

CASE STUDY



Demonstrating a system strengthening approach

to care reform in Kisumu County Kenya

Introduction

In 2014, the Government of Kenya developed comprehensive [guidelines on the alternative family care of children](#). The guidance reflects the global Guidelines for the alternative care of children, welcomed by the United Nations in 2009.¹ This guidance outlines a continuum of care whereby maximum efforts are made to keep children within their own families, and where this is not possible, place them in family-based alternative care.

In 2018, the Government of Kenya decided to pilot the implementation of key components of this guidance at the county level. Starting with three counties, it worked with UNICEF, Changing the Way We Care (CTWWC) and local civil society organisations (CSOs) to demonstrate that care reform is possible, and generate lessons that could be used to shape national policies and strategies. The demonstration counties model has now been expanded to 11 counties. It uses a system strengthening approach which seeks to build all aspects of the care system to ensure sustainable change.

The care system can be defined as: the legal and policy framework, structures and resources that determine and deliver alternative care, prevent family separation and support families to care for children well.

Kisumu County in western Kenya was the first demonstration county, chosen because of large numbers of charitable children’s institutions (CCIs – residential care providers), its mixture of rural, peri-urban, and urban communities, and the presence of local CSOs and media ready to engage in care reform. When the care reform process began in Kisumu in 2018, there were over 1,800 children in residential care; this number has now fallen to around 600 children in 2023.

For the remainder of this case study, we explore the systems strengthening approach to implementing care reform in Kisumu County. The case study is based on interviews with government, Changing the Way We Care, local CSO and CCI staff. One interview was also carried out with a child reintegrated from residential care back to their family to illustrate the impacts of care reform.

The acronyms used in this case study are listed below.

CCI	Charitable Children's Institution The term used for residential care in Kenya
CPIMS	Child Protection Information Management System
CSO	Civil Society Organisation
CTWWC	Changing the Way We Care CTWWC

Collecting evidence to support care reform

The care reform process in Kisumu County began by bringing together stakeholders from government and CSOs. These agencies agreed to begin by carrying out a situation analysis on children in residential care. The situation analysis explored several aspects of care in Kisumu County, including the push and pull factors that lead to placement in institutional care.

The results of the situation analysis can be seen [here](#). These findings have been used to inform programming and interventions and acted as a baseline against which to assess progress. The methods developed for the situation analysis in Kisumu County were documented in a [toolkit](#) which is now being used in other counties in Kenya.

A key lesson learnt from the process of carrying out this situation analysis is the need to explore unregistered as well as registered facilities. Alongside this general situation analysis, Changing the Way We Care also collected information specifically on children with disabilities in residential care, which can be found [here](#).

A focus on collecting evidence has continued throughout the care reform process in Kisumu County. The impacts of care reform on children and families have been carefully monitored (see for example [here](#)). Efforts have also been made to document and share promising practice.

This process of learning has been greatly assisted by the introduction of a Child Protection Information Management System (CPIMS), an electronic system for collecting data generated by government social workers (known as Children's Officers) and CCIs. The government collaborated with UNICEF, Changing the Way We Care and other partners to develop a set of alternative care indicators for the CPIMS, drawing on learning from Kisumu County. This new component of the CPIMS is now being rolled out across the country. It allows the collection of real-time information on factors such as the number of children outside of parental care receiving case management support.

“It is key that before you move into a house, you know what is in that house, so we did what we call [a] SitAn, to give us an insight on where we were going; all these were done simply because we needed to have a better way of doing care reform.”

Humphrey Wandeo,

Directorate of Children's Services, Government of Kenya

Changing attitudes towards residential care and disability

A key early step in the care reform process in Kisumu County was changing attitudes towards residential care. Many stakeholders, including families, communities, social workers, CCI staff, magistrates, and government officials, did not recognise the harm caused by family separation and placement of children into residential care. There was also a need to challenge stigma and discrimination against children with disabilities, which affects services provision and can lead to entry into residential care.

Efforts to change norms around children's care have included:

- Training and awareness raising sessions in the CCIs and with key government staff,
- Working with community leaders such as chiefs and village elders, and with religious leaders, and
- Sharing the lived experiences of care leavers.

