



Above: Clergy, administrators and social workers from catholic-affiliated Children Charitable Institutions during a capacity building session. Photo by AMECEA.

Changing THE WAY WE careSM



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Kenya Conference of Catholic Bishops Support for Care Reform

Situational Analysis of Catholic Church Children's
Charitable Institutions in the Archdiocese of Kisumu and
Mombasa

Summary Report

2023



BACKGROUND

The Kenyan Conference of Catholic Bishops (KCCB) is the assembly of all Catholic Bishops in Kenya. KCCB is taking a leadership role in committing to ensure that all children in Kenya can grow up in a loving and safe family environment, through its Child Protection and Family Life Office whose role is to provide support and capacity building. As part of this commitment, KCCB is undergoing a process of engaging with care reform, in line with Kenya's national commitment to preventing the separation of children from their families and supporting the reintegration of children who have been separated.

The Catholic Church has an important role in achieving this vision. In 2020 there were around 850 CCIs in Kenya, with estimates of more than 45,000 children living in them. 17% of these CCIs are run under the auspices of the Catholic Church.¹ Although many children did leave CCIs during COVID-19, following a government directive to safeguard the children's lives, more than 26,000 children were still in institutions.² The majority of the children who went home returned to CCIs after public health restrictions were lifted.

KCCB has a partnership with Changing the Way we CareSM (CTWWC), an initiative that is working to catalyze a global movement that puts family care first and reduces the number of children placed in residential care. The partnership involves sharing and learning experiences in care reform, and CTWWC providing support based on their global and national expertise in advocating for and demonstrating care reform processes and approaches. As part of this partnership, KCCB and CTWWC collaborated on a situational analysis of CCIs owned by or affiliated to Catholic dioceses.³

This report is a summary⁴ of the situation analysis was conducted alongside two other studies – a Knowledge Attitude and Practice Survey of clergy and religious, including CCI administrators and social workers; and a review of Diocesan

Care reform

Research shows that living in institutional care, such as Charitable Children's Care Institutions (CCIs), is not good for children's growth. Children that move from institutions back to their biological family or another form of family care such as foster care or kafaalah, have dramatic improvements in their physical, emotional and cognitive well-being and do better in school and in life.

The process of care reform involves redirecting resources from institutions to family and community-based care and retraining and redeployment of people who worked in CCIs. This process aims to change how families, people responsible for the care of children, and other stakeholders think and act in relation to children's welfare and best interests. They start to support family and community-based care instead of relying on institutions as the main solution.

Kenya's National Care Reform Strategy 2022-2032 envisions a future in which all children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served. The three pillars of the strategy are: 1) Prevention of separation and family strengthening; 2) Strengthening and expanding family and community-based alternative care options for children who are unable to live in parental care; 3) Tracing, reintegration and transitioning to family and community-based care.

¹ International Union of Superiors General (Rome) (2023). [Regional Portrait of Catholic Care for Children in Eastern Africa](#).

² Ministry of Labour and Social Protection (2020). Summary of Data Analysis from Charitable Children's Institutions. Data provided by DCS Institution Section, cited in National Council for Children's Services (2022). National Care Reform Strategy for Children in Kenya 2022 – 2032.

³ This situation analysis builds on an earlier situation analysis conducted by Changing the Way We Care with the Department of Children's Services: Department of Children's Services (2020). [Situational Analysis Report for Children's Institutions in Five Counties: Kiambu, Kilifi, Kisumu, Murang'a and Nyamira: Summary Report](#).

⁴ The full report is available for use within KCCB, this summary is shared externally to inform other interested actors.

Family Life Departments. It is hoped that these three studies provide clear guidance and support in KCCB’s commitment toward care reform.

