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Deinstitutionalization of Children in Kenya

EXPLORING TENSIONS IN THE POLICY SHIFT FROM DEPENDENCE
ON INSTITUTIONAL CARE TO FAMILY-BASED CARE

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Disclaimer:

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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List of Acronyms

AAC	Area Advisory Committee
AFC	Alternative Family Care
CBO	Community Based Organization
CCI	Charitable Children's Institution
CT-OVC	Cash Transfer for Orphan and Vulnerable Children
DCS	Department of Children's Service
DI	Deinstitutionalization
FBO	Faith-Based Organization
GoK	Government of Kenya
GoR	Government of Rwanda
ISS	International Institute of Social Studies
JICA	Japan International Corporation Agency
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
SIL	Supported Independent Living
UN	United Nations
UNCRC	United Nations Committee on the Rights of the Child
UNICEF	United Nations International Children's Emergency Fund
VCO	Volunteer Children's Officer

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Abstract

This study examines the policy shift from institutional care to family-based care, known as the **‘De-Institutionalization (DI) of children’**, in the child protection system in Kenya. An aim of the study is to elucidate how practitioners perceive DI and the Guidelines for the Alternative Family Care of Children in Kenya. A departure point of the research starts with my intervention with a boy who was integrated from a Charitable Children’s Institution (CCI) with his great-grandmother. There is literature abound on the negative impact of institutional care on children, but a discussion on improving DI progress has not been argued. While Kenya is at a critical juncture in its history of childcare, many locals are not even aware of DI. In order to achieve success in the implementation of DI, a discussion on social rupture and resilience theory is needed. While applying the system abuse perspective and drawing upon qualitative interviews with practitioners of DI pilot projects, this paper explores the challenges of improper allocation of foreign aid, limited social workforce, and lack of social support for children with special needs. This research is based mainly on primary data, which was acquired during fieldwork from July to August 2018, and my work experience in a children’s office from 2014 to 2016 in Kenya.

Relevance to Development Studies

This study is of relevance to Development Studies and Child and Youth Studies in particular as it explores within a broader context the conceptualisation of child care and child protection with the relevant social policy and law in Kenya. The argument of institutional care of children has already prevailed in academic discourse and practical implementation globally. However, there is little research regarding local understandings of deinstitutionalization and Alternative Family Care, in particular, the challenges of deinstitutionalization of children between policy and practice in Kenya. This paper contributes to the discussion on deinstitutionalization of children and the gap that exists in the policies, perspectives and practices of stakeholders in the child protection system.

Keywords

Deinstitutionalization of children, child protection, alternative care, Kenya

Glossary

Care leaver: “A young person, typically over 18 years old who is leaving or has left a Charitable Children’s Institution (CCI) (Government of Kenya and UNICEF 2014:13)”

Child: The UN Convention on the Rights of the Child (UNCRC) defines “a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier (United Nations 1989: art1)”

Children without parental care: is defined as “All children not living with at least one of their parents, for whatever reason and under whatever circumstances (UN General Assembly 2010:art29(a))”, not only children are living in institutions or orphans.

Foster care: “situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved and supervised for providing such care (UN General Assembly 2010:art29(c)(ii))”

Kinship care: “family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature (UN General Assembly 2010: art29(c)(i))”

Reintegration: Does not mean the only institution to home. “The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life (Delap and Wedge 2016:1).”

Supported Independent Living (SIL): “refers to arrangements in which a young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent (Government of Kenya and UNICEF 2014:97)”.

Chapter 1

Reflexivity: What is the best care for Joseph

Joseph who Integrated with His Great-grandmother from CCI

I met Joseph (alias), a boy of around five years in 2014. Joseph had come to the government children's office accompanied by a police officer. I had worked at the children's office in Nyeri County in Kenya from 2014 to 2016 as a volunteer. The boy had been found at a bus station at around 9 pm the previous day, and he only shared his name, Joseph. We, therefore, took him to one of the Charitable Children's Institutions (CCIs) in Nyeri County. CCI is a facility providing over-night childcare. After one month, he finally disclosed the name of his school. However, the name of the school and its location was not known to us. After seven months, in September 2015, we eventually found his former school.

A colleague, who is a Volunteer Children's Officer (VCO), and I made the three hour journey by bus and visited Joseph's grandfather. We found out that Joseph lived with his grandfather and other children who had lost their parents. He informed us that Joseph's mother lived in another county with his five siblings. It was reported that Joseph's father had abandoned him with his grandfather. I asked the grandfather to accept Joseph again, but he whispered apologetically 'I am not able to live with him.' Immediately, my colleague criticised his lack of responsibility in taking care of the family. The grandfather looked visibly embarrassed, explained that the capacity of the household was overwhelmed because he and his wife took care of three other orphans.

On another day, we visited Joseph's great-grandmother, aged 77. She lived on a farm in a small wooden house without running water, electricity and gas with her two grandchildren whose parents had died. After nine months of placement in the CCI, Joseph was integrated with his great-grandmother. Joseph did not remember his great-grandmother, but his great-grandmother was glad to meet him again and welcomed him to live in her home.

I revisited the family in July 2018 and found that their circumstances had changed. One of the children had left home after graduating from secondary school and another child, who is Joseph's half-sister, was taken away by their mother. Joseph was now in third grade in primary school. I visited his school and met a head teacher who reported that Joseph was performing poorly in school and was always unkempt. As the head teacher (2018)¹ noted, "He is not well-disciplined because his great-grandmother is quite old and not able to paddle him". I have for long mulled over whether the integration of Joseph into his great-grandmother's household was the best alternative care. If he had lived in the CCI, he would have a completely different life in the same town. He seems to miss living in the CCI and told his great-grandmother of his experience and his friends there. If we spent more time with family group discussion, he would feel more comfortable in current life or might live with his grandfather again. Also, we failed to reach his parents, so Joseph has not seen them for a long time.

This reflection and my interaction with Joseph is the motivation behind this research on alternative care for children. My regret and reflection have never ended. I had followed family care because this was promoted in the training 'Alternative Family Care' which was provided by the

¹ (A head teacher in Nyeri County, personal communication, 19 July 2018)

Government of Kenya (GoK) in 2015. The Department of Children's Services (DCS)² issued Guidelines for the Alternative Family Care (AFC) of Children in Kenya in 2014. The guidelines promoted family-based care when parents were unable to take care of their children and aimed to minimise institutional care in Kenya. However, Joseph's story shows the complexity of deinstitutionalization of children and childcare in Kenya, demonstrating that this process of integration is affected by the lived experiences of individual families as they negotiate local and contextual factors including changing extended family structures, social norms of child care and deficiency of social workforce and services by the government. Joseph's story makes us reflect on factors that affect the successful transition from institutional care to family-based care in Kenya. The experience with Joseph and his family drove me to research the gap between policy and practice in the deinstitutionalization of children in Kenya.

The transition from institutional care to family-based care is called '**De-Institutionalization (DI) of children**'. The DI leading NGO, Hope and Homes for Children (HHC) defines DI as "the process of eradicating institutional care through the development of prevention and family support services and family-based alternative care (Hope and Homes for Children 2016:1)". The process includes building a conducive environment for DI with the aim of preventing family separation, encouraging family strengthening and promoting alternative family care, kinship care, adoption, foster care, and guardianship. The voices of different stakeholders pertaining to DI are also an important issue for consideration in this research. I, therefore, explore the situation and perceptions of DI and its implementation among stakeholders involved in child protection in Kenya.

I found that stakeholders working with DI have different understandings of and goals for DI at the time when the pilot project of alternative family care has launched on June 2018. This dissonance, especially in what constitutes DI further complicates issues, with the risk being that stakeholder's working for DI may be aiming at different targets. Among stakeholders aiming for DI, there is an argument about whether CCIs should be the last resort or eliminated altogether. Additionally, some stakeholders reported challenges of improper allocation of resources, social workforce, social norms in the cultural context and a lack of social structure. Although the national strategy for AFC will be formulated after the completion of the pilot projects, more discussions and a national survey of CCI's and alternative care are urgently needed to reform the future child protection system with the respect of best interest of the child.

International Movement to Family-Based Care

The child protection system is at a turning point globally. There is a shift from dependence on institutions, or the so-called orphanages, children's homes, and Charitable Children Institutions (CCI) to family-based care. Studies have found that institutional care presents a serious violation of children's rights (Phiri and Tolfree 2007:13) and causes several negative impacts. These include physical, mental and intellectual and developmental damage (Williamson and Greenberg 2010, Csáky 2009:5). Institutional care ignores the social, emotional, cognitive, and developmental needs of children and youth (Bunkers et al. 2014:3). Others negative impacts include malnutrition (Mwaniki and Makokha 2014), low IQ (IJzendoorn et al. 2008), abuse, neglect, lack of attachment (Bunkers et al. 2014, The St. Petersburg—USA Orphanage Research Team 2008:16), lack of interaction and stimulation (Boothby et al. 2012:15, Williamson and Greenberg 2010:5), low social

² DCS is the governmental department that coordinates and supervises child protection services for children and their families under the Ministry of Labour and East African Affairs (Government of Kenya et al. 2015:19)

skills (Ucembe 2013), and disconnection and isolation with family and community (Williamson and Greenberg 2010:5, Bunkers et al. 2014:16). Moreover, as Licursi et al. (2013:337) point out the disadvantage of long placement lasts an entire lifetime in children. After leaving CCIs, care leavers are still recognised as orphans and struggle in building new relationships (Ucembe 2013:12). Relatedly, they face difficulties in fitting into the community and family life due to prolonged separation (Macleod 2001:10).

Gradually, the focus has been placed on large residential care where children were once thought to be 'protected'. Communities in western counties who support CCIs were disheartened to discover that many children in CCIs were being sexually and physically abused (Cashmore 1997:36). In fact, prior to participating in the AFC training in Kenya in 2015, I used to believe that supporting CCI through financial and material donations and volunteer work improved children's well-being. The United Nations Committee on the Rights of the Child (UNCRC) brought the issues of unnecessary placement and condition of care to the board. This resulted in the development of the UN Guidelines for the Alternative Care for Children (hereafter called UN Guidelines) which focuses on child care (Cantwell et al. 2012:3).

The UN Guidelines acknowledge that to fulfil the demands of children, institutional care and family-based care should complement one another. However, alternatives should be developed in the context of the overall evolutionary strategy with precise goals and objectives, such that progressive exclusion becomes possible and eliminates large residential care facilities (UN General Assembly 2010: art 23). Yet, the UN Guidelines concede the fact that institutional care makes up for the lack of family-based care. However, as many studies have demonstrated, large-scale institutional care adversely affects the development of children, and denounces large-scale facilities calling for them to be done away with. Thus, the enforcement of the UN Guidelines creates a shift towards DI. This means that focus shifted away from a child protection system, which depends on institutional care, to a family based or community-based approach, which focuses on strengthening the capacity of families and family preservation. It should be understood that while the family is the primary source of care and support for children, the state, on the other hand, is the final guarantor of the rights of protection for children. The state, therefore, has a fundamental role to play in protecting the rights of children and ensuring appropriate alternative care.

Critical Juncture - Deinstitutionalization of Children in Kenya

To respond to the increasing numbers of Orphan and Vulnerable Children (OVC), in the 2000s, new policies for child protection were initiated. These, among others, were Free Primary Education in 2003, Cash Transfer for Orphan and Vulnerable Children (CT-OVC) in 2004 and the toll-free child help calls in 2006 (Tostensen et al. 2014:76). CT-OVC, which targets households living with orphans or vulnerable children, has over the years expanded the number of beneficiaries and is seen as a key social assistance for children and families.