“I have seen change and informal reflection after care leavers talk about their experience [of] what they got in residential care and what they did not get and how that has impacted their life for a long time as a person. I learned a lot from that: it made me convinced that family-based care is the best option.”

Catherine Kimotho,

Child Protection Specialist, UNICEF

Policies, legislation, and guidance on children's care

The care reform process in Kisumu County has helped to generate and shape a number of national policies. Experiences in Kisumu influenced Kenya's 2022 [National Care Reform Strategy](#), and have also contributed to the

Child Act 2022, which includes a strong focus on family-based care. Practical lessons learnt in Kisumu and other demonstration counties led to the development of standard operating procedures on children's care, [case management guidance for children's reintegration](#), and guidance on kafalaah, communicating with children in CCIs, and the transformation of residential care facilities. This guidance is seen as key for ensuring appropriate, standardised case management intervention with children and families.

Strengthening the social workforce to support care reform

The social workforce in Kisumu consists of social workers working for government, CSOs and CCIs, and government community volunteers, known as Child Protection Volunteers. Government Children's Officers often have large caseloads that prevent them visiting families regularly. Child Protection Volunteers have played a vital role in monitoring vulnerable families, including households with children who have recently returned from residential care. They are able to flag any concerns with children's officers so that action can be taken.

When care reform began in Kisumu County, social workers often lacked an understanding of the value of family-based care and had only limited experience of working directly with families. Many social workers had not been trained in case management, and expertise in supporting families and children with disabilities was also lacking. Multiple efforts were made to build the capacity of these social workers, through training and accompaniment (see [here](#) for an example of the training offered). Social workers report the value of this capacity building, and of having clear case management procedures which back up this learning.

“*The reintegration process – the lessons I have learned is also that it is not as complex as one might think it is. As long as you lay your foundation well, as long as you do your case management well, then you are bound to succeed: cases of relapse won't be there.*”

Manasseh Ouko,

Cherry Brierley Children's Home

Experience in Kisumu suggests that for care reform to be sustainable, it should centre on building the capacity of the government workforce.

“*We are bringing in civil society organisations but ultimately, the long term, sustainable way is for the government to fund the trainings and all the support needed by the social service workforce. After all, this is the engine of child protection and interventions in the prevention and response services.*”

Catherine Kimotho

Child Protection Specialist, UNICEF

Improving gatekeeping and decision-making on children's care

Gatekeeping involves a systematic procedure to ensure that children are only placed into alternative care if it is necessary and in their best interests. Gatekeeping is also used to make sure any child separated from parents is in the most appropriate form of care, and to identify support needs for children and families.

In Kisumu County, training was carried out with a range of different actors involved in decisions on children's care to ensure that they understood the importance of and actively promoted family-based care. This included magistrates, government social workers, chiefs and the staff and managers of CCIs. Learning from Kisumu then informed the development of national gatekeeping guidance.²

Staff from Cherry Brierley Children's Home, one of the CCIs in Kisumu, report having far more stringent gatekeeping procedures in place since they engaged with the care reform process. They now only accept children into residential care if they are sent to them by the courts as part of child protection proceedings, and if all other options for the child to be cared for in a family have been exhausted. Cherry Brierley currently only have one child in their care, and try to ensure that any children in overnight care are returned to family-based care as quickly as possible.

Service delivery

Several services were developed in Kisumu County to prevent family separation,

Transforming CCIs

Direct work has been carried out with CCIs to encourage them to reintegrate children, adapt gatekeeping procedures and transform service provision to focus on support to children and families in the community.

Staff from the Cherry Brierley Children's Home spoke of their initial fear that the reintegration of children would lead to the home's closure. However, they quickly realised that there was much to do to support children and families in the community. They now provide lunch to over 100 primary school children, engage families in economic strengthening activities, and support reintegration case management. CTWWC have documented learning from efforts to transform CCIs for use elsewhere in Kenya and globally (see [here](#) for example)

“*The other challenge was [the] initial challenges experienced with the CCI leadership, because remember you are saying, you want to take children back, to their families or to their community-based care, and this is the core work that they do and have been doing for years. ... So, it was also a period where we had to carefully go in, raise awareness, and be able to make them see how transitioning to family-based care would still achieve their end goal.*”