ABOUT THE SITUATIONAL ANALYSIS

A situational analysis of Catholic Church CCIs in Kisumu and Mombasa archdioceses was conducted in 2023 targeting fourteen CCIs from two archdioceses – Kisumu and Mombasa, covering five counties – Kisumu, Siaya, Mombasa, Kwale, Kilifi* and Taita Taveta (table 1). The situational analysis was designed to gather information about the CCIs and the children living in them. The purpose was to provide information that can inform KCCB’s care reform activities. The situational analysis also aimed to inform future care reform awareness raising activities and identify future training and technical assistance needs of Catholic Church CCIs. The findings will help to track KCCB’s care reform progress over time.

Name of CCI	Archdiocese	County
ADOK	Kisumu	Kisumu
KUAP Pandipieri Children Centre	Kisumu	Kisumu
Nyabondo Centre for Persons with Disabilities	Kisumu	Kisumu
St. Clare’s Children’s Home	Kisumu	Kisumu
St. Mary Magdalene Oasis of Peace Children’s Home	Kisumu	Kisumu
Rangala Baby Home	Kisumu	Siaya
Nyamonye Small home	Kisumu	Siaya
St. Bernard Nyangoma	Kisumu	Siaya
Sigomre Small Homes	Kisumu	Siaya
St. Joseph Children’s home Bura	Mombasa	Taita Taveta
Grandsons of Abraham	Mombasa	Kilifi
St. Bakhita Rescue Centre	Mombasa	Kilifi
Sisters of St. Joseph Shanzu Orphans Home	Mombasa	Mombasa
Mahali Pa Usalama	Mombasa	Mombasa

Table 1: CCIs included in the situational analysis, with archdiocese and county locations

FINDINGS

About the CCIs

CCI Ownership and Management

Most of the CCIs completing the situational analysis are owned and managed by the sister congregations, mostly under the umbrella of the Association of Sisterhoods of Kenya (AOSK). Dioceses also have a significant role, owning two CCIs. Bishops invite congregations with different charisms to assist in specific pastoral issues in the dioceses, often including child protection, hence why most CCIs are owned by the sister congregations and not the dioceses. The joint ownership and management by Sisters underscore the substantial role that Sisters play in promoting family-based care within the Catholic Church

CCI Registration Status

According to Kenyan law, all CCIs must be registered with the Government of Kenya, to ensure minimum standards. Out of the 14 surveyed CCIs, 12 are registered. The remaining two are not registered or licensed. Among the twelve registered CCIs, only half have valid registrations. Three CCIs have expired registrations and have applied for renewal, while two have not applied for renewal. One CCI is uncertain about its registration status. There was a government moratorium on registration of new CCIs in 2017 as part of the commitment to transition to family-based care. It will be important to further explore the status of registration and whether it is compliant with the 2017 moratorium.

Residential Capacity

The situation analysis looked at the number of children who were living in each CCI at the time of the survey. This was compared with the maximum bed capacity, known as residential capacity, and then compared with child to caregiver

ratio. It is important to know the capacity of the CCIs versus the actual number of children, as well as the ratio of house parents to children. In general, the priority is to reduce overall numbers, especially in large-scale institutions, and to have a low staff to child ratio, to ensure that children receive quality care and are prepared for reintegration and CCIs plan for transition to another model.

The average residential capacity size of the 13 CCIs who responded to this question is 60 children. Two CCIs had a maximum capacity of 40 children or less, and two were extremely large - 100 and 120 children respectively. Overall, only two of the 13 CCIs are operating at full or near-full capacity, four are at between 70-80% capacity and the rest had significantly fewer children currently living there than maximum capacity. CCIs were asked also how many caregivers or house parents were employed.

Figure 1 shows the ratio of house parent to child for the 13 CCIs. Of the 13 CCIs surveyed, more than half of the CCIs do not meet the minimum standard for caregiver-child ratio – that is, each employed caregiver is caring for more children than specified in the national standards, which are one caregiver for six children (0-3 years), eight children (4-6 years), and 10 children (7 years and above).⁵ This seriously affects the quality of children’s care and may assist in identifying priority CCIs for support with quality care and transition.