As globally child protection moves towards DI, the GoK issued several regulations and guidelines regarding CCI. The Charitable Children's Institutions regulation of 2005 describes the following requirements, quality of service, staff, reporting and an individual care plan. Subsequently, two guidelines for CCI were issued in collaboration with UNICEF; the Training Manual for Charitable Children's Institutions in Kenya and the National Standards for Best Practice Manual for CCIs in 2013. These regulations are designed to improve the quality of care in CCIs. Thereafter, the Guidelines for the Alternative Family Care of Children in Kenya (hereafter called Guidelines for AFC) was issued in October 2014. The former two guidelines, for promoting the improvement of the quality of institutional care, and the later, guidelines enhancing alternative

family care, were published almost at the same time. However, rather than highlighting the former, these guidelines focused on how to reduce dependence on institutional care by giving priority to family support. The new registration of CCIs was banned, and all adoptions were closed to foreigners in November 2014. This was done in opposition to the history of commodifying children in the adoption industry. A study by Cheney (2014) found that legally registered inter-country adoption agencies seek more 'lucrative orphans' or 'adaptable orphans' in CCIs, and in exchange, the CCIs accept donations from these agencies.

In June 2018 the GoK has initiated the piloting implementation of the Guidelines of AFC in Kisumu County located in Western Kenya. While the GoK has provided some training in the Guidelines of AFC, private organizations have been the main players promoting alternative family care and DI in Kenya. In 2016, Alternative Care Alliance was formed as a platform for members consisting of NGOs and FBOs to address issues pertaining to alternative care (Alternative Care Alliance-Kenya 2017).

Thus, a milestone in the history of child protection in Kenya has been reached. My observation is that DI will be in progress for following three years since the concept of 'alternative family care' is still relatively new. Even at the time of writing (November 2018) the situation of DI in Kenya was constantly changing. The nationwide implementation of AFC has not begun, thus, it is difficult to assess the situation particularly because it has not expanded to all counties yet. This means that we are in the middle of a transition in the discussion on DI in Kenya.

Moreover, despite the fact that DI is a policy aimed at strengthening family-based care and targeting for 'a better life', many are not familiar with the demerits of institutionalization because the movement is not based on the voices of children who are in CCIs. CCIs and local authorities that were present at the training in Alternative Family Care, held by DCS in 2015, were not aware of the idea of DI, even though all participants were managers in CCIs and VCOs who work closely with children. Barter (1997:111) points out that the research conducted on the care system has ignored the voices of residential workers, and thus do not recognise issues in CCIs. In addition, the needs of children do not reflect on national development policies due to the limited scope of programs and some child-centre policies remain ambiguous and insensitive to real-life experiences (Nsamenang 1992:164). DI, therefore, is not discussed enough at the practitioner level, especially with CCIs, local chiefs, children's offices in field offices and with care leavers. Although there is a lot of discussion in the literature providing evidence on the negative impact of institutional care, there is less discussion on the approaches and perception of DI in Africa.

Drawing on the case of Joseph, it is clear that ignoring the best interests of the child and lack of awareness and skills for DI by untrained social workers could have negative effects. Kuehr (2015:1) concludes in his research about DI in Rwanda by stating "there is no 'one size fits all' approach to systems of child care as historical and psychosocial dynamics play a crucial role." Thus, stakeholders are required to respond to the needs of each child. Moreover, the contention between institutional care and family-based care should not dichotomize the best care for children. For instance, the DI project in Rwanda seems to demonstrate development progress to the international community while ignoring the needs of the children (Kuehr 2015). It is important to provide the best child care for each child and family in Kenya and lay the groundwork to enable DI. The aim of this research is not to condemn DCS, CCIs nor families who abandoned their children, but rather, to explore gaps and contradictions in the child protection system in Kenya.

Research Questions

With an emphasis on the perspectives of actors engaged in childcare and affected by institutionalization of children, the following question leads this research:

What are the challenges of DI in the GoK's Alternative Family Care programme from the perspective of stakeholders?

Sub-questions

- a) How are families engaged in alternative care?
- b) Who are perceived as alternative care providers in Kenya?
- c) What are local understandings and conceptualisations of DI policy?
- d) How does the Guideline of Alternative Family Care of children in Kenya problematize child care and interpret alternative care?
- e) What kind of difficulties do the organizers of the pilot project face?
- f) What kind of difficulties are expected when expanding the AFC programme?

Fieldwork in Nairobi and Kisumu County

The research is based mainly on primary data, which was acquired in fieldwork from July to August 2018 in Nairobi and Kisumu County in Kenya. This is augmented by my work experience and reflections in my time as a volunteer in the children's office from 2014 to 2016. I also draw on, various secondary data to get a perspective on the current arguments, national policy, and reports by activists regarding DI.

Snowballing Sampling

The interviewees were purposively selected using the snowball method. The approach has the advantage of connecting interviewees who are part of a 'hidden population' (Atkinson and Flint 2001:1) with those who are more socially visible (Faugier and Sargeant 1997:792). The snowballing approach, thus, is a better choice to expand the interview subjects. Initially, I contacted some NGOs and CCIs for the interviews, however, none of them responded. My former co-workers, therefore, helped me to find research participants. I was introduced to the local chief, non-state actors, CCI, NGO and care leavers by a children's officer working at the government headquarters in Nairobi (See Table 1). However, the method has bias, and a margin of error is acknowledged as children's officers were asked to suggest potential participants who they know and who have a perspective on the topic. Also, due to the nature of the snowball sampling technique, the data is not a representative sample.

The first interviewees were children's officers in the DCS located in Nairobi; they then introduced me to the children's officers in Kisumu County and NGOs, which work for AFC and CCIs in Nairobi and Kisumu County. Care leavers were introduced to me by a graduate of ISS who wrote a research paper regarding care leavers in Kenya and was supervised by my supervisor. The criteria I gave was a person who was willing to be interviewed, speaks English or Swahili, is above 18 years old and has previously stayed in a CCI for at least three years. The reason for these criteria was to get perspectives from people who had experience with long placement in CCIs since studies show the negative impacts of a long placement.

Table 1 Research participants

State actor				Non-state actor		
DCS	Child magistrate	Chief	CCI	CCI	Care leavers	NGO
Children's officer n =2 (Nairobi), Children's officers n=4 (Kisumu)	Child magistrate n=1 (Nairobi)	Chief n=1 (Kisumu), Assistant chief n=2 (Kisumu)	Managers (Kisumu) n =1	Managers (Kisumu) n =2, Project co-ordinator n =1 (Nairobi)	Care leavers n=2 (Nairobi)	Director n =1 (Nairobi), NGO staff n =1 (Nairobi)

Sources: Primary data by the researcher (See Appendix 2 for the participant's details)

Semi-structured Interviews and Participant Observation

To understand what local people think about DI and its challenges, semi-structured interviews were used to get the opinions of study participants. In the interviews, I explored their experiences and challenges relating to DI, while reflecting on their social position and circumstances. The semi-structured interviews consisted of two parts - the main questions and open-ended questions (Wethington and McDarby 2016). All participants were asked basic questions and prompted to provide information about their individual experiences. Before asking intense questions about DI, I went over whether participants have ever heard of or studied DI. Since DI is not a common term, this allowed me to first verify participants' understandings of DI. Nevertheless, I am aware that "an interview is never really like a casual, unthreatening conversation in everyday life (Bernard 2017:168)" Although, I explained that the identity of the participants will be kept anonymous, some of the participants were still hesitant to give critical perspectives on DI for fear of being victimised. This was the case, especially for government officials who were afraid of being seen as criticising their government policy on child protection.

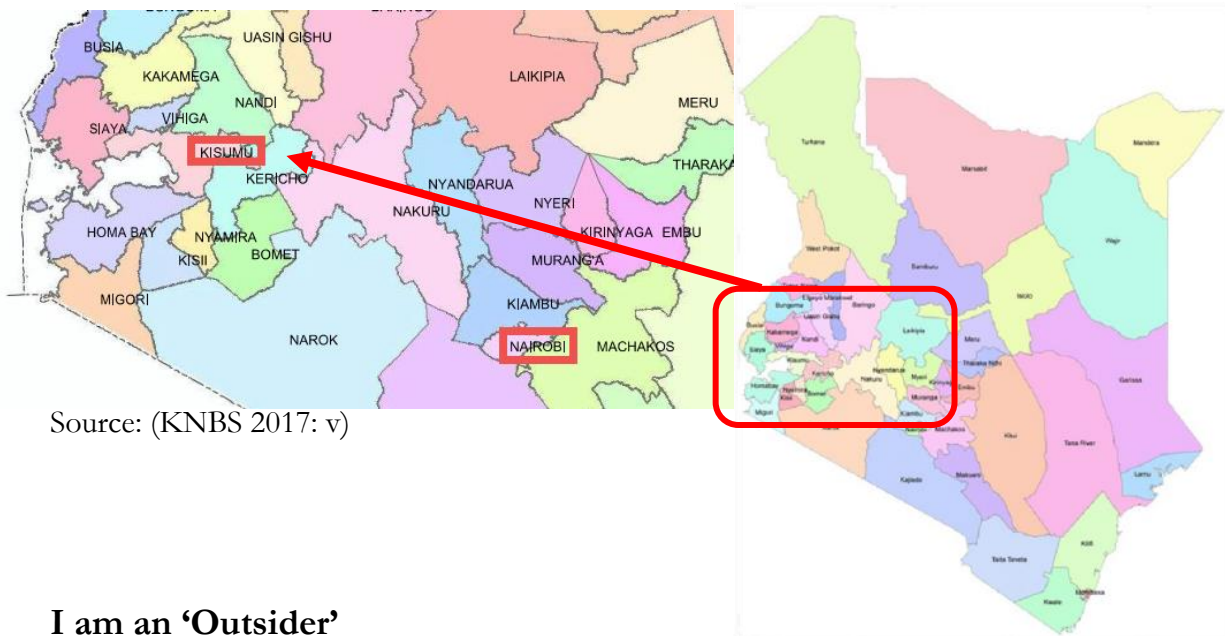
Along with semi-structured interviews conducted in July and August 2018, I also used the participant observation method throughout my research. My prior experience from July 2014 to June 2016 working in the children's office as a volunteer from the Japan International Corporation Agency (JICA), gave me a deep understanding of the child protection system and cultural environment in Kenya. During this period, specifically in 2015 and during the fieldwork in 2018, I joined two Alternative Family Care trainings, one in Nyeri County and the other in Seme Sub-County. During the fieldwork, I also participated in a community meeting in Seme-Sub-County and visited the home of the local chief. Moreover, I participated in the International Child Protection Conference in Africa on 8 to 9th August 2018 at the Daystar University, Nairobi Campus. The conference aimed to provide a platform for mobilizing and consolidating the community of practice on child protection (ICP Conference. 2018).