Beatrice Ogutu,

Investing in Children and their Societies

Family strengthening activities

These activities were designed to prevent separation, support the reintegration of children from residential care back to their families, and enhance foster care. Family strengthening included CSO-run household economic strengthening, linking families to government cash transfers and the National Health Insurance Fund, and a parenting programme. The Families Together parenting programme was specifically designed by Investing in Children and their Societies for the parents and carers of children reintegrating from residential care. It is a 10–14 week programme that aims to strengthen bonds between carer and child, boost carer wellbeing, enhance financial planning, and help carers support children who have experienced abuse, neglect or exploitation (further details can be found [here](#)). Key lessons learnt in relation to family strengthening are summarised in Box 1 and in learning resources developed by CTWWC which can be found [here](#) and [here](#).

Box 1: lessons learnt on family strengthening from care reform in Kisumu County

- Families that are properly supported can thrive, and children can be successfully reintegrated from residential care, even if their needs are complex.
- Priority should be given to preventing separation.
- A strengths-based approach should be encouraged which identifies and builds on the strengths within families.
- For change to be sustainable, families must be encouraged to reduce reliance on the government or CSOs in the long term.
- Strengthening families requires interventions in multiple areas, including material support, relationship building between parents to avoid separation and divorce, parenting/caregiving supports, and mental health support.
- In some cases, children in residential care have been abused in their family. This abuse must be addressed before they can return.
- The extended family play a vital role, both in terms of supporting parents to care for their children, and stepping in when parents die or can no longer look after their children. Specific efforts should be made to address the needs of kinship care and enhance the role of extended family support networks.

“*Giving a family some little support to actually boost what the family is undertaking, to support the other children in the family, we realised that would actually be much better. Even when we as Cherry Brierley Children's Home will not be there, their life will have to continue, with or without us, so we looked at sustainability much more.*”

Manasseh Ouko,

Cherry Brierley Children's Home

Case management to support reintegration

This was done jointly with social workers from the CCIs and local CSOs, including Investing in Children and their Societies, with the oversight and support of the Directorate for Children’s Services. Social workers explored children’s readiness for reintegration, and the willingness of parents and other family members to have the child back. They assessed the child and family and developed and regularly updated care plans to meet their individual needs. Social workers prepared both children and families for reintegration, providing or linking them to other services to address factors that led to the original separation. This included ensuring that the child could be enrolled and supported in school. Once the child had returned to the family, they were monitored regularly, and on-going support was offered to the child and family where needed.

Henry’s story in the Box 2 below illustrates the reintegration process from the perspective of a child.

“Equipped with the training skills that we were given, we were able to walk them through the journey and, finally, we started reintegrating back our children bit by bit based on the case management, or based on each case as it was. So far, we have managed to reintegrate all our children.”

Manasseh Ouko,
Cherry Brierley Children’s Home

Box 2: Henry’s story³

Henry entered residential care when he was seven years old. Henry’s mother was a single parent struggling to bring up five children and she felt that this would be his best opportunity to gain an education.

“At home, I must say that I didn’t receive enough support when it came to education. However, regarding necessities like food and clothing, my mother worked tirelessly to provide for us. But there were times when she couldn’t find enough food, and she would explain the situation to us, and we understood. Despite the challenges, my mother did her best to ensure we had food, although it was difficult for her. The major problem was paying for our school fees since she didn’t have enough money to cover all three of us.”

Although Henry was well treated in the CCI, and enjoyed school and being with his friends, he missed the love and care provided by his mother.

“You know, when you’re with your mother, she is the only person who truly understands you and knows your needs better than anyone else. My mother took excellent care of me, supported my education, and showed me love. ... In the orphanage, things were generally okay, but since we were a large group, they treated us as one big family. The individual love and care I received from my mother were absent, and everything became different.”

During the COVID-19 pandemic, a government directive led to most of the children in Henry’s CCI being sent home. Rather than returning to his mother, a decision was made to send Henry to James, a friend of the family who came from the same village. James had long supported Henry and had been instrumental in finding him a place in the CCI so that he could continue with his schooling.

It was felt that James and his wife could offer Henry a good home that would allow him to carry on with his studies.

“In 2020, when the coronavirus outbreak occurred, the government restricted large gatherings due to the pandemic. Consequently, we were instructed to leave the orphanage so that arrangements could be made to support us at home. Luckily, and I consider myself very fortunate, I already knew this family, so transitioning from the orphanage to here was quite easy since ‘babu’ [James] was the one who took me there to seek help.”