Reasons for institutionalization of children

The survey collected data on the reason for children’s admissions in CCIs which is shown in Figure 2.

This demonstrates that:

- Access to education and health care were the two most common causes of admission;
- Almost a quarter of admissions included disability as a reason;
- All remaining admission reasons are caused by violence and/or poverty.

However, the reasons noted for child institutionalization differs from previous CTWWC surveys, which indicated that access to services were the least ranked reasons for child institutionalization.⁶ A study by the National Crime Research Centre of Kenya, which sampled 2265 children in 2019 CCIs located in 24 counties, revealed that reasons for child

Standards of care for children in CCIs

The Kenyan government’s *Children (Charitable Children’s Institutions) Regulations, 2020* and *National Standards for Best Practices in Charitable Children’s Institutions, 2013*.

These confirm a wide range of standards to which all CCIs must adhere to ensure children’s wellbeing. This includes having a minimum core set of staff, including manager, social workers, person in charge of food, and a nurse. The National Standards set out the minimum staff to child ratios, including a minimum of one social worker, one counsellor and one nurse aide for every 20 children, and one caregiver for every six children aged 0-3 years, for every eight children aged 4-6 years, and one for every 10 children for 7 years and above.

Although there is no maximum number of children allowed in CCIs, it is widely recognised that large-scale institutions are unable to provide the nurturing care that children need. This is one main reason why KCCB has committed to the process of transition from residential to family- and community-based care.

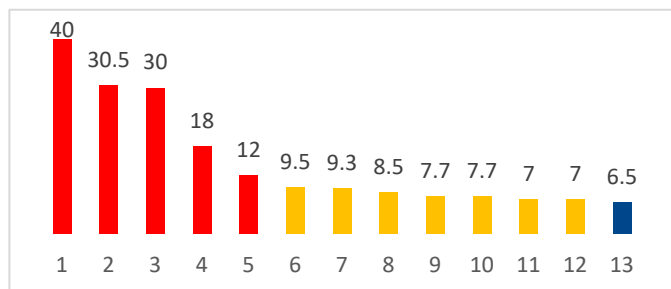


Figure 1 Caregiver-child ratios in 13 CCIs
Key: red indicates that it does not conform to government minimum standards for child care ratios for children 7 years and over; amber that it does not conform if children are 4 years and over

⁵ Department of Children’s Services and UNICEF (2013). [National Standards for Best Practices in Charitable Children’s Institutions](#).

⁶ Department of Children’s Services and CTWWC (2020). [Situational Analysis Report for Children’s Institutions in Five Counties: Kiambu, Kilifi, Kisumu, Murang’a and Nyamira. Summary Report](#).

institutionalization vary based on the respondent.⁷ While children highlighted access to education, poverty at home, and orphanhood and death as the three main causes, social workers and managers in CCIs indicated that the top three causes of child institutionalization are abandonment; orphanhood; and neglect.

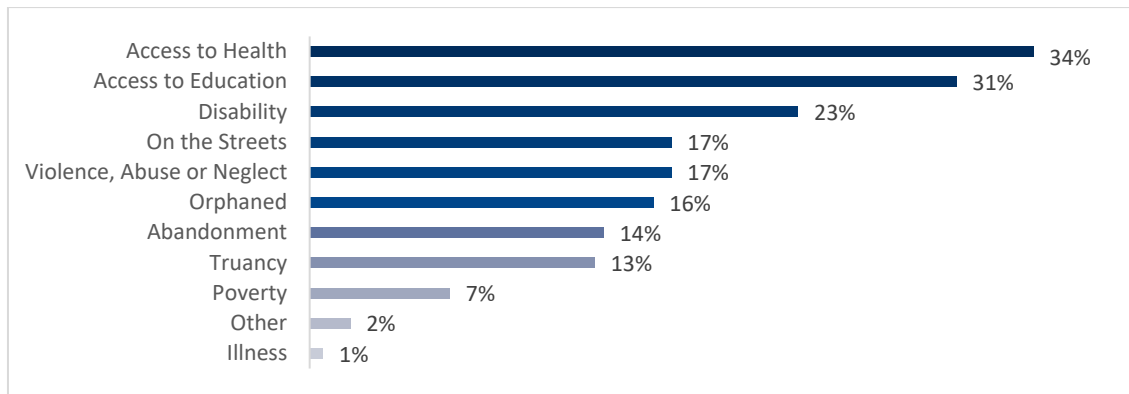


Figure 2 Causes of Child Admission to CCIs (%)