Research Location

The research was conducted in Nairobi and Kisumu County. The interviews with DCS, NGOs, care leavers and the child magistrate were carried out in Nairobi. I also interviewed DCS, the managers of CCIs and chiefs in Kisumu County. Kisumu is the place where the pilot project of the Guidelines of AFC was launched in June 2018. The county is located in the western region of Kenya close to the border with Uganda. Regarding population, Kisumu is the third largest county following Nairobi and Nakuru. The population has 952,645 inhabitants, and 44 per cent

of them are 0-14 years old (KNBS 2013:18). The economic and social gap is obvious between Kisumu city and other areas in Kisumu County. 62 per cent of those in the working age range (15-64 years old) are in Kisumu Central Sub-County (KNBS 2013:10). A majority of the people belong to the Luo ethnic group which is the third largest tribe in Kenya. Other ethnic communities, the Luhya, the Kisii and other communities have migrated to look for work and higher education. The western side of Kenya, including Kisumu, have high numbers of vulnerable children. Many non-state actors have provided community-based programmes, due to the high prevalence of HIV/AIDS in the area (Okwany and Ngutuku 2018). Also, the number of CCIs in Kisumu, Kakamega, Homabay, Kisii are 30 to 35 which is relatively high, following by Nairobi and Nakuru (NCCS 2015a). The education level is relatively low, with only 25 per cent of residents in Kisumu County having graduated from secondary school or higher education (KNBS 2013:12).

Map 1 Map of Kenya – Research sites (Nairobi and Kisumu County)



Source: (KNBS 2017: v)

I am an ‘Outsider’

What I first have to take into account in my research is positionality. I am an outsider culturally, linguistically and visually. I am a non-white foreigner and was born and raised in Japan though I have the experience of staying in Kenya for two years. Many people perceive me as Chinese, as they associate yellowish skin colour and slit eye with China. While I acknowledge my outsider position, I do speak Kiswahili and interviews were carried out in Kiswahili and English. Speaking Swahili created rapport with participants. Also, in Luo tribe I was given the name ‘Akinyi’, and chiefs called me ‘Akinyi’ during the training and community visit.

Unfortunately, despite this characteristic that endeared me to the research participants, I was still perceived as an ‘outsider’ and seen as one of the donors. Even though I had introduced myself as a student, I was still identified with my former organization JICA, and some research participants requested for support from JICA. Within the context of constrained resources, I gathered this positionality could influence the responses I got from participants. As a result, I noted a particular line of response where challenges facing DI tended to gravitate toward issues of constrained resources.

Furthermore, I, as a researcher, holding a ‘privileged’ status by leading interviews and interpreting their answers and observations (Rose 1997), especially as a *Mzungu* (foreigner) from the Global North. Prior to the interviews, I set up introductions with colleagues from my previous stay in

Kenya and provided opportunities for asking questions about my research. I also explained the purpose of this investigation. In accordance with the interviewees' wishes, the interview language was either English or Swahili without an interpreter. The interview venue was selected by the individual respondents and was sometimes held in a café or at an office. A downside to this is that some places were not the 'best places' to talk about private matters and their experiences.

With regards to ethical consideration in this research, prior and informed verbal consent was given to all respondents. They were also informed that they could inquire freely about my research. I have kept my moral obligation to use pseudonyms for all respondents. Also, interviewees were selected on a voluntary basis. In addition, consent was acquired before recording their voices. I, therefore, pledge to avoid any harm of participants and to pay attention to their positionality. Relatedly, I obtained a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) in Kenya which controls the research conducted in Nairobi and Kisumu County for a year. I was also issued a letter from the DCS which requested the assistant of county children's office to assist with my research.

Chapter 2

Debates on Rupture and Resilience of Extended Families

In this chapter, I explore current childcare and social assistance for children in Kenya with the aim of exploring how the AFC project can address institutional care. With the aim of understanding the Guidelines of the AFC policy I, first, unpack the narrative of the children and families in society through the lens of child protection. Subsequently, I contextualise the current debate surrounding social rupture and resilience of extended families in Africa. Focusing on the capacity of extended families drives the agenda in DI. Additionally, understanding the nature of alternative care helps to analyse the care norms and current transition of childcare in Kenya. Therefore, in this chapter, I attempt to answer two sub-questions: how are families engaged in alternative care? and who are perceived as alternative care providers in Kenya?

Child in the Center of Child Protection System

UNICEF defines child protection as “preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices (UNICEF 2006:1)”. Child protection is generally designed to prevent and respond to vulnerabilities affecting children through policy, systems, guidelines and frameworks. Myers and Bourdillon (2012:614) argue that two general directions are required for the protection of children by professionals and policy-makers, the first has to do with the development of children and the other the development of society. In other words, in the framework of children protection, the development of children is not the only target. A child is physically and socially located in a community and society and lives as a member of society. The environment around a child should be taken into account in the framework of a child protection policy. Social assistance, therefore, develops the capacity of childcare through supporting families and communities who are caregivers to children.

The approach of child protection has changed over the past several years, making feasible national child protection strategies, which have resulted in government-led structure and government-managed services (Wessells 2015:8). The national policy for child protection is designed for all children, but that does not mean that all children fit in the policy. It is important to have a policy and frameworks that meet the needs of all children. World Vision use the definition of a child protection system as “a set of coordinated formal and informal elements working together to prevent and respond to abuse, neglect, exploitation and other forms of violence against children (Forbes et al. 2011:2)”. Child protection, thus, is not limited to social assistance and legal frameworks by the government but the community and society play a crucial role in protecting children. When the policies and systems do not respond to the child protection needs of children, children may become marginalised. Okwany and Ngutuku (2018) argue that when there is no adequate social protection system an entitlement void is created and more often, this void is filled by non-state actors who may not adequately meet the needs of children. In other cases, the burden of social protection for children is, then, left on the shoulders of individual families (Kogo 2018).

Extended Family are Socially Ruptured or Remain Resilient?

Within the context of child vulnerability and social protection of children, the social rupture thesis has been the prevailing discourse. The social rupture thesis claims that within the context of HIV/AIDS, traditional African family care has ruptured and cannot provide for the needs of

vulnerable children (Foster 2000, Subbarao et al. 2004). Other scholars count this thesis and note that the kinship and community-based care for children may be overstretched, but it is still resilient and provides a cushion and safety net for vulnerable children (Abebe and Aase 2007, Drah 2012, Okwany et al. 2011).

Millions of children are orphaned, separated, or on the brink of family breakdown due to HIV/AIDS, other diseases, armed conflict, natural disasters, forced displacement and extreme poverty in Sub-Sahara Africa (Williamson and Greenberg 2010:3). UNICEF (2004:115) reported that 892,000 children (0-14 years) were orphaned by AIDS in Kenya in 2001. The HIV/AIDS pandemic has momentarily damaged unstable economic and social infrastructures in African countries. The traditional safety nets that had functioned in Africa, which provided social, economic and psychological support became vulnerable against the expanding threat of HIV/AIDS (Foster 2000:56). High mortality rates caused not only a decline in life expectancy in Sub-Saharan countries but also the absence of parents (Lombe and Ochumbo 2008). A study using the data of national consensus of 2012 estimated that there were 2.6 million orphans and vulnerable children in Kenya (Lee et al. 2014: S89). Within the context of the HIV/AIDS burden, the extended family and relatives become alternative caregivers for children in need (Foster 2000, Madhavan 2004:1444). In addition, families are also overwhelmed by having to care for ailing family members. Further vulnerabilities of families and households become evident when caregivers stop participating in economic activities and when they are emotionally depressed especially in the case of breadwinners (Diler 2010:105). Most notably the burden was seen as being placed on the grandparents (Reijer 2013, Foster et al. 2005) who needed external support themselves (Drah 2012:3). There are also arguments that these alternative caregivers are not able to take on this responsibility due to their age (Abebe and Aase 2007:2060). In addition, local social workers in Uganda consider that a breakdown in the extended-family mechanism causes abandonment of children unless there is support for both mothers and children (Cheney 2016:196).

The counter thesis argues that more than 90 per cent of children who lost both their parents live with their extended families (Ainsworth and Filmer 2002:13, Assim 2013:2, Save the Children Fund 2007:2). Additionally, the Joint Learning Initiative on Children and HIV/AIDS (JLICA) (2009:9) revealed “Families and communities continue to bear approximately 90% of the financial cost of responding to the impact of HIV and AIDS on children. Across sub-Saharan Africa, families have provided the bulk of care, support, and protection for children affected by AIDS with little or no formal assistance from outside agencies”. For instance, Joseph’s grandfather and the great-grandmother were not affluent families but took care of the children of their relatives.

The question then is whether extended families are having resilience against the increasing number of orphan and vulnerable children. If resilience is defined as “the process of, or the capacity for successful adaption despite challenging or even extremely threatening circumstances (Killian et al. 2004:42)”, then child care by African families shows their resilience against urbanization, economic change though traditional ties and obligations (Abebe and Aase 2007:2060). Although the government has not provided alternative care for children deprived of parental care, traditional family-based care bears the alternative (Assim 2013:2). Okwany et al. (2011:19), thus, defends the promotion of policy and intervention, which enhances social assistance to families and communities. While the family structure may have changed and weakened, kinship care still plays a crucial and fundamental role. However, without overestimating the capability of extended families, it is important to understand the needs of these families and support alternative families to provide alternative care (Save the Children Fund 2007).

Regardless of whether orphaned or not, only 57.9 per cent of children were living with both their parents in Kenya in 2000 (Monasch and Boerma 2004: S58). From this figure, there is around 40

per cent of children *not* living with both parents. This includes children living with relatives, living on the street, or in a child-headed household. Thus, it is important to note that alternative care is not only the case for situations where parents die or are unable to provide care.

Moreover, the level of resilience of extended families varies. Abebe and Aase (2007) have done a detailed study on Ethiopian families and emphasise that homogenising family care obscures the picture of each household and household differences. They categorise four types of family capacity; rupturing, transient, adaptive and capable. They recognise extended families as vital alternative care providers and highlight the significance of the structure of the extended family system, functions, resources and social position. The qualification of a potential alternative caregiver is not only a financial condition. Furthermore, in Africa, the situation is starkly different in the rural and urban areas regarding care to non-biological children. The households in rural areas accept children more readily than those in the urban areas, because these families tend to have resources (their own land, house and farm) to take care of children (Roby 2011:12), as in the case of Joseph and his great-grandmother.

Increasing Institutionalised Children

The weakness of the state in supporting social protection and assistance in Kenya has been overtaken by non-governmental actors (Chege 2018:2). In the absence of a comprehensive public social welfare system, foreigners introduced residential care facilities in the early 1900s to provide substitute parenting for children and young people in Africa (Frimpong-Manso 2014:402). The formal system misidentified the potential of childcare in practice and did not acknowledge the social resilience of families with regards to material and spiritual support (Drah 2012:7). In Kenya specifically, children slip through informal family care without social assistance from the GoK, which resulted in the streets being full of homeless nuclear families especially in urban areas. From 1990 to 1994, the number of street children had soared from 4500 to 30,000 in Nairobi, with most of them having lost one or both parents (Lockhart 2008:95).

While there has been plenty of research pointing to the general problems experienced by children in CCIs over last five decades (Licursi et al. 2013) and a major movement in 1997 in the United Kingdom and the United States (Barter 1997:101) presently support for institutional care has mushroomed. Aid organizations have called for people to support orphanages where orphan and poor children live in Kenya. The mystification of orphans has escalated humanitarian intervention in CCIs by many western individuals and charitable organization (Cheney and Rotabi 2017:90). In 2005, it was estimated that Kenya had more than 830 CCIs and 40,000 to 42,000 children in their care. However, this number does not take into account the number of unregistered hidden CCIs and children (Government of Kenya et al. 2015:8). It is widely believed that enlarging CCIs where there is a high poverty rate encourages more institutionalization of children because parents abandon children to CCI (Macleod 2001:12). Also, a factor of the proliferation of institutionalization is that CCIs are seen as a 'quick-fix solution' for children's problems and vulnerabilities and institutional care tends to be the 'first resort' without there being proper assessment (Bunkers et al. 2014). This leads many families and local authorities to assume that all needs, which have not been provided for by the state, can be found in CCIs.

