

Transitioning from Residential Care Services to Community-Based Support for Children with Disabilities

A CASE STUDY OF THE KAR GENO CENTER IN SIAYA COUNTY, KENYA



Caregivers of children with disabilities from Kar Geno (pictured above) meet regularly for counseling sessions and training on how to combat stigma and provide care for their children at home.

Photo by Felix Boyd for CRS.

Summary

Kar Geno (“A Place of Hope”) is a community-based provider of holistic disability services in Siaya County, Kenya. Established as the Sigomere Small Home in 1976 by the Franciscan Sisters of St. Joseph, Catholic Sisters of the Archdiocese of Kisumu, the facility was originally conceived as a residential care facility for children with disabilities. In 2022, Sigomere changed its name to Kar Geno when it transitioned from providing residential care to family reintegration services. With financial and technical support from Catholic Relief Services (CRS), the government of Kenya, and other donors, Kar Geno acquired disability rehabilitation equipment, assistive devices and play therapy equipment; strengthened staff capacity to provide medical, psychosocial and outreach services; supported

Before I attended a seminar with CRS and Changing the Way We Care, I realized most homesteads which had children with disabilities were hidden. And as a church leader, I feel and think that [children with disabilities] need spiritual nourishment and they need care. We need to give them love. We need to extend our help to them and...include them in our worship.

– Reverend Selestine, local faith leader and parent of a child with a disability at Kar Geno

caregivers to bond with their children and reintegrate them into the family; and engaged with the wider social and legal environment to advocate for the rights of people with disabilities. **By 2024, Kar Geno was considered the region's preeminent provider of disability services and 99% of its resident children with disabilities had been successfully reintegrated into their families.** This case study discusses the enabling factors that led to Kar Geno's success and provides recommendations for practitioners and other partners who want to provide services in support of family-based care for children with disabilities.

Background

In 1976, Sister Hermina, a Franciscan Missionary Sister of St. Joseph Mill Hill, established the Sigomere Small Home in Siaya County, Kenya with support from the Catholic Archdiocese of Kisumu. Sigomere Small Home accepted infants and children with disabilities from other residential care facilities in the Franciscan network. The home was attached to a small school, which consisted of children with disabilities and at which the Sigomere Small Home children were students. At the time, it was commonly assumed that children with disabilities did best in an institutional environment. The resident children, therefore, rarely visited their families, and visits from their family members were not routine. In 2022, Catholic Relief Services (CRS) engaged the Franciscan Sisters of St. Joseph as part of [Changing the Way We Care \(CTWWC\)](#), the flagship initiative of CRS' Strategic Change Platform Five (SCP5), Strengthening Families–Thriving Children. Part of CTWWC's work promotes holistic family strengthening and family reintegration services to prevent family-child separation. The partnership between CRS and the Franciscan Sisters of St. Joseph catalyzed a cultural shift in favor of family reintegration and enabled the Sisters to access the financial and technical resources they needed to transform Sigomere Small home into Kar Geno ("A Place of Hope").

Pre-Intervention Phase (Sigomere Small Home)

In addition to housing children with disabilities, the Sigomere Small Home provided basic disability-related health services and referred children to medical care, accompanied them to an accessible school nearby, shared information with caregivers regarding low-cost medical services, health campaigns and donor-supported care opportunities, and provided care-leavers with basic vocational training to facilitate them becoming independent.

Intervention Phase One (Changing the Way We Care Initiative)

In 2021, the CTWWC initiative, in collaboration with the National Council of Persons with Disabilities, used data obtained from a previous survey by Matibabu Foundation, a local NGO proving disability related interventions in Ugunja Sub-County, Siaya County and the Kenya 2019 National Census to inform the disability prevalence in the area. This positioned CRS Kenya to successfully advocate for support from the CRS Innovation Fund, which enabled the upgrading of Kar Geno. CTWWC, in collaboration with the National Council of Persons with Disabilities, built the capacity of organizations of people with disabilities and faith leaders to conduct extensive disability awareness-raising to counter stigma and discrimination towards children with disabilities in the community and amongst service providers.

Intervention Phase Two (CRS Innovation Fund)

The CRS Innovation Fund was a transformative investment that allowed Sigomere Small Home to successfully reintegrate the children in its care into families and transition to providing disability rehabilitation and drop-in services to people with children with disabilities throughout the area, and from even farther away. Prior to this investment, many of the children living in the home were living at the home permanently, without a family to care for them. Upon receipt of the Fund in 2022, Sigomere changed its identity to Kar Geno ("A Place of Hope") and adopted a Care Reform Transition Framework.