These findings highlight the importance of not only relying on CCI admission data but also considering the underlying causes. Placing children in residential care does not address the root challenges related to improving access to local services or providing support to strengthen families. For instance, in cases involving disabilities, placement may be necessary due to the need for specialized care unavailable at home, but it can also stem from stigma and discrimination within families or communities.

Services Offered by CCIs

Religious guidance, counselling or psychosocial support, health care, Early Childhood Development (ECD), and life skills are provided in more than half of the 14 surveyed CCIs (figure 3). Seven CCIs provide access to primary education. Only four of the CCIs report that they provide specialized services for children with disabilities. This suggests most CCIs do not have the necessary equipment to meet the needs of children with disabilities, possibly due to charism and the resources required to provide specialized equipment and personnel in every CCI for children with disabilities. Considering the significant number of CCIs caring for children with disabilities, this highlights a gap in suitable care for children with special needs.

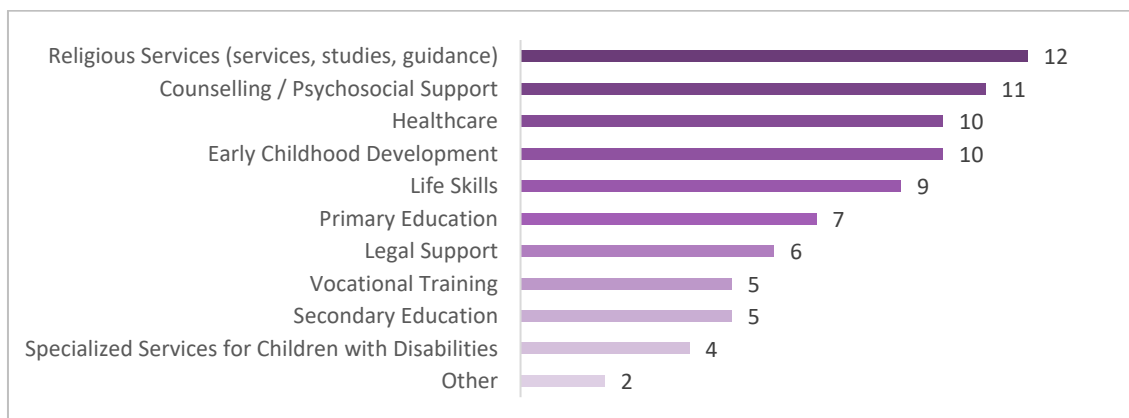


Figure 3 Services offered by CCIs (n=14)

⁷ Aben, C.A. & Soi, G.C. (2020). [Status of Child Protection in Charitable Children’s Institutions in Kenya: Summary of Findings and Recommendations.](#)

Funding Sources

Knowing about funding sources is important to be able to design appropriate awareness raising and fundraising approaches in support of care reform.

As shown in figure 4, the majority of CCI receive funding from multiple sources. The primary funding source, by a large margin, is individual donors or sponsors. Half of the CCIs sustain their operations using their own income. Additionally, five CCIs receive funding from grants and foundations, and another five receive support from local churches, which could be support from dioceses, parishes or ecclesiastical groups. Notably, only four CCIs receive government funding. The survey did not explore the extent to which the different funding sources (individual donors, grants and foundations, local churches, etc.) had knowledge and interest about transition as it was not part of the assessment. Finding out more about potentially supportive funding sources, in addition to government, which is already committed, will be an important step to diversify and support family transition.