Conceptualising Alternative Care

I unpack alternative caregivers and explore the potential of alternative care in the context of Kenya. Article 5 in the UN Guidelines for the Alternative Care of Children clarify that:

Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the

State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations (UN General Assembly 2010: art5).

For children who are living with parents or relatives, who are unable to care for them adequately, alternative care is also needed. Alternative care, therefore, is not only for orphans and vulnerable children. The term: alternative care is widely used in international organizations, governments and other NGOs working with children. Therefore, the meaning of the term greatly varies by context. Alternative care can be divided into formal and informal alternative care. Table 2 shows the typical alternative care in Kenya.

Table 2 Categories of Alternative Care

	Formal care	Informal care
Description (in general)	Formal care provided in a family environment and institutions . It has an order from a governmental administrative body or judicial authority.	Informal care is any individual arrangement provided in a family environment . The caregivers (relatives or friends) are on an on-going or indefinite basis. The care is not arranged by judiciary authority.
Types (in Kenya)	<Institutional care> CCIs (government and private) and rescue centers (government) <Family-based care> Foster care, adoption (only domestic allowed legally), guardianship	Kinship care, community-based care and other family-based care arrangements, Kafaalah.

Source: (Roby 2011, Government of Kenya and UNICEF 2014)

CCI is categorised in formal institutional care in Kenya. What we should understand is that CCIs are *not* alternative ‘family’ care, but it is one of the alternative care according to the Guidelines of AFC in Kenya and the UN Guidelines for AFC whereas advocates never recognise CCIs as alternative care. In the case of Kenya, Kafaalah is recognised as informal care. Kafaalah, which is based on Islamic practices, is where a person or family voluntarily sponsors and cares for an orphaned or abandoned child (Government of Kenya and UNICEF 2014:49).

The UN Guidelines for AFC’s general principles and perspectives state that:

All decisions concerning alternative care should take full account of the desirability, in principle, of maintaining the child as close as possible to his/her habitual place of residence, in order to facilitate contact and potential reintegration with his/her family and to minimize disruption of his/her educational, cultural and social life (UN General Assembly 2010: art11).

However, the process of selecting alternative caregivers is invisible in the case of informal care. A discussion on who is the most appropriate caregiver for the child should take into consideration the family relationship, economic status, the capacity of a caregiver and the will of the child and the caregiver. A government officer, the local chief and extended families might be the stakeholders involved in the discussion on alternative caregivers with the consideration of multidimensional aspects; inheritance, capability, social practice, school access, relationship with the child of alternative caregiver.

Moreover, Cheney (2017:133) describes that the rise in ‘crisis foster care’ is due to the proliferation of HIV/AIDS orphans and overwhelms the economic and social capacity of caregivers rather than Draht (2012) describes foster care, as either ‘purposive’ or ‘voluntary’. In my fieldwork and work experience in the children’s office, I heard the term *muizigo* (burden) repeatedly used, with many parents deeming a child a ‘burden’ in the family. Pre-school and primary school are mandatory for all children in Kenya, but families have to pay extra tuition, uniforms and lunch fees. It has become a society in which it costs money to raise children. Moreover, children who do not complete secondary school struggle to find jobs in a society with a high rate of youth employment. Thus, children are socially constructed as ‘burdens’ who are dependent and need care and protection (Abebe and Aase 2007:2059).

Role of Institutional Care

CCI is one of the alternative care providers according to both the UN Guidelines and Guidelines of AFC in Kenya. Children are sent to CCIs for various reasons and will receive care and protection from the CCI manager or director who becomes their legal guardian. According to Section 58 of the Children’s Act, 2001, “a CCI refers to a home or institution which has been established by a person, corporate or, or a religious organization and has been granted approval by the NCCS to manage a programme for the care, protection, rehabilitation or control of children (Government of Kenya 2001: art58)”. CCIs, thus, get the authorization of management from the government and thus become the legal guardian of a child.

Pre-admission assessment is required to ensure that it is only those children who have no other option who are placed in CCIs. The Guidelines of National Standards for Best Practices in Charitable Children’s Institutions (Government of Kenya and UNICEF 2013) note that the assessment must be done by a qualified and professionally trained person. Also, consent is required from parents in the case of a child whose parents (one or both) are still alive. However, in practice, the assessment is carried out by some CCIs themselves. Children’s officers write the social inquiry report, which provides information on family environment to prove the need for placement. Based on the report, the magistrate admits the placement of the child in a CCI. The Child Act 2001 stipulates that the CCI shall ensure that all children accommodated have the requisite court orders (Government of Kenya 2001: art7). The committal orders allow the child to stay at the CCI for a maximum of three years. Normally, CCIs ask for an extension of the placement or keep the children in the CCI without a valid order. The two CCIs, which I worked with from 2014 and 2016, did not have committal orders for all children, so one of my duties was to assist with this process.

Diversifying Functions of CCIs

CCI diversification is progressing now with some CCIs providing over-night care. While some CCIs go along with the concept of DI, which emphasises family reintegration, others take in street children for short stays and provide rehabilitation programs. Embleton et al. (2014) study the variety of institutional care and the philosophy of management, and classify three groups; CCI-Pure, CCI-Plus and CCI-Shelter. Pure-CCI provides traditional orphanage care, which delivers basic overnight care to children in CCIs. CCI-Plus works for both residential care and provides community support, for instance in providing school fees and lunch for children living with families. CCI-shelter arranges mandated care including probation and acts as a detention center (Embleton et al. 2014). These days, many CCIs provide community assistance and institutional care at the same time.

Responding to the criticism of large facility care, many CCIs have emerged and adopted family style arrangements or small-group homes. For instance, SOS Children's Village (SOS)³ differentiates itself from other CCIs. They provide a family environment where care consists of ten children and one caregiver. They mix both girls and boys from small children to high school students in one house, which is run by a caregiver who serves as a mother. It aims to emulate 'the actual family' as close as possible. Each manager of SOS plays the role of their father. In the pilot project in Kisumu, SOS was selected by the DCS as a model case. SOS is planned to start the reintegration of children to families in October 2018.

This section reviewed the fundamental understanding of DI and discussed the social rupture versus resilience of extended family as alternative family caregivers for children in Africa. Family care in the traditional sense has been overstretched but still remains a key form of care and protection for children in need. However, misdirected foreign aid, which bought in to the ruptured society thesis, has escalated institutionalization of children in Kenya rather than empowering family-based care. The Guidelines of AFC introduced several types of alternative care but mainly informal care functions in Kenya. Also, the function of CCIs has changed over the past decades and CCIs now also provide community support programmes and adopt small group care, responding to the criticism of large institutional care.

³ Registered CCI in Kenya <https://www.sos-childrensvillages.org/where-we-help/africa/kenya>

Chapter 3

Different Interpretations of DI

In this chapter, I unpack the understandings of DI among practitioners in Kenya. In this regard the discussions engage with the sub-question, what are local understandings of DI and DI policy? The perspectives of the research participants reveal a dissonance in understandings by different stakeholders and inadequate awareness of DI and the DI process. I also argue that within the context of these different and contradictory understandings of DI, the stakeholders can be said to be aiming at different targets. Such a perspective creates a scenario where at a practical level, implementation is hindered.

Conceptualising Deinstitutionalization

Four Categorised Ideas of DI

DI is the current buzzword in the child protection field. DI literally means removing children from the institution (de-remove) where they provided with care and protection. However, depending on different actors and contexts, the meaning of the concept varies, for example, DI is conceptualised as removing an individual child from an institution and placing him or her in an alternative form of care (European Commission Daphne Programme. 2007:34). The European Commission report on DI also notes that it is not merely the removal of children. From an institutional perspective, DI is a systematic, policy-driven change aimed at reducing institutionalization and enhancing the preservation of family-based care (European Commission Daphne Programme. 2007:34). Moreover, Hope and Homes for Children (HHC) supports the perspective and argues that DI is “the process of eradicating institutional care through the development of prevention and family support services and family-based alternative care (Hope and Homes for Children 2016:1)”. There is, therefore, a strong consensus in these conceptualisations that all institutional care should be eliminated for better child protection. Nevertheless, the Guidelines of AFC in Kenya include the monitoring of CCIs and CCI reform to small-group care as DI. Thus, the AFC Guidelines in Kenya emphasize the systematic nature of DI by noting its various components that include both removals of children from institutions but with the corresponding preventive factors and a strong emphasis on monitoring. In this regard, the GoK and UNICEF conceptualises DI as:

the process of moving children from large institutional care settings into family- and community-based alternatives. A deinstitutionalisation strategy should include: preventive measures (preventing or at least reducing the number of new placements of children in CCIs); monitoring and evaluation of existing CCIs; development of resourced alternative family-based care options (foster care, kinship care, adoption, guardianship); and the development of an individualised care plan for each child residing in a CCI (Government of Kenya and UNICEF 2014:103).

Through an analysis of interviews with 21 respondents, I categorise respondents' understanding of DI into four groups. First, Chief 1,2 and 3 (2018) noted that they were not aware of ‘deinstitutionalization’ or ‘alternative family care’ and that these concepts were seen as new to them. However, such a finding perhaps points more to the way in which DI has been represented to stakeholders. This is because kinship care has been part and parcel of caregiving since time immemorial in the African context. One can, therefore, interpret such a response as emanating from

the way DI has been translated from its global meanings to the local contexts and how those translations may not find a place in the local context or have existed already without being labelled. For example, families and, in this case, the chief, might have taken for granted that extended families have always taken care of children in Africa.

Secondly, the DCS1 and 2 (2018) when asked what deinstitutionalization of children means, responded that it is to “remove children from institutions” or “institutional care to family care”. Evidently, for this group, DI is defined as a transition from one care to another. My interactions with the research participants revealed that this response could be interpreted to mean that they saw CCIs as problematic for its commodification of children for selfish ends, and not due to the inadequacies of the social workforce and family strengthening programme of the GoK. However, this could also be seen as the DCS placing the blame on CCIs, and in doing so drawing attention away from the structural inefficiencies in the state child protection system. Relatedly, DCS3 (2018) told me that CCIs were placing children in their institutions without cause and were not keen on family tracing or reintegration. CCIs were, then, thought to afterwards, suddenly kick out children when they reached eighteen years. However, DCS3 provided contradictory information as he blamed the CCIs when he noted that family tracing, reintegration and monitoring should be done by their social workers and not the DCS but at the same time pointed out that the social workforce in CCI’s was too weak.

Thirdly, NGO1 (2018) explained that DI is not an event but a process and noted that “DI is part of care reform. We are not doing DI; it is care reform”. From this, it is clear that care reform within the context of Kenya is seen as aiming at the revolution of norms and the structure of the childcare system, which includes family strengthening, family preservation, family tracing and family integration, and enhancing alternative family care for all children. It also includes the advocacy of politicians, managers in CCI, families, and children living in CCIs. NGO1 (2018) above also strongly supported a call to completely reconstruct the system that has long relied on residential care and to review the whole child protection system in Kenya. From a NGO perspective DI deals with 'eliminating institutional care', and therefore, they do not support the perspective that the CCI should be the last resort. They took issue with the activities of CCIs providing family-based group care or small group homes.

Lastly, NGO2 (2018) working for the advocacy of DI stated, “DI is a comprehensive approach for children without parenting care (NGO2 2018)”. During the interviews, CL1, 2 and Child Magistrate1 also explained the interpretations and understood DI in broader sense. This viewpoint means DI encompasses all approaches; family strengthening, family reservation, family tracing and family integration, and enhancing alternative family care. It also focuses on children without parenting care.