Family reintegration. The Sisters conducted *home tracing* using information in the children's files, following guidance from the government of Kenya's [Case Management for Reintegration Toolkit](#), the Directorate of Children Services and the local administration (National Government Administration

Through the [parent] guidance on disability...we were advised not to keep children with disabilities in the house all the time but to let them get fresh air, play with fellow kids. [My son] feels happy, and being outside enables the child to play and the body is stretched. [I appreciate] just seeing them play [because] he does not think he is alone.

—Millicent, a parent of a child with a disability who received support at Kar Geno

Officers – NGAO) to identify each child’s home of origin, conducted household assessments, developed case plans to identify and document the household strengths and gaps for family strengthening. With funding via the [Inclusive Family Strengthening project](#), CRS Innovation Fund, and Special Olympics Kenya, 160 caregivers were enrolled in **group interventions** such as disability-inclusive positive parenting; psychosocial support groups; and disability rights and inclusion awareness sessions. Of those, 80 caregivers participated in Ekisa Foundation’s Finding Value course designed to help them love and accept their child with disability. With support from Leonard Chesire Kenya, families accessed **low-tech assistive devices using locally available material** as appropriate to encourage independence, mobility, socialization and communication. The Sisters encouraged caregivers to visit their children and to welcome their children to visit them at home. Staff coached caregivers in **therapeutic play**, taught them how to make safe toys using locally available materials and trained them to deliver basic **physiotherapy**. In this way, caregivers were supported to care for and bond with their children. To enable families to better afford reintegration, 194 caregivers were organized into **Savings and Internal Lending Communities (SILC)** to increase their savings and provide them with access to affordable small loans. [Child-Optimized Financial Education](#), delivered through the SILC groups, encouraged caregivers to budget for their children’s long-term needs. Caregivers were also supported by planting **kitchen gardens** with highly nutritious vegetables.

Stigma and discrimination. A supportive enabling environment is critical to making institutions, services and physical spaces more inclusive. CRS conducted awareness-raising on disability rights and inclusion, targeting Kar Geno staff, local leaders, teachers, caregivers, the community level workforce and the county disability stakeholder network.

Improved inclusive facilities. Kar Geno used the findings of an **accessibility audit** conducted by the Siaya County Health department and CRS Disability Senior Officer to upgrade their facilities. This included adjusting pavement, entrances and bathrooms to be accessible; improving the lighting; and providing play therapy materials. Kar Geno acquired **rehabilitation equipment**, assistive devices and improved play therapy equipment.

Community-based service provider. In 2022, Kar Geno created a **drop-in center** that offers disability assessments, medical check-ups, physiotherapy and other healthcare services. Kar Geno arranged for a neurologist to provide services on scheduled clinic days which reached 52 children with epilepsy. The staff also offered counseling for caregivers. Services were highly subsidized to make them affordable for all clients.

Decision Point One: Shift from Supporting Residential Care to Promoting Family Reintegration

Enabling Factor: Complementary Programming

Sigomere Small Home was able to leverage existing care reform and family strengthening programs, especially CTWWC, to re-think its identity and expand its mandate. In 2022, CTWWC sensitized Sigomere Small Home staff and management on the importance of keeping children with their families and trained them in **case management** and evidence-based approaches for transitioning children with disabilities out of residential care. As staff became comfortable with the case management approach, including family tracing, assessment and case planning, they felt more confident that the children would be well cared for in family care. They therefore increased their support for family reintegration.

Enabling Factor: Visionary Leadership

The Sigomere Small Home Administrator is a strong leader with a passion for child and disability rights. She is also a member of the Siaya Disability Network. After engagement with CTWWC, the Administrator consulted with the Sigomere Board, the Archdiocese of Kisumu and her congregation to advocate for transitioning Sigomere out of residential care.

Decision Point Two: Shift from a Residential Care Facility (Sigomere Small Home) to a Community-Based Disability Service Provider (Kar Geno)



Ruko (pictured above) is an Occupational Therapist for the County Government of Siaya, Kenya. His role at Kar Geno is to assist children with disabilities center through rehabilitation. This includes play activities to enable them to acquire the milestones they have not acquired. Photo by Felix Boyd for Catholic Relief Services.

Enabling Factor: Flexible Financial Resources

Sigomere Small Home expanded in response to needs in the community, rather than because of pre-planned project activities and performance metrics. The center's shift to becoming a community-based disability provider was less of an abrupt identity pivot than a natural evolution of this responsiveness.