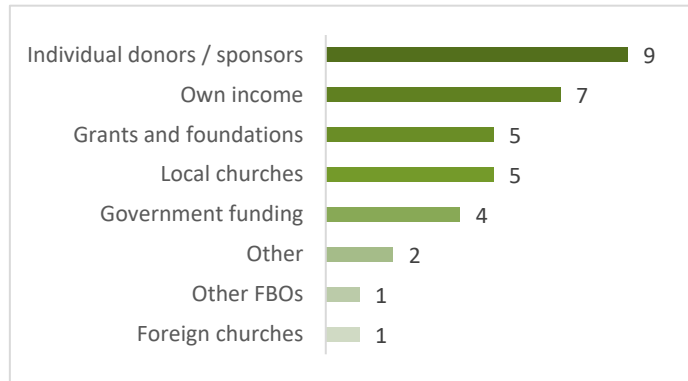


Figure 4 Funding sources for CCIs (n=14)

Workforce

Of the 260 staff employed in the 14 CCIs, one third are support staff such as kitchen, security, or groundskeepers (figure 5). The next largest category is house parents, identified as the primary source of support to children.

The current workforce is designed around the primary function of providing residential childcare, with more than half of CCI staff being house parents and support staff. Transition to new service models will require new staff skills and composition.

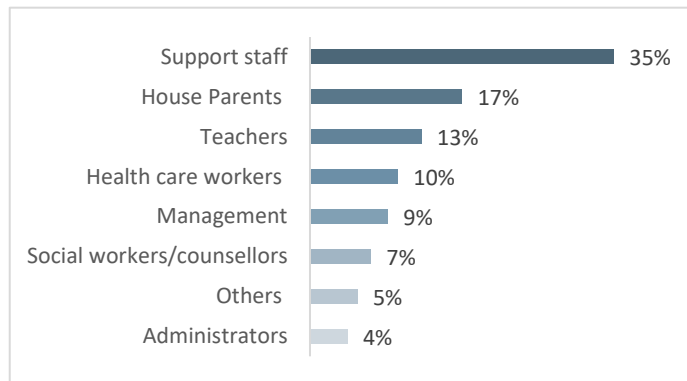


Figure 5 CCI Staff Composition (n=240, across 14 CCIs)

New service models must meet local need, but might include day care centers for vulnerable families, nutrition support centers, community outreach, or ECD and other education services. It is likely that teachers, health care and social workers may be able to transition but there may be a need for skills building for house parents and support staff to take on community roles.

About the children in the Catholic CCIs

The fourteen surveyed CCIs housed a total of 467 children at the time of the survey.

Gender

Overall, there are more boys (56%) than girls (44%) in CCIs, though this varies across counties (figure 6). Girls and boys face distinct experiences that influence the reasons for placement in CCIs, experiences before and during their time in a CCI, and their future after leaving. It is crucial to understand and address these differences,

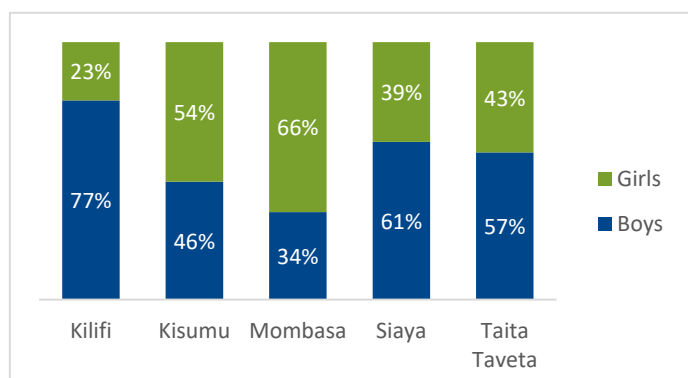


Figure 6 Girls and boys in CCIs by county (% n=467)

especially given that Mombasa has more girls, while Kilifi and Siaya have significantly more boys.