These perspectives by the four categories of research participants above, therefore, show divergences in the understanding of DI. This connects to the literature on guidelines as their definition and interpretation would depend on where and from whom they learnt about AFC and DI. In other words, these responses demonstrate the inconsistency of approaches across the different policies and organizations.

Courts have an important role to play in child protection and, should, therefore, have a role in DI. However, discussions with Child magistrate1 (2018) revealed that even though she was aware of AFC, she was not aware of the role of the judiciary officer in the AFC programme. When I shared my impressions on the divergent views of different stakeholders, she noted that the mixed messages on DI were a key issue hindering its uptake. Such mixed messages left a vacuum because

the judiciary officers who have an important role in committing children to CCIs are not aware of how DI would affect their role, as she noted:

You can see the policymakers; one comes up with the idea. For them, it is not clear what supposed to do. That is why you find all mixed messages. CCI have fears closing down. As courts, we do not have clear information what do they mean that? Should we stop to commit children to CCIs? Or what do they mean? They are supposed to understand policy itself is not clear what they want (Child magistrate1 2018).

Discussion on CCIs: Last Resort or Elimination

Another point of contention in the arguments on DI is whether all CCIs should be shut down or whether some CCIs should remain as a last resort for children who need institutional care. The Guidelines in Kenya recognise CCIs as a last resort and puts emphasis on individualised and small-group care (Government of Kenya and UNICEF 2014:103). These types of care provide a house in the community with a small group of children, and children are cared for in an environment that is as family-like as possible (Tolfree 2007:13). Normally, a female caregiver who is called mother takes care of 5 to 10 children with mixed ages and sexes. However, the UN Guidelines also recognise small group care, but only as a temporal measure (UN General Assembly 2010: art123).

Except for NGO1 advocating DI, most of the interviewees seem to agree that CCIs are needed for children with special needs. However, in general, the NGOs and advocates do not acknowledge that CCIs are alternative care. According to the NGO, despite CCIs reforming as short-term stays for children, as long as there is a space called CCI, there will be a pull factor which encourages the placement of children in CCIs. Indeed, the rescue centers in Kenya managed by DCS institutionalise children for a long time without family tracing and integration. DCS5, CCI1 and 2 (2018) gave examples of ‘necessary’ cases such as abandoned children, abused children and children living with a disability.

On the premise that families are the best environment for children, Oswald (2009:15) reports that there are children who cannot find alternative family due to discrimination based on ethnicity. He adds that small group homes might be better for children who have extra trauma and young adults who shift to independent living (Oswald 2009:44). The leading DI implementations, LUMOS and HHC clarify that the existence of CCIs itself is an incentive to place children. Also, foster families play a role as alternative families, and families do not discriminate against disability and medical conditions. I observed that there is still an on-going argument on whether all CCIs should be closed or whether CCI's should remain as temporary shelters.

Dissonance between Stakeholder Understandings

One of the most contentious issues during the DI implementation was bringing together stakeholders who have different understandings of DI. As mentioned, my interviewees understood DI differently so there were discrepancies in what constituted DI and to its goal.

I witnessed an argument between a stakeholder who was supporting DI and another who opposes and is suspicious of DI's implementation. Strikingly, the DCS and CCIs tend to shift blame onto each other as to why institutional care has proliferated until now in Kenya. DCS1 and 4 claim that CCIs have commodified children based on global norms, and once children are in CCIs, there are no integrated methods in meeting the needs of the children; only minimum basic needs are provided. In addition, no tracing and reintegration are being done by the social workers in CCIs. On the contrary, all four CCIs which I interviewed noted that institutionalization of

children has happened at families and communities due to lack of social assistance by GoK. Nevertheless, once children are placed in CCIs, children's officers or police officer abandon children at CCI and never come back to CCI for family tracing and reintegration.

When I asked the research participants 'Who is responsible for family strengthening, family tracing and reintegration?', interestingly, DCS and CCIs have the same 'excuse' that they cannot avoid unnecessary placement to CCIs citing lack of funds and human resources for family tracing and reintegration, as the cause. This shows a reluctance to take responsibility from both sides and a lack of concern for the best interests of the child. While the DCS is the primary duty bearer in alternative care, they do not acknowledge the weakness in the state system of child protection, which is plagued by a lack of budget and human resources. The situation, therefore, leads to dysfunctional gatekeeping that cannot prevent unnecessary placement of children to CCIs.

There are discrepancies between the law and the policy, also policy and on-the-ground. Article 35 on the Functions of Director in Child Act 2001 notes that "the Director shall trace the parents or guardians of any lost or abandoned child, or return a lost or abandoned child to his lawful place of residence (Government of Kenya 2001: art 35)". However, the guidelines identify different roles for the DCS and CCIs, "The DCS shall play a supervisory role and ensure that the Government of Kenya statutory institutions, CCIs and other alternative care agencies carry out well-planned family tracing and reintegration programmes (Government of Kenya and UNICEF 2014:35)". In the first place, CCIs do not agree with the specifications of the AFC Guidelines. The DCS also states that providing the necessary expenses for the AFC is the role and/or responsibility of CCIs.

The contention in the DI implementation is not only between the DCS and CCIs. As mentioned earlier, there is a gap in the understanding of DI within members of Alternative Care Alliance (ACA). NGO2 who is also a Secretary of ACA (2018) revealed that some members claimed that ACA should work 'purely' on DI. This means that the main activity of ACA should be DI implementation and promotion. He added that the ultimate target was to close *all CCIs* in Kenya, as opposed to having them remain as last resort institutions. On the other hand, there are some CCIs who are working for AFC in the ACA. In fact, as the Secretary noted, "we are not a DI association", going on to say that the ACA is a place for encouraging the Guidelines of AFC which include institutional care as temporary shelters (Alternative Care Alliance-Kenya. 2017).

Although I did not involve children in this research, two care leavers told me about the children currently living in a CCI in Kisumu County. Most children are willing to see parents or families during holidays but not to go back to their homes permanently because of the quality of life in CCIs is much better as compared with their homes. Kuehr (2015:10) relates the story of a boy who lived in a CCI in Rwanda. The boy resisted reunification with his uncle and aunt, and he was afraid of being killed by them for the purpose of protecting their inheritance. This is reiterated by care leavers, who say that children and families are suspicious of DI. Some children feel more comfortable in CCIs than in their family homes because CCI provides food, shelter and education while families are afraid of the 'burden' of children. The DCS started family reintegration in October 2018, with a pilot project in Kisumu, however children in CCIs were not involved in the first phase of the pilot project, and workers have not yet been trained for reintegration.

The first priorities of the AFC should have been the sensitising of children and their families. Children need to be prepared for life in the community. Relatedly, the longer a child is in a CCI, the more time is needed to counsel them and their families. CL2 (2018) told me about his misery when he integrated with his grandmother whom he had never met. He was happy that he

has a biological family but was simultaneously disappointed when he thought about why she hadn't visited him for the past ten years. Moreover, he was not familiar with his grandmother's ethnic group and their lifestyle, as he was raised and identified as a Kikuyu. Even now, he says he is struggling with his relationship with his grandmother and his identity. The experience of the care leaver implies that reintegration should be seen as a process and not a onetime event. The preparation for integration is a key feature of this process. In the case of Joseph, the change was imposed upon him, and because he was told that living with his great-grandmother was the best alternative care, his interests were not respected.

This chapter shows the different understandings of DI among research participants. The DCS noted the transition from institutional care to family-based care, while NGOs explained DI as comprehensive childcare reform. Among the NGOs advocating DI, there is still contention about whether the government should close all CCIs or leave some CCIs as the last resort temporary shelters. I also found an evading responsibility of family tracing and reintegration between DCS and CCIs. Furthermore, it is concerning that the DCS, skipped the important process of sensitization and training of AFC to children and families in the first phase of the pilot project. Family integration without economic and psychological preparation is not sustainable.

Chapter 4

Unpacking Guidelines of Alternative Family Care

This chapter provides an overview of the Guidelines of Alternative Family Care in Kenya, on which DI is based. In this regard the discussions in this chapter engage with the sub-question, how does the Guidelines of AFC of children in Kenya problematize childcare and interpret alternative care? Therefore, scrutinizing the guideline itself clarifies what the DCS is going to implement as a DI project in Kenya. The guidelines note that DI is needed but it does not provide empirical data as to why. In addition, the guidelines recognise CCIs as a last resort and promote small group homes and rescue centers for temporary shelter (as argued in Chapter 3).

Background of Guidelines of Alternative Family Care of Children in Kenya

The Guidelines of AFC of Children in Kenya was issued in 2014 and was based on the UN Guidelines for AFC. Initially, the Guidelines in Kenya aimed to administer guardianship and foster care, but later the scope was expanded to include other alternative care such as kinship, adoption, Kafaalah, Supported Independent Living (SIL) and institutional care (Government of Kenya and UNICEF 2014: xiii). In the process, the DCS acknowledged the issue of institutionalization of children, which affects children's development (Government of Kenya and UNICEF 2014: xiii). Thus, the process of DI was adopted. The DCS and partners, therefore, designed the guidelines with extensive instructions on family strengthening, family tracing, family reintegration, sensitising the public, advocacy about AFC and legalising informal care.

The purpose of these Guidelines for the Alternative Family Care of Children in Kenya is to enhance the current Kenyan legal framework and existing practices for children without parental care and those at risk of being separated from their parents (Government of Kenya and UNICEF 2014:3).

Considering that CCIs are not the best environment for children to grow, it covers a wide range of activities, such as strengthening the capacity of families and minimizing child placement into CCIs. After the Guidelines in Kenya was published, DCS started the training of children's officers, CCIs, and Volunteer Children's Officers (VCO) who are unpaid well-wishers based on the guidelines in some counties.

How Do the Guidelines Problematize Current Child Care?

The Guidelines do not have a clear background or problem analysis on child protection issues and do not state the significance nor necessity of AFC. The reason might be a lack of data regarding the child population of CCIs and childcare by extended families in Kenya. In the introduction of the Guidelines, the analysis of quantitative data shows that the population of orphans in 2010 was 2.4 million, and 30 to 45 per cent of them ended up in CCIs. The data imply that the CCIs are primarily for orphans. However, it should be noted that these numbers were estimates. The GoK has not done a national population census since 2009. The DCS, thus, assumes that 840,000 to 960,000 children live in CCIs including those in unregistered ones (Government of Kenya and UNICEF 2014:4). In addition, it showed that 86.8 per cent of children (0-14 years old) were living with both or one parent, however, these figures are based on the 2005/6 survey. The remaining 13 per cent (1.95 million) live without parental care, so it can be assumed that they live with relatives, in CCIs, on the street or live with a sibling (child-headed families). After the

Guidelines list the qualitative data, it adds a note about the resilience of kinship care, but no evidence is provided because it does not show what percentage of children without parental care live with relatives or in CCIs.