Although initially Henry missed his friends from the CCI and struggled to adjust to life in the community, over time he has grown to enjoy his new life.

“I had friends, and we studied together. When I came here, I missed them. Fortunately, I found companionship among my older siblings who guided and supported me in my studies. So, things improved.... I appreciate the freedom I have. In this home, we are one family, just like at [the CCI]. However, living here is even better because everyone can freely express themselves. We live in love, without conflicts, and in a peaceful environment.”

Henry is now 13 years old. He is doing well at school, coming seventh out of a year group of 300 children. He is able to carry on with his education with support from the CCI and Investing in Children and their Societies.

“Personally, I wouldn’t want to go back to the orphanage. Returning there would bring significant changes because I am still receiving support here. ... I would prefer to remain here because this is a much better place, and I genuinely enjoy living here. Life is good.”

Kinship and Kafalaah

In many instances, grandparents and other family members look after children who have left residential care. Care by the extended family or friends of family is known as kinship care. Kafalaah is a form of care used in Islamic contexts. In Kenya, it often involves relatives caring for children with the endorsement and support of religious leaders. Efforts have been made to integrate these kinship carers and carers in kafalaah arrangements into broader family strengthening programmes. Work has been carried out with religious leaders and groups to offer more support to kafalaah, and learning from Kisumu County has fed into the development of the [National framework for the implementation of kafaalah](#). (see [here](#) for further details of work to support kafalaah in Kenya).

Foster care

Foster care involves care by someone unknown to the child which is sanctioned and supported by social workers and/or the courts. Although there was some initial cultural resistance to foster care, CSO staff working in Kisumu County report that attitudes are changing and there is an increase in prospective foster carers willing to take children in.

Support to care leavers

Young people leaving residential care have been given a life skills training package to build the skills they need to live independently in the community.

“*These children need regular training on life skills so that they remove that cloth they were putting on, of the children’s home, so that they can be outside there, fully, like any other child who has never been into a children’s home.*”

Pamela Akoth Madhira,

Social worker, Cherry Brierley Children’s Home

One of the most substantial challenges in the care reform process in Kisumu County has been reintegrating children with disabilities from residential care. Unlike care reform in other contexts, which leaves the reintegration of children with disabilities until last, a decision was made to integrate children with disabilities into care reform processes from the start.

Children with disabilities are incorporated into all aspects of the programme. Their particular needs are reflected in case management processes and specific family strengthening services are offered to families caring for children with disabilities. CCIs that care for children with disabilities have also been targeted by the programme. Learning from Kisumu County has fed into various resources on disability inclusive care reform which can be found [here](#), [here](#), [here](#) and [here](#).

“*Disability inclusion is a very important aspect of the work that we do in care reform, because many times, disability has been a factor that has led to the institutionalisation of children. So we demystify the whole aspect of disability, encourage and inspire parents to live together with their children with different forms of disability, and enable them to access the assessments that they need and the services that they need so that they can be adequately supported to take care of their children.*”

Beatrice Ogutu,

Investing in Children and their Societies

The reintegration of children with HIV has also been difficult as families are reluctant to care for these children. Efforts are under way to identify the kinds of services and support that could ease this reintegration. The COVID-19 pandemic had a major impact on care reform processes in Kisumu County, and across the whole of Kenya. In March 2020, the Government of Kenya issued a directive that all congregate care settings, including CCIs, must release children with known families as part of the strategies to mitigate the spread of COVID-19. This directive led to the rapid expansion of reintegration processes. Government then had to work hard with CSO partners to ensure that this reintegration was safe.

Partnership and coordination in care reform

The care reform process in Kisumu County has required inputs from a number of different government departments, and from the CCIs, UNICEF, Changing the Way We Care, and Investing in Children and their Societies and other local

CSOs. Experiences in Kisumu show how sustainable, scaled reform must have government at the centre of partnerships. CCIs are also a vital part of partnerships. CCIs which are resistant to change can derail the process, and conversely, supportive CCIs bring many assets and strengths to care reform.

Successful partnership in Kisumu has rested on the following.