The Sisters started providing the interventions of highest priority to children and families, then moved on to confront challenges and seize opportunities as they arose. As gaps were identified, they were addressed. For example, when caregivers struggled to connect to their children, staff trained them in therapeutic play. When assistive devices were unaffordable, staff collaborated with the community to develop low-cost devices made with local materials. As children spent more time with their families, it became evident that nutrition in the home was a gap; therefore, staff created kitchen gardens and collaborated with Special Olympics to train 71 caregivers on nutrition for children with disabilities. Because families struggled to afford assistive devices and medical care, they were organized into savings groups and participated in Child-Optimized Financial Education (COFE) to help them budget for their children's long-term goals and increase their resource base. This responsiveness was possible due to *flexible funding* and an *adaptive management framework*.

Sigomere Small Home's transition to Kar Geno was funded by a series of donors, rather than a single donor via a single project. This allowed the team to continually re-evaluate and reframe their priorities. Sigomere Small Home was able to leverage its successes to secure a \$128,000 CRS Innovation Fund in 2022, at which time it became Kar Geno. They are also developing a tiered pricing structure for drop-in services with an ambition to make medical services affordable for all clients and sustainable long-term.

Enabling Factor: Government and Civil Society Support

Kar Geno benefits from ongoing outreach and capacity strengthening from government and civil society actors. CRS and the *Sub-County Children Officer* trained Kar Geno staff on disability inclusion,

case management, physiotherapy and play therapy. The Siaya County **Ministry of Health** seconds a qualified physiotherapist to offer free physiotherapy services twice weekly. The **Office of the First Lady's Siaya County initiative SMART Start** offers the Kar Geno community a free weekly nutrition outreach service. The **National Council for People with Disabilities** visits Kar Geno to register new members. **Government hospitals** refer patients to Kar Geno for health and physiotherapy services. **Community Health Volunteers** link Kar Geno with families that have children with disabilities and vice versa.

Results

Investments in Kar Geno led to the following:

- Stigma and discrimination have decreased based on anecdotal evidence.
- 99% of boarding school children go home for the school holidays, compared to less than 10% at baseline.
- More children now have access to physiotherapy, thanks to subsidies.
- Thanks to a sharp drop in epileptic episodes, from several times per day to less than once per month, children with epilepsy have regular school attendance.
- Parents and caregivers of children with disabilities continuously provide physiotherapy to the children during the school holidays, which has reduced relapses.

Challenges

Kar Geno is now working to secure a more stable and diversified funding stream. As of October 2024, the center is unable to pay competitive salaries, and most clients cannot afford services and medications without subsidies. This leads to staff turnover and an overreliance on donations. Clients also have trouble traveling to and from Kar Geno on public transport. Now that the drop-in center is operating at full capacity and is receiving referrals from around the country, there is hope that a tier-pricing system will alleviate the funding challenge, allowing Kar Geno to provide clients with transport and subsidized services as needed.

Lessons Learned

Successful transitions for children require a dual approach: addressing stigma, building political will, and mobilizing community support to create an enabling environment, while simultaneously strengthening families and delivering child-focused services. Aligning broader cultural and political efforts with direct support to children and families ensures sustainable impact and meaningful change.

Evolution of Care Provided by Kar Geno

Pre-Intervention (Sigomere Small Home)		Intervention Phase One (CTWWC Initiative)	Intervention Phase Two (CRS Innovation Fund–Kar Geno)
Category of Care	Service	Service	Service
Accommodation (housing/shelter)	Residential care for children with disabilities	Household survey to identify children with disabilities	Drop-in center
			Facilitation of child home visits
			Family reintegration
			Disability-friendly infrastructure and facilities
Health care	Referral to medical care for corrective surgery		Locally made assistive devices
	Information sharing regarding low-cost medical services and donor-supported care		Physiotherapy for children with disabilities
	Basic disability health services		Advanced disability health services
			Medical assessments
		Epilepsy services by a visiting doctor once per month	
Education	Accompaniment to an accessible school		Additional accessibility upgrades and reasonable accommodation at a school.
Economic resilience	Vocational training for care-leavers		Savings and Internal Lending Communities (SILC) for caregivers to increase their savings and provide them with access to affordable small loans
			Training for caregivers in Child-Optimized Financial Education to encourage and facilitate saving and budgeting for children’s needs
			Kitchen gardens, income generating activities start-up kits, conditional cash transfer key to cushion highly vulnerable families and purchase of low-cost assistive devices.
Parenting			Family tracing
			Disability-Inclusive Positive Parenting training/course for caregivers using a training-of-trainers model to expand access to course
			Coaching for caregivers on therapeutic play
			Training for caregivers on how to make and use safe toys using locally available materials
			Facilitation of caregiver visits and bonding sessions
Psychosocial support	Spiritual guidance		Counseling for caregivers
			Caregiver support groups
Enabling environment		Disability awareness is increasing to counter stigma and discrimination in the community and amongst service providers	Education on disability rights