While the Guidelines for AFC discuss the resilience of childcare by extended families, there is a lack of research regarding informal care in Kenya. In general, the quantitative evidence, thus, proves ‘existing belief’ and supports the importance of the policy (Bardach 2009:11). NGO2 (2018) revealed that most people who oppose DI complain that the data is not Kenyan and, therefore, not suited to local realities. NGOs and the DCS introduce the cases in Rwanda or East Europe, then the research is done by international organizations, which may be construed to mean that the data comprises of western concepts. People who are suspicious about DI feel that advocacy by NGOs is not convincing enough to justify DI in Kenya. Moreover, ‘Alternative family care’ seems like a difficult concept for non-professionals of child protection especially local chiefs. CCI2 (2018), thus, recommended promoting traditional family care such as kinship care or informal foster care rather than using the terms; alternative family care or DI which sounds like new and western philosophies. It, therefore, may be necessary to deliver messages that can be understood by the community using the local language like in Rwanda where they used the term *Tubarerere Mu Murungu* meaning ‘Let’s Raise Children in Families!’ in their childcare reform programme. The localization of the social policy would serve to raise local ownership of the DI programme and mitigate its perception as a western imposition.

How Do the Guidelines Position CCI as Alternative Care?

In line with the UN Guidelines, the Guidelines for AFC in Kenya clarify in the objectives that “institutional care is used only as a temporary measure and as a last resort (Government of Kenya and UNICEF 2014:6)”. The principle of alternative care is that the number of CCIs should be reduced, and unnecessary placement should be eliminated. NGO1 (2018) claimed that the weakness of the guidelines is that it does not mention the elimination of CCIs. The Guidelines are ambiguous and not clear about whether CCIs should be done away or kept as a last resort. Indeed, all CCIs (CCI1,2,3 and 4), all children’s officers (DCS1,2,3,4 and 5) Child magistrate1 (2018) mentioned that there is a need for CCIs for ‘necessary children’. Relatedly, CCI1 and 4 (2018) which take care of children with disability disclosed that children with disabilities who are abandoned are untraceable and have no alternative care except CCIs.

Moreover, the DCS is implementing the DI project but still planning to increase numbers of safety and temporary shelters. In the National Plan of Action for Children in Kenya 2015-2022, there is a plan to build more rescue centers for promoting alternative family care (NCCS 2015a:35). These are governmental temporary shelters for children needing care and protection and are located in Nairobi, Garissa, Thika, and Machakos. Kisumu Girls’ Rescue Center also opened in 2018 in Seme Sub-County. However, the rescue centers function almost the same as other private CCIs.

During my time as a volunteer, I visited the Machakos Rescue Center for Girls and Thika Rescue Center for Boys. Like other CCIs, they are faced with a lack of funding and human resources, and I observed a scenario where around 100 children were placed in a large dormitory until they reached 18 years. The Guidelines differentiate governmental rescue centres from CCIs targeted for DI but most rescue centers actually function as long-term care for children. CCI1,3 and 4 (2018) also highlighted the poor conditions in government-run CCIs compared to private CCIs. If the DCS still needs more rescue centers for AFC, it requires a reform of the structure of rescue centers and allocation of trained social workers and psychologists for family tracing and reintegration.

Pilot Project in Kisumu

A pilot project following the Guidelines of AFC of children in Kenya was launched on June 2018 in Kisumu County. According to DCS3 (2018), Kisumu County was selected due to the number of CCIs, NGOs, CBOs and its UNICEF office. First, the number of CCIs in Kisumu (35) is a relatively large number compared with other areas following Nairobi county with 392 and 73 in Nakuru County (NCCS 2015b). Also, Kisumu has many INGOs and CBOs working with orphan and vulnerable children because of the high poverty rates, HIV prevalence, and malaria incidences, as compared to other regions. Moreover, there is the presence of the UNICEF office in Kisumu Central Sub-County. The goal of the pilot project is to find out how the guidelines can be implemented and to identify gaps between the policy and practice. The pilot project was implemented in Kisumu County but with the participation of other county children's officers from the neighbouring eight counties, Busia, Siaya, Kakamega, Vihiga, Kisii, Nyamira, Migori and Homabay. After the pilot project, the implementation of the guidelines is expected to expand to these counties, so other children's officers can also learn about the process.

The first phase set up sensitizing and training with stakeholders in Kisumu County. The stakeholders included children's officers, managers and workers in CCIs, probation officers, judiciaries and chiefs. Also, the phase incorporates sensitization of Area Advisory Committee (AAC) members in all seven sub-counties. The AAC is composed of children, DCS, CCIs, Department of Education, health, private sector, NGOs, FBOs and CBOs at the county, sub-county and local levels and works on children's problems beyond the boundary of the ministries. Subsequently, the pilot project members selected ten members from each committee and completed Training of Trainers (TOT) from each sub-county; then the participants were expected to sensitize their communities about AFC.

The Guidelines of AFC seem to lack evidence-based data to indicate the significance of DI. The pilot project in Kisumu has trained AAC members as TOT, but there remains a gap between the guidelines and practice. To unpack the understanding of DI for practitioners, I contextually analyse the difficulties in DI implementation in AFC projects in the next chapter.

Chapter 5

Challenges of DI Implementation

In this chapter, I analyse the perspectives on the challenges of DI implementation through the interviews and review of literature. I will answer the sub-questions, what kind of difficulties did the organizers of the pilot project face? And what kinds of difficulties are expected when expanding the AFC programme? As mentioned earlier, most of the respondents were not aware of DI, thus their suggestions on the way forward were limited.

The analysis revealed that the challenges can be grouped into three categories: limited financial resources, lack of social workforce, and system issues for children with special needs. Grouped together these difficulties result in what can be termed as abuses within the child protection system. The child protection system, which is designed for protecting children, deteriorates with the institutionalization of children. These issues bear resonance with those faced by Rwanda in its process of DI (Bilson and Larkins 2013:1573). As the Rwandan case is seen as a success, I use it for comparison with Kenya to explore possible solutions or signposts for the Kenyan case.

Child Protection System Abuse to Children

Cashmore (1997:33) identifies three forms of abuse – institutional abuse, programme abuse and system abuse. He notes that ‘system abuse’ is the neglect and abuse of children by the systems that are aimed at protecting them. He claims that abuse occurs when services provided are inappropriate or inaccessible (Cashmore 1997). The main causes of ‘system abuse’ consists of five factors: lack of resources, lack of coordination, lack of skill and training, inadequate supervision and staff support and lack of voice for children (Cashmore 1997). Paradoxically, institutional care aims at protecting families caring for OVC’s, under the name of ‘orphan rescue’ but are forced to remove children from families and communities. This child protection system, which is over-bureaucratized and adheres rigidly to one value, which develops ‘professionals’ have overlooked and misidentified the needs of children and families.

Improper Allocation of Foreign Aid for Child Protection

The consensus among respondents is that a lack of resources is a major challenge in implementing DI. The main players of the pilot project, DCS, CCIs and NGOs lack resources for implementing the Guidelines of AFC. CCI4 in the research has had a chronic shortage of management budget. CCI4 (2018) revealed that they requested help from the sub-county children’s officer for school fees for children with disabilities, and this was not granted. In that situation, even the basic needs of children are not met even while the AFC project is being initiated. CCI4 (2018), noted that family tracing and reintegration could only be done by them if money and vehicles were available while many children have traceable extended families (Phiri and Tolfree 2007:13). All interviewees basically agreed with the idea that children should grow at home rather than at CCIs but repeatedly said that they had no money to achieve this.

A lack of funds can, however, be seen from two perspectives, either as the misallocation of donor money or as a reallocation of donor funds temporarily to aid in the transition. First, one of the children’s officers explained during an international conference "DI is shifting support by institutions to family and community (A children’s officer at ICP conference 2018)". It, therefore, follows that if CCI spending for food, education, shelter and staffing were reallocated to family-based care, then the problem of lack of funding for DI would be addressed. In fact, some studies show that family-based care is more cost-effective than institutional care

(Williamson and Greenberg 2010, Macleod 2001:10) Another study also revealed that foster care by non-biological parents is five to ten times less costly than CCIs (Phiri and Tolfree 2007:13).

CCI3 (2018) noted the difficulties in programme change for DI implementation in CCIs in Kenya. For example, usually, the managers in CCIs in Kenya do not have the authority to initiate a comprehensive transition of the programme. Most CCIs have headquarters in western countries, and the board members have the power of decision for all programmes especially the annual budget. In addition, advocacy and fundraising for CCIs is usually done by staff in western countries. Therefore, although the DCS and other NGOs root for the transition of the roles of CCIs in Kenya from institutional care to community centers, early child care centers or temporary space for children; the decision would go beyond their mandate. The structured aid system leaves us with one pestering question, how can local organizations convince their mother organizations that CCIs are at a critical juncture and, therefore, a much-needed shift in child protection is needed? There is, therefore, a need for this awakening to be experienced beyond local state boundaries and this means a rerouting of efforts from a global scale before it is adopted in the local context of Kenya in this case. As noted by NGO2 (2018),

Unfortunately, the role of childcare and protection in this country has been granted to non-governmental entities. The government is supposed to be the ultimate duty bearer. I know there are capacity challenges, funding, they have been resource challenges.... also lack proper coordination.

This situation where non-state actors play a majority role in child protection efforts in Kenya has to be rethought. Despite the existence of policies on child protection in Kenya, for decades, civil societies have played the main role as service provider for orphans and vulnerable children. The ownership of child protection efforts, therefore, have to shift from NGO's and CBO's most of which are usually guided by their missions and their efforts tend to be targeted and duplicated.

Secondly, there is growing concern about the heavy financial resources that are needed in the transitional period, making the challenges look insurmountable. The GoK has a role to play in providing budgets with partnership from private organizations. This money is needed for:

- ♦ The many children still in CCIs (food, education, health, salary for caregivers)
- ♦ Sensitization of stakeholders and public about AFC and DI
- ♦ The training and hiring of experienced social workers and psychologists for family tracing and reintegration
- ♦ Transport for family tracing and reintegration
- ♦ A national survey of CCIs
- ♦ Development system and strategies for AFC

CCI3 (2018) revealed that they had hired and trained social workers for family tracing, reintegration and monitoring, and these home visits cost 4,000 euro per month. The CCI in Kisumu where I conducted this research, might be able to afford this as they receive funds for specialising in rehabilitation and reintegration, especially for street children. Also, a mother organization in the US has supported the programme of DI. Most CCIs have no extra budget besides management costs for providing basic care for children.

This problem is not unique to Kenya, Ghana also faces financial and human resource constraints for the past five years of care reform and thus, did not achieve the goals of the initiative (Frimpong-Manso 2014:407). Rather than expect further external support, the DCS needs to review its current partnerships, the duties of its different stakeholders, assess the feasibility of the project within the context of limited resources. Relatedly, with regards to foreign aid, I argue that the first awareness campaign regarding AFC should be in the Global North rather than

the Global South. The advocacy is needed in order to engender new approaches to child protection and to change the old mindset in the Global North, especially with donors because institutionalization issue transcends national boundaries.

Limited Social Workforce

The lack of money inevitably leads to a shortage of manpower in the form of government officers in the field. Each children's office has at least one children's officer. For instance, Kisumu central Sub-County children's office consists of two children's officers and one social worker. The population of Kisumu central sub-county is 163,661 with 61,094 children (KNBS 2013:19). Kisumu city is the largest in the Western region of Kenya. I visited Kisumu central children's office five times during the fieldwork, every morning more than five people were waiting for the children's officer, and the number increased to 15 to 20 during lunchtime. The long queues of people seeking services led me to believe that the children's officer had no time to visit children at home or at CCIs. From my experience working in the children's office (in another area) for two years, I can attest that inadequate staffing is a major problem in most government offices. The children's officer in Kisumu County expressed that the extra responsibilities could be overwhelming the capacity of children officers.

