seek care for a child-at-risk in a time of crisis.

Lastly, the COVID-19 pandemic and school closures provided an opportunity for CTWWC and other care reform actors to advocate for children to access education close to home whenever possible. CCIs typically offer or at least promote that they support primary school education within their facility or in a public school close to the institution, and at year eight, the end of primary school, some facilitate the child's secondary school education in a boarding school, either by enabling them to return home during school holidays or by continuing their residence in the institution. **LESSON:** More work from CTWWC and likeminded partners to intervene at the eight-year threshold to help families keep their children and find ways to access secondary education from their home base is critically needed.



Endnotes

- i Nikolova, S., Zaykova, K., Ott, V., & Pancheva, R. (2021). The Impact of Covid-19 State Measures On Children With Developmental Disabilities: Service And Research Priorities From Three European Countries. *Scripta Scientifica Salutis Publicae*, 2021, Online First, Medical University of Varna
- ii Global Reference Group on Children Affected by COVID-19. (2022). The Hidden Pandemic, September 2022 Update. Oxford University; Imperial College, London. (2022). COVID-19 Orphanhood Calculator. Retrieved from https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/Global; and Unwin, H., Hillis, S., Cluver, L., Flaxman, S., Goldman, P. S., Butchart, A., Bachman, G., Rawlings, L., Donnelly, C. A., Ratmann, O., Green, P., Nelson, C. A., Blenkinsop, A., Bhatt, S., Desmond, C., Villaveces, A., & Sherr, L. (2022). Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study. *The Lancet. Child & adolescent health*, 6(4), 249–259. [https://doi.org/10.1016/S2352-4642\(22\)00005-0](https://doi.org/10.1016/S2352-4642(22)00005-0).
- iii UNICEF (2021). Preventing a Lost Decade: Urgent action to reverse the devastating impact of COVID-19 on children and young people. Retrieved from <https://www.unicef.org/reports/unicef-75-preventing-a-lost-decade>
- iv Kenya National Bureau of Statistics. 2019 Kenya Population and Housing Census: Volume III: Distribution of Population by Age, Sex and Administrative Units. Retrieved from: <https://housingfinanceafrica.org/app/uploads/VOLUME-III-KPHC-2019.pdf>
- v UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya. Retrieved from: <https://www.unicef.org/kenya/media/136/file/SITAN-report-2017-pdf.pdf>
- vi Joining Forces Alliance for Children in Kenya. (2020). A Brief on the Effects of COVID-19 on Children. Presented to the National Council for Children's Services. 19th August, 2020.
- vii Ministry of Labour and Social Protection of Kenya, Department of Children's Services. Violence against Children in Kenya: Findings from a National Survey, 2019. Nairobi, Kenya: 2019. Retrieved from [https://www.unicef.org/kenya/media/1516/file/2019%20Violence%20Against%20Children%20Survey%20\(VACS\)%20.pdf](https://www.unicef.org/kenya/media/1516/file/2019%20Violence%20Against%20Children%20Survey%20(VACS)%20.pdf)
- viii UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya. Retrieved from: <https://www.unicef.org/kenya/media/136/file/SITAN-report-2017-pdf.pdf>
- ix Republic of Kenya Ministry of Labour and Social Protection, State Department for Social Protection and Department of Children Services (2020). Situational Analysis Report for Children's Institutions in Five Counties: Kiambu, Kilifi, Kisumu, Murang'a and Nyamira Summary Report. February 2020.
- x *Ibid.*
- xi *Ibid.*
- xii *Ibid.*
- xiii Global Reference Group on Children Affected by COVID-19. (2022). The Hidden Pandemic, September 2022 Update. Oxford University.
- xiv *Ibid.*
- xv Interviews with Hope & Homes for Children, Child in Family Focus, and CTWWC staff, Kenya, April 2021
- xvi According to CTWWC data collection from demonstration counties
- xvii Interview with Hope and Homes for Children, June 2022
- xviii *Ibid.*
- xix *Ibid.*
- xx *Ibid.*
- xxi *Ibid.*
- xxii Interviews with CTWWC Kisumu & Kilifi Teams, July 2022 & Interview with Hope and Homes for Children, June 2022.
- xxiii Community-based support typically includes some form of household economic strengthening, life skills, psychosocial support and/or positive parenting support. Household economic strengthening can comprise support for the establishment of savings and loans groups (VSLG or SILC-type groups) or social cash transfers.
- xxiv Appropriate reunification support and follow up includes regular monitoring of the status of the reunified child and their family as well as provision of household economic strengthening, life skills, psychosocial support and/or positive parenting support depending on the needs of the family and the child.

- xxv Interviews with CTWWC Kilifi Team, July 2022
- xxvi Interview with Hope and Homes for Children, June 2022
- xxvii *Ibid.*
- xxviii Interviews with CTWWC Kisumu Team, July 2022
- xxix Interview with Hope and Homes for Children, June 2022
- xxx Interviews with CTWWC Kisumu Team, July 2022
- xxxi Interviews with CTWWC Kilifi Team, July 2022
- xxxii *Ibid.*
- xxxiii *Ibid.*
- xxxiv Interviews with CTWWC Kilifi Team, July 2022
- xxxv *Ibid.*
- xxxvi *Ibid.*
- xxxvii UNICEF (2021). Retrieved from <https://www.unicef.org/uganda/stories/uganda-launches-first-phase-covid-19-vaccination-exercise>
- xxxviii Interview with Hope and Homes for Children, June 2022
- xxxix Interviews with CTWWC Kilifi Team, July 2022
- xl Interviews with CTWWC Kisumu Team, July 2022
- xli Interviews with CTWWC Kilifi Team, July 2022
- xlii Interviews with Hope & Homes for Children, Child in Family Focus, and CTWWC staff, Kenya, April 2021
- xliii Interviews with CTWWC Kisumu Team, July 2022
- xliv *Ibid.*
- xlv Interviews with CTWWC Kilifi Team, July 2022
- xlvi *Ibid.*
- xlvii *Ibid.*
- xlviii Interview with Hope and Homes for Children, June 2022
- xlix Interview with CTWWC Kisumu Team, July 2022
- l Interview with CTWWC Kisumu Team, July 2022
- li Interviews with Hope & Homes for Children, Child in Family Focus, and CTWWC staff, Kenya, April 2021
- lii *Ibid.*
- liii Interviews with CTWWC staff, Kenya, April 2021





Changing The Way We CareSM (CTWWC) is a global initiative funded by USAID, the MacArthur Foundation and the GHR Foundation, and implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are Better Care Network, Lumos Foundation, and Faith to Action. CTWWC's vision is to be a bold global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others to build momentum towards a tipping point of change for children.

Need to know more? Contact Changing the Way We Care at:
info@ctwwc.org or visit changingthewaywecare.org