Age

The children in the 14 CCIs span all ages from 0 to 17 years, and some are still in the CCI as young adults.

- One in ten children are infants of three years and below. Kenyan government policy, aligned with global best practices, aims to prevent children of this age from being placed in residential care. Residential care is detrimental to children's development, particularly at this stage when their brains and bodies are rapidly growing.
- Just over one in ten 'children' in the CCIs are young adults (Over 18), even though CCIs should not house young people. Once they turn 18. This suggests that there may have been insufficient support for young adults to transition out of residential care, or that there are ongoing long-term care needs preventing them from living with family or independently. Institutions designed for children cannot meet the needs of young adults.
- Over 50% of children in CCIs are of primary and secondary school age, which links with access to education being a key reason for admission.

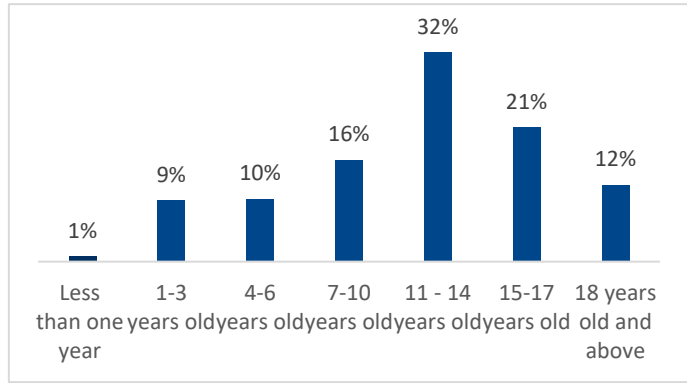


Figure 7 Age Distribution of Children in CCIs (% n=467)

Geographical Origin of Children in CCIs

Nearly three-quarters of children in the 14 surveyed CCIs come from the same county as the CCI's location (72%), with more than half (52%) originating from the same sub-county. This facilitates maintaining close ties with the children's families and communities. Reintegration efforts when families live close by are easier and less costly. For CCIs, this means the potential for transitioning to a model that supports families undergoing reintegration alongside supporting other local families through family strengthening. It will be crucial to learn more about the circumstances of children whose family is not near, or who may have no family, to plan for effective reintegration or provision of family-based alternative care.

Duration in CCIs and Destination after Exiting

More than half of the children living in the 14 CCIs had been there between one and three years. More than one in ten children had lived in residential care for six years or more.

The survey found that 279 children had left the 14 CCIs in the past year. Most of these (nearly 85%) were reunified with their families. The high rate of reintegration reinforces the evidence that families of children in CCIs are available to provide care for their children with the right support. Only 18 of the 279 were transferred to another CCI, most of them from one unregistered baby home.

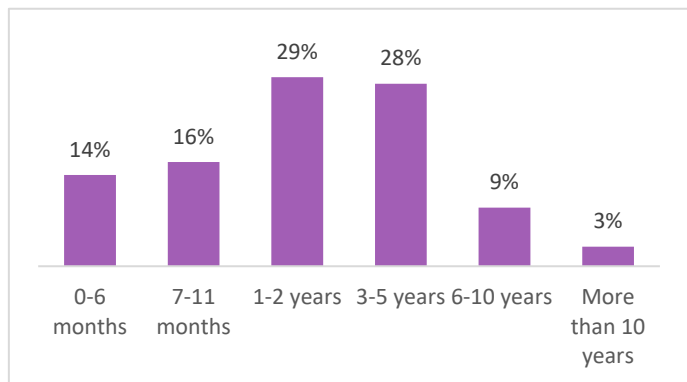


Figure 8 Duration of stay for children currently in the 14 CCIs (% n=467)

The results show that almost one third of all children in the 14 CCIs have been admitted within the past year. One unregistered CCI in Kisumu had admitted all 16 children within the past six months and one CCI in Mombasa had admitted almost half of the children (17 of 36 children) within the past six months.