DCS3,4,5, and 6, however, pointed out the lack of social workers in CCIs as one of the reasons for institutionalization. The Charitable children's institutions regulations 2005 stipulates that at a minimum "a sufficient number of suitably qualified, competent and experienced persons working at an institution and shall at all times ensure the following persons are employed qualified social worker(s)". I have visited more than 25 CCIs in Kenya, but at least four of them did not have social workers, though all of them employed female caregivers. The poor staffing is exacerbated by temporary non-experts in child protection usually from Western countries coming to CCIs with a 'passion' for 'child-saving' (Chege 2018:15). In addition, a CCI3 (2018) revealed how the AFC programme was overwhelming for CCIs,

Within the AFC training, the DCS mentioned that institutions are responsible for family tracing and reintegration...but CCIs are not social work organizations. And there is a need of social workers who have the proper training to help transition children out of homes and back to families. It is a big gap right now (CCI3 2018)

The lack of capacity in the DCS was also translated as laxity on the part of the government as the above CCI3 (2018) added, "I have never seen DCS doing family tracing and reintegration." CCIs receive children daily from the DCS, police and local people. In the current situation, CCIs should bear the aftercare of rehabilitation training, reintegrate and monitoring of children and their families.

Therefore, within the context of competing demands and limited human resources, visiting children or tracing is given less priority and therefore the best interests of the children are not catered for. In this context, it logically follows and entrenches the erroneous perception that CCIs are the best alternative for children. This can be solved by having a trained alternative family member to assist in re-integrating children. If this is not done, the 'system abuse' (Cashmore 1997) will persist, and children will continue to be placed in CCIs.

Room for a Taboo Child, a Child with Disability

All the respondents acknowledged that family is the best place for caring for children. On the other hand, some mentioned exceptions where children need to be placed in institutions as argued in Chapter 3 and 4. For example, it was argued that CCIs need to be a last resort for taboo child and children living with disabilities. DCS5 (2018) shared a story of a taboo child, a girl

who was defiled by her father and gave birth to his child. The child born of incest is called a taboo child in some communities in Kenya. The child in these cases is at risk of being killed by community members and the girl, and her father are ostracised from their community. These children and their mothers are usually taken care of by CCIs or a girl's rescue center in Machakos. In addition, there is no CCI that is designed for both a mother and a child. The children's officer added that they propose the adoption of her child because the mother is still a child herself, and she needs to go back to school. Now she does not have any relatives who are willing to accept and support her. Even if the foster family system is established, the child who was characterised as a taboo child would be difficult to foster to non-biological families due to cultural constraints. In this case, DCS5 and Child magistrate1 considered that the mother and the child are in need of long-term institutional care.

Other children, who they consider needs institutional care, are those living with disabilities. In Kenya, there is less developed social assistance and support from the government to people with disabilities. Strongly rooted discrimination against people with disabilities leads to the institutionalization of children with disabilities. In October 2018 BBC News posted a story of a woman that was told to kill her disabled baby in Kenya (Soy 2018). In addition, most of the children with mental disabilities are abandoned far from their homes and thus these CCIs are not able to trace their home. This was reiterated by CCI1 (2018), who said "you cannot deinstitutionalize CCIs. I asked them (Children's officers) come and visit me. Tell me. Who raises them (children with disability)?" CCIs, which take care of children with disabilities, state that there are difficulties reintegrating these children with their families because most of their families are untraceable, and most of the adoptive or foster families do not prefer children with a disability due to discrimination and a lack of access and support to a special school and medical care. This was reaffirmed by CCI1 (2018) who stated that "We have to keep them (children with disability) because they don't have an alternative".

Alternative family care for children living with a disability should be catered for, but stakeholders use the argument 'because they are disabled children'. Not only interviewees but also families and communities justified putting children with disabilities in CCIs,

An assistant chief came to our court with a grandmother of a child who has a mild disability. A mother of the child abandoned and ran away. The grandmother, the chief and the aunt came and said that they want the government takes this child. His grandmother is here. His aunt is here. Why? Because of disability? (Child Magistrate1 2018).

The challenge of care for children living with a disability is not only cultural discrimination but should also be understood from a perspective of the lack of support for children with a disability and their families from the GoK and society. For economic support, the Cash Transfer for Persons With Severe Disabilities (PWSD) was launched in June 2011. The social assistance targets adults and children with severe disabilities, who require the full-time support of a caregiver. The GoK has not been able to grasp exactly where people living with disabilities are, and the information on cash transfer and the scholarship system provided by the GoK is not shared with communities. The utilization of the social security system for people with a disability is low in Kenya. During my former work assignment at a children's office in Kenya, I met mothers who had children with disabilities. However, the children office I worked for did not have information about special schools for children with disabilities, and children's officers argued that issues of education or people with disability are not their core business. There is a lack of synergy within different government ministries and departments, so access to information across ministries is limited. Lack of coordination causes system abuse to children with disabilities even though there are social assistance programmes offered by the GoK. Also, the number of special schools and

teachers are not sufficient. The big cities tend to have both public and private special schools for intellectual, physical disability, vision impairment, deaf or hard of hearing. In rural areas, many families do not know of the existence of schools for special needs.

Good Practice in Child Care Reform in Africa

Some African countries such as Sudan, South Africa, Ghana, Uganda, Rwanda and Liberia have started DI programmes (Better Care Network and UNICEF 2015a, Transform Alliance Africa 2018). Within these countries, Rwanda has shown the most prominent progress of DI implementation. After the genocide of 1994, the size of institutional care increased from 37 institutions with 4,800 children to 77 institutions with 12,704 children. However, family tracing and reunification and strengthening foster care successfully reduced this number to 5,343 children in 37 institutions in 1998 (Better Care Network and UNICEF 2015b). Although it had shifted towards the trend of institutionalization during and after the genocide, Rwanda has robust traditional family care, and according to a 2015 Rwanda Demographic and Health Survey, 16.8 per cent of households consist of children who do not live with their parents (Nsabimana 2016:63).

The crucial preparation of care reform was implemented from 2011 to 2012 by the Government of Rwanda (GoR) and private actors. While observing the DI programme which is still continuing in Rwanda, there are four factors, which are the key lessons for the AFC project in Kenya. Firstly, in Rwanda a national survey was conducted by the Ministry of Gender and Family with the partner, Hope and Homes for Children (HHC) to investigate the details of children and CCIs including age, family background, duration of stay and staffing (UNICEF and National Commission for Children Rwanda 2013:2). The GoK has not done the first crucial process of conducting a national survey in preparation for the implementation of DI. Secondly, the pilot project was implemented in CCIs in 2012, and 51 children were reunited with their families or alternative families supported by HHC (UNICEF and National Commission for Children Rwanda 2013:3). In Kenya, this is still in process, with the pilot project launched in June 2018 being the first step. Thirdly, the cabinet of ministries came out with a strategy for national child-care reform which targets to eliminate institutional care. Lastly, the strategy, the *Tubarerere Mu Muryango!* programme initiated by the NCC and UNICEF aimed for a comprehensive programme of strengthening the child protection system (UNICEF and National Commission for Children Rwanda 2013, Mulheir et al. 2004:3). The GoK is planning to issue the national strategy for AFC only after the pilot projects.

Political Commitment and Public Awareness

There is a huge difference between Rwanda and other countries in terms of DI implementation. Rwanda has been progressing and advancing, because of their tremendous political will. The strong message from President Kagame during a speech at Rwanda Day in London in 2013 has moved resources to DI implementation and mobilised public attention to DI. The Prime Minister Pierre Habumuremyi also showed passion for eliminating institutional care when he declared that “Orphans were not part of Rwandan culture (Kuehr 2015:1)”. Political will in Rwanda accelerated support and led to an emergence of a DI movement, which encourages traditional kinship care and community care for children. Although most of the countries-initiated DI strategies and implementation through the department of children and youth or social work, Rwanda’s case is an exception because the top political offices in the county were bought into the project and thereby signalled to other partners that the ground is good for DI hence gaining support from partners.

Furthermore, following Rwanda’s lead a key insight might be for the Kenyan DCS to push their child protection policy as a priority to the secretary of the cabinet in the central government. This

is needed in order to counter the support for CCI's, as many of Kenya's politicians support CCI's as their ambassadors. For instance, in the case of giving mixed signals on the process of DI, the First Lady Margaret Kenyatta had been a patron of the SOS Children's villages since 2013, where she has been advocating for public support of SOS. During her visit to SOS in Uasin Gishu County, members of parliament and governors in the county also joined. The Kenya media covered the visit and gave prime time attention, therefore, making it appear as though the activities of the first lady in supporting SOS was in the best interests of the children.

The First Lady applauded the SOS villages, in Kenya and across the world, for ensuring that children who have lost or are at risk of losing parental care always have a place to call home (Capitalnews 2018).

Many CCIs receive material and financial support from governors. In so doing, the governors are also engaged in patronage politics because they are also endearing themselves to the voters including the community and workers in CCIs. This must also be understood from the culture of mutual cooperation called *'Harambee'*. In this case, there is a belief that donation to CCIs is an honour to the community. These mixed signals by the political class pertaining to their position on DI, is, therefore, an issue that needs to be addressed. Effective advocacy requires that there is genuine political will.

Training Social Workers and Psychologists with Local Involvement

A key component of DI is, in fact, a structure for social workers who work directly with children and families. Even if there is a solid strategy or policy, lack of trained and experienced social workers would be a hindrance to the process. In Rwanda's strategy plan the Ministry of Gender and Family Promotion collaborated with the Department of Social Affairs to employ social workers and psychologists. Though the plan was to have 68 social workers and psychologists employed by 2016, by 2013, only 28 were hired with a few more in 2014 (Better Care Network and UNICEF 2015c). Nevertheless, they did pre-service training and allocated 30 governmental offices at district-level with the responsibilities of supervising the DI process (Better Care Network and UNICEF 2015a:11). Moreover, children protection committees were founded with community-based child care volunteers at the grassroots level (Better Care Network and UNICEF 2015c:32, UNICEF and National Commission for Children Rwanda 2013:3). These committees are similar to the Area Advisory Committee and also the DCS's Volunteer Children's Officer (VCO) system in Kenya. However, the Kenyan system is less functional than that of Rwanda because of limited budgets and is largely dependent on the efforts of the individual children's officers. There are also a lot of expectations by VCOs in the form of trainings with certificates, lunch and allowances. I witnessed that some children's officers work closely with VCOs, but most offices do not take advantage of the system though they are appointed VCOs. In pilot projects in Kigali, the HHC also trained local partners, police, church leaders, primary and secondary school teachers, and health center workers, with meetings held once or twice a month. In fact, the committees reported successful cases, which prevented 73 cases of abandonment (Hope and Homes for Children 2016:6). However, in Rwanda, there are cases which the committees and local authority are not able to handle due to limited resources, especially those pertaining to violence, abuse and sexual exploitation (Better Care Network and UNICEF 2015c:29). The pilot project in Kenya has trained members of the AAC, but the key local actors dealing with children's issue such as religious leaders, police officers, teachers, health officers and VCOs have not been targeted for training.

This chapter explored what participants perceive as challenges for DI implementation in Kenya. While significant attention was paid to DI, less was discussed about the practical approaches to

realizing DI. Participants noted that limited financial and human resources hindered the activities of DI and they seem to avoid the responsibility of childcare in Kenya. In addition, the current child protection system and society do not fit marginalized children and participants seem to give up finding alternative family care for these children. In addition, limited political will and contradictory intentions by the political class have emerged as some of the core issues facing implementation of DI in Kenya. In the concluding chapter, I explore the potential for a successful DI in Kenya.