- Bringing stakeholders in from the start, and spending time shifting attitudes towards support for family-based care
- Communicating each step of the process carefully to avoid misunderstanding, particularly with the managers and staff in CCIs, who may be fearful for both their jobs and the wellbeing of the children in their care.
- Allowing time for partnership to be formed and flourish again, especially with CCIs who may be initially resistant to reform.
- Ensuring that one government agency (in this case the Directorate for Children's Services) spearheads and coordinates care reform processes.
- Having government-led coordination structures operating at the county and sub-county levels.
- Involving community and religious leaders and local CSOs as partners, as they play a key role in care reform.
- Ensuring joint planning between partners to coordinate activities, and regular opportunities to reflect on progress and lessons learnt together.

“*But then with the COVID-19 pandemic, children had to go home abruptly, and now we had very large numbers of children to handle. So at that point the fruits of partnership came into play.*”

Maureen Obuya,
Changing the Way We Care

“*We wanted a buy-in, we needed a buy-in from all the players because we realised that care reform cannot be driven only by a single agency, the Directorate of Children's Services. We had to bring everybody else in the programme to do their bit, to do their role as prescribed for them. ... I want to say that care reform requires a lot of patience, care reform cannot be rushed – that is my experience. It requires a lot of dedication of all players, patiently working together, to reintegrate children.*”

Humphrey Wandeo

Directorate of Children's Services, Government of Kenya

Financing care reform

Experiences in Kisumu County suggest that is vital to estimate the costs of care reform, considering all the components of system strengthening outlined above. Efforts can then be made to campaign for greater resources to be allocated to care reform to fill any gaps in financing. Funding can come from a range of sources, including public financing from government, international donors, and the private donations given to CCIs. The strong commitment to care reform expressed in the new Child Act is seen to be vital for attracting more donor funds.

“*We also need the multi sector involvement – not only the government but also the civil society. ... But above all, we also must involve the treasury because it's a national treasury that gives the government resource.*”

Carren Ogoti,

Directorate of Children's Services, Government of Kenya

Conclusions

The care reform process in Kisumu County has generated two key lessons. First, a system strengthening approach which places government at the centre is vital. This means:

- collecting evidence,
- developing government policies, legislation and guidance,
- working to change attitudes that support residential care or discriminate against those with disabilities,
- strengthening the professional and volunteer social workforce, with a strong focus on government social workers,
- improving gatekeeping and decision-making on care,
- enhancing service delivery around family strengthening, reintegration, family-based alternative care, support to care leavers, and the transformation of CCIs,
- developing government-led partnerships and coordination mechanisms, and
- ensuring that care reform is appropriately financed, with public sector financing and private donations focusing on support to families.

The care system must recognise the vital role played by communities and local CSOs. It should be inclusive, with a strong focus on disability from the start of reforms and in every component of the system.

Second, a demonstration county model is highly valuable. It allows experimentation and the generation of evidence around what works in care reform. This enables learning generated in one part of the country to inform policies, guidance, and programmes in the country as a whole.

“There’s a lot that we’ve learned from Kisumu County, which is now informing us... we realised that when we started with Kisumu County, there’s a lot that we did not take into account. And that has helped us a lot as we go to the next demonstration counties: we improve or we correct whatever we have not done well.”

Carren Ogoti,

Directorate of Children’s Services, Government of Kenya

Endnotes

1. UN General Assembly (2010) Guidelines for the alternative care of children, GA Res 142, UNGAOR, Sixty-Fourth Session, Supplement No. 49, Vol.1 (A/64/49 (2010)) New York: United Nations.
2. This document is pending due to changes introduced as a result of the Child Act 2022
3. All names have been changed to protect identities.

Acknowledgements

This document has been produced as part of the regional learning platform on care in Eastern and Southern Africa. The platform and its corresponding documentation were planned and conceptualised by UNICEF Eastern and Southern African Regional Office (ESARO) and Changing the Way We CareSM (CTWWC). CTWWC is funded by USAID, the GHR Foundation and MacArthur Foundation. The platform provides an opportunity for government, UNICEF and others involved in care reform in the region to share learning on care reform.

This case study was written by Emily Delap of Child Frontiers with the support of Ken Ondoro and Bertha Lutome. Changing the Way We Care played a key role in supporting the development of the case study. This was made possible with funding from USAID’s Displaced Children and Orphans Funds.