The new admissions highlight the necessity of adhering to standards and regulations and implementing gatekeeping efforts to ensure that children are only placed in residential care, when necessary, appropriate and as a last resort. It will

be necessary for CCI to work closely with the local church community and Children Officers to ensure that strict gatekeeping practices are applied to prevent new admissions. as they begin planning to transition to an approach that supports families to reduce and ultimately eliminate child-family separation.

More information is needed about why over one in ten children have been in residential care for six years or more to identify alternative family- and community-based care options.

How CCIs manage their daily activities

Case Management

Case management is necessary to ensure that CCIs meet national standards and provide quality care tailored to each child's needs. A case management approach is also important to prepare and plan for a child to be reunified with family or placed in family-based alternative care. Out of the 14 CCIs surveyed, 10 use a standard case management process. However, four CCIs, all in Kisumu archdiocese, do not use a standard case management approach.

Contact with Families of Children in CCIs

The key to ensuring quality care for children in residential care is to maintain connections with family members, with a plan for reintegration or permanent placement. How well CCIs involve families can greatly affect the care and support that children receive, including their overall well-being, their identity and culture, and prospects for a successful family reunification.

Among the 14 CCIs surveyed, five reported that they maintain contact with the families of all children in their care, while four keep in contact with most families. This is a positive finding.

Understanding why the remaining five CCIs have limited or no contact with all families, despite most families living nearby, is crucial. Finding solutions will assist in ensuring appropriate family-and community-based care options.

Support to Families of Children in CCIs

The findings indicate that nine of the 14 CCIs provide various forms of support to families. Figure 9 shows the kind of support provided to families. Five CCIs do not offer any family support. Notably, three of these are located in Kisumu. The fact that most CCIs do invest in family strengthening is a positive step and contributes to the prevention of child-family separation and successful reintegration for those currently in care.

Case management for children in CCIs

Case management is the process of ensuring that an individual child has his or her needs for care, protection, and support met. Case management is usually the responsibility of an allocated social worker who meets with the child, the family, and any other caregivers and professionals involved with the child.

Case management involves a series of steps, one after the other, that are designed to assess, plan, deliver, or refer the child and/or family for services, and monitor and review progress. Each step builds on the previously completed step and contributes to the following step.

In Kenya the following are the national guidelines that all service providers involved in care reform are expected to follow.

- [Caseworker’s Toolkit: Case Management for Reintegration of Children into Family or Community Based Care](#)
- [Caseworker’s Handbook: Case Management for Reintegration of Children into Family- or Community-Based Care](#)
- [National Guidelines for Transitioning Child Care System in Kenya](#)

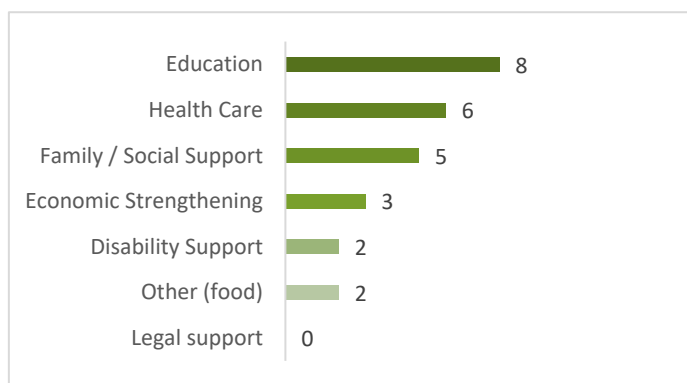


Figure 9 Family Support Provided by CCIs (n=9)

Preparation for Transition

Out of the 14 CCIs surveyed, 11 are already exploring a shift from residential care to family support models. They recognize that family-based care better suits children, aligning with the Government of Kenya's care reform policies.

Among these 11 CCIs:

- Eight have full commitment from CCI management, boards, and donors for organizational change towards family care;
- One is discussing next steps for organizational change;
- Two are in the early stages of discussions and awareness-building on care reform and transitioning to family-based care.

Although three CCIs have not yet started considering moving away from residential care, all are interested in learning more about transition options.

Training and Capacity Strengthening

There has been significant emphasis on training and capacity building to prepare for transition among the CCIs surveyed. All CCIs with one exception have participated in these initiatives, with most trainings occurring recently, almost all in 2023. Training topics mentioned by survey respondents included care reform and disability inclusion. Much of the training has been conducted by CCI partners including CTWWC, KCCB, AOSK (Association of Sisterhoods of Kenya), and Towards Family Solutions. This recent widespread training approach underscores the Catholic Church's broader commitment in Kenya to address care reform effectively and highlights ongoing potential partnerships to expand training.

RECOMMENDATIONS

CCI managers have identified five main challenges that relate to their work practices and will need to be considered in planning their next care reform-supportive steps:

- Limited funds make it difficult to pay staff and manage activities effectively. Economic impacts post-COVID and inflation have worsened this situation.
- Financial constraints also lead to challenges in providing basic needs like food, medical care, and education. Children with disabilities face specific difficulties due to the lack of assistive devices such as wheelchairs.
- Many children and adolescents in care are highly vulnerable, increasing demands on CCIs. Managing adolescents and supporting their transition out of care is particularly challenging.
- Logistical operations and transport challenges, making it hard for CCIs to access external services such as education and healthcare.
- Slow court cases and inefficiencies in reintegrating children into families delay transitions. Increasing cases of abuse require intensive care and legal interventions.

These challenges highlight the complex issues CCIs face as they strive to improve care and transition strategies.

Respondents were then asked to name their recommendations, including what kind of non-monetary support they would like to receive from the Catholic Church in their diocese:

1. Enhanced Funding Support: Focus on funding that helps CCIs generate income internally, specifically aiming to transition from institutional childcare to family and community-based models.

Forms of alternative family-based and community-based care

The Kenyan government's National Care Reform Strategy commits to expanding the range of family-based alternative options for children who cannot live with their biological family.

The Strategy actively promotes strategies including long-term foster care, short-break respite care, remand fostering and specialized foster care for children with disabilities and special needs.

The Strategy recognizes that foster care, Kafaalah, etc. require support for potential families before and during placement. The Church is well placed to support this approach.

2. **Educational and Basic Necessities Support:** Assistance from the Catholic Church with educational materials (e.g., learning materials, uniforms) and advocacy for consistent provision of basic needs such as food, clothing, and bedding.
3. **Training on Care Reform and Family Strengthening:** Provide comprehensive training on care reform, family strengthening approaches (like parenting), and sustainable practices. Targeted stakeholders include CCI staff, parents, and community leaders to enhance care quality and facilitate successful reintegration.
4. **Awareness Campaigns:** Conduct campaigns to prevent separation, addressing issues like abandonment. Focus on educating young mothers about the benefits of family care versus institutional care.
5. **Empowerment and Family Support Programs:** Increase programs that empower families and address root causes of separation. This includes mentorship and capacity-building initiatives to improve institutional governance and service delivery, ensuring children receive optimal care standards.

FUTURE VISION

Finally, respondents described where they would like to see their CCI in the future:

- **Family-Centred Care:** Many envision transitioning to a model where children remain with their families.
- **Sustainable Reintegration:** CCIs are working towards ensuring that children can return to their ancestral homes with pride and dignity, in which CCIs play a pivotal role in monitoring and supporting care leavers.
- **Empowerment Centers:** CCIs aspire to become family centers where both children and families receive comprehensive care and support, focusing on the empowerment of entire family units.

This illustrates the commitment of the participating CCIs to a new role for the Catholic Church in supporting care reform. The findings from this survey highlight some management and capacity building gaps but mostly illustrate the huge potential for Catholic Church CCIs in Kenya to contribute to the vision of all children in Kenya living in caring and nurturing families.

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

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