Chapter 6

Way to Successful DI Implementation in Kenya

The process of DI has been presented as a policy shift in the approach to child protection in Kenya. In this research, however, I have explored the various understandings of DI, and the mechanisms and challenges in its implementation. I have provided various perceptions on DI from the Kenyan perspective. For example, it was noted that practitioners perceive DI as the transition from institutional care to family care, while chiefs and the community are not familiar with DI, to a large extent. For the NGO's who play an important role in child protection in Kenya, their interpretation of DI in a broad sense includes perceptions that it includes family strengthening, reservation, reintegration, sensitization of family care and formalizing informal care. This shows dissonance in perceptions and goals in the context of the DI pilot project in Kenya. I have also explored the gaps in the legal regime including the children's act and how it makes it difficult to implement DI, the gaps in the guidelines for alternative care and the tensions embedded in them.

Another key issue that has emerged from the research is 'the last resort argument' that has framed the discourse with the key debate being seen as whether CCIs should be eliminated altogether or whether CCIs are still needed for special needs children and families. Moreover, the dissonance of DI definition and goal makes matters more complicated because stakeholders working on DI are aiming at different targets and philosophies. Importantly, I have noted that the debate has not included the voice of children and their families, as important constituencies. In addition, while the government has signalled an intention to undertake DI, the core challenge of funding still remains with a limited allocation of resources, coupled with a lack of social workforce and social assistance for marginalised children.

I note that we are now at a critical juncture in the child care and child protection history in Kenya. Such a juncture signals a need for various changes if DI is to be realised in Kenya. This calls for a meaningful discussion on how to reform the child protection system that can avail DI, within the context of limited resources. This means that there is a need for a reconceptualisation and a repositioning of DI, which signals a need for comprehensive reform of the child protection system. This includes, among others, ensuring access to basic care and support to alternative families.

While this research and the challenges of DI are not generalizable, the research points to potential areas where action is needed. I offer recommendations on what needs to be done to ensure successful DI that is attentive to the needs and wellbeing of children and their families. These issues need to be addressed especially at this critical point of piloting. If they are not addressed, there is a risk of false starts in the implementation of DI in Kenya, which can further lead to the marginalisation of children.

A National Survey of CCIs

A national survey of CCIs and children in alternative family care is one of the key issues that is required at this juncture. The DCS and NGOs are not aware of the scope of the problem and the number of children in CCIs, the number of unregistered CCIs, children in CCIs with no commitment papers, young adults above 18 years in CCIs, among others. The national survey would also make children visible and prevent system abuse, thus, laying good groundwork for the GoK, and external organizations to provide comprehensive child protection. Without knowledge on the extent of the problem, the DCS is not able to prepare strategies and budget for resources. Drah

(2012:12) supports a need for evidence-based programmes for children and notes that, “it is imperative to ensure that interventions for orphans are continually grounded in fresh and sound data that reflect the context”. Also building on such evidence through research needs to be cognizant of the local context including local resources that can be leveraged to enhance the child care environment (Okwany et al. 2011). In the National Survey of Institutions for Children in Rwanda, it was found that the oldest person living in a CCI was 43 years and 25.9% of residents were aged over 18 years (MIGEPROF and Hope and Homes for Children 2012:9). The empirical data of Kenya would, moreover, work on the mind-sets of those who still hold the view that CCIs are a better place for children. For the GoK, this evidence would point to the legitimacy and validity of the DI policy.

Continued conversations between Policymakers and Public

It has emerged in this research that it is not clear between the DCS and CCIs, who is responsible for ensuring the protection of children in CCIs. This has resulted in a blame game that has closed spaces for conversation in terms of how the government can work together with CCIs. While acknowledging that inadequate funding is a key issue in DI, I argue that we need conversations on how this problem can be solved. The report issued in 2008 also finds a gap in alternative care and adoption between the main player and other interested players (Williams and Njoka 2008:53). These conversations need to also be geared towards levelling awareness and knowledge on what constitutes DI and how it can be implemented. It also would involve bringing on board actors who are missing from this critical debate, mainly children and families. As Williams and Njoka (2008:53) note,

More sensitization meetings with the critical players to exchange views and promote good child care practice would be beneficial. These are relevant for High Court Judges, Children’s Court Magistrates, AACs and LACs, police and CPU, lawyers (especially those in groups set up to look after children’s interests), CCI staff, Children’s officers and volunteer officers.

It is disheartening to note that these issues raised by Williams and Njoka were proposed 10 years ago and are still the same issues that the country is still grappling with in terms of protecting marginalised children. Involving the beneficiaries in sensitization is indispensable at this moment where we are at a critical turning point in child protection in Kenya. Also, the main beneficiaries: children and families in the policy are not involved in the pilot project. The DCS and NGOs should sensitise them first and then others.

Creating a Neighbouring Environment for DI

DI is aimed at finding a new place or reuniting families with children currently residing in CCIs and supporting vulnerable families in non-institutional ways, with less reliance on institutional care and more reliance on extended families (Nsabimana 2016:54). Basic needs of families should be guaranteed through social assistance infrastructure. Although CT-OVC has been scaled up and is meeting the needs of more beneficiaries, I suggest that there is a need for enhancing social assistance and social protection in the following domains: the universal pension, universal health insurance and the reduction of secondary school fees.

The universal social pension was launched in January 2018 and all Kenyans who are 70 years of age are eligible. Each beneficiary receives 2,000 ksh (about US\$20) per month. In alternative care where grandparents bear the burden of orphan care, like the case of Joseph and his great-grandmother, this extra resource could prove indispensable. The social assistance to old caregivers will enhance the care of children in a supportive and loving household (Oswald 2009:30). In the same

period when the AFC pilot project, was implemented, the pilot project of universal health insurance was also launched. This could help in encouraging family care, especially for those low-income households.

Regarding access to education, there are still barriers even though the fee for secondary schooling was reduced in 2018⁴. Since the placement of children in CCIs is mostly justified in terms of enabling children to access education, the education policy strongly affects the financial ‘burden’ of childcare (Williamson and Greenberg 2010:12, Nnama-Okechukwu et al. 2018:4217). However, even within the context of this ‘free’ education, the allocations per school and cost per student is still minimal. However, this still places a burden on caregivers who have to pay for other expenditures not covered by the free education. These families who are not able to afford this are at high risk of family separation since access to education is the main reason for placement in CCIs. The education policy, therefore, should be improved urgently for DI implementation for creating stability in households.

Strengthening Social Workforce within Existing Child Protection System

Kenya was identified as one of the countries with a good child-friendly policy among the African governments (Cooper 2012:487). Nevertheless, social workforce which is responsible for implementation of care and protection of children is still overstretched in terms of capacity in Kenya. As mentioned in Chapter 5, this scenario creates ‘system abuse’ (Cashmore 1997). However, I have noted that the three or five days training in the Guidelines of AFC cannot transform one into adequate care providers in the context of labour-intensive child care work, therefore, there is a need for reforming social work through the DCS allocating adequate funds for existing child protection systems. AAC and VCO in order to train them and at the same time develop the governments social workforce. Besides, each sub-county children’s officer should be given professional responsibilities under the County coordinator. The AAC and VCO are community initiative frameworks for child protection and should be included in DI implementation so that there is ownership of the project. Giving ownership to communities would arouse their responsibility in childcare and extol the significance of traditional family care.

Way Forward - Successful DI in Kenya

The transition of childcare in Kenya has just started. I see these recommendations as the minimum criteria to respect the needs of children for successful DI implementation. This research conducted on DI indicates that while the DCS, CCIs and NGOs have addressed DI enthusiastically, practitioners must not lose sight of the objective of DI and address the current challenges facing it. The GoK, as the state, is the final arbiter of the rights of children and, therefore, bears the ultimate responsibility for protection and must take a leading role in DI. As witnessed in the case of Joseph, DI can affect a person’s entire life. Now, we are at a critical juncture of history and herein lies the possibility to do DI well or the risk of doing it poorly. The consequence can be either creating more psychological damage on children or providing a stable family environment for better care. Each activity by each actor determines the future of Joseph’s life. Take a pause for a second and think what the purpose of DI is. Finally, in the words of a care leaver (CL2) (2018), “Related to my story, DI is good, but DI is good if it is done properly”.

⁴ In 2018, the new structure of school fee for secondary education was introduced. Guardians pay 53,554 ksh while the government pays 22,244 ksh per student for boarding school. And, day school is free for all though the uniform is not included.

References

- Abebe, T. and A. Aase (2007) 'Children, AIDS and the Politics of Orphan Care in Ethiopia: The Extended Family Revisited', *Social science & medicine* 64(10): 2058-2069.
- Ainsworth, M. and D. Filmer (2002) *Poverty, AIDS, and Children's Schooling: A Targeting Dilemma*. Vol. 2885. World Bank Publications.
- Alternative Care Alliance-Kenya (Last updated 2017) 'Alternative Family Care Alliance - Kenya'. Accessed 30/08 2018 <<http://www.alternativecare.or.ke/>>.
- Assim, U.M. (2013) 'Understanding Kinship Care of Children in Africa: A Family Environment Or an Alternative Care Option?'.
- Atkinson, R. and J. Flint (2001) 'Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies', *Social research update* 33(1): 1-4.
- Bardach, E. (2009) *A Practical Guide for Policy Analysis : The Eightfold Path to More Effective Problem Solving*. (3rd edition. edn) Washington, D.C.: CQ Press.
- Barter, C. (1997) 'Who's to Blame: Conceptualising Institutional Abuse by Children', *Early Child Development and Care* 133(1): 101-114.
- Bernard, H.R. (2017) 'Interviewing I: Unstructured and Semistructured', 'Interviewing I: Unstructured and Semistructured', *Research Methods in Anthropology: Qualitative and Quantitative Approaches*, (6 edn). pp. 156-186. Rowman & Littlefield.
- Better Care Network and UNICEF (2015c) 'Making Decisions for the Better Care of Children: The Role of Gatekeeping in Strengthening Family-Based Care and Reforming Alternative Care Systems'.
- Better Care Network and UNICEF (2015b) 'Country Care Profile: Rwanda'.
- Better Care Network and UNICEF (2015a) 'An Analysis of Child-Care Reform in Three African Countries: Summary of Key Findings'.
- Bilson, A. and C. Larkins (2013) 'Providing Alternatives to Infant Institutionalisation in Bulgaria: How Gatekeeping can Benefit from a Social Development Orientation', *Children and Youth Services Review* 35(9): 1566-1575.
- Boothby, N., M. Wessells, J. Williamson, G. Huebner, K. Canter, E. Rolland et al. (2012) 'What are the most Effective Early Response Strategies and Interventions to Assess and Address the Immediate Needs of Children Outside of Family Care?', *Child abuse & neglect* 36(10): 711-21.
- Bunkers, K., A. Cox, S. Gesiriech and K. Olson (2014) 'The Faith to Action Initiative, Children, Orphanages, and Families: A Summary of Research to Help Guide Faith-Based Action'.
- Cantwell, N., J. Davidson, S. Elsley, I. Milligan and N. Quinn (2012) 'Moving Forward: Implementing the 'guidelines for the Alternative Care of Children''UK: Centre for Excellence for Looked After Children in Scotland.

Capitalnews (Last updated 2018) 'First Lady Roots for Increased Support for SOS Children's Villages'. Accessed 24/10 2018 <<https://www.capitalfm.co.ke/news/2018/06/first-lady-roots-increased-support-sos-childrens-villages/>>.

Cashmore, J. (1997) 'System Abuse', in M. John (ed.) *A Charge Against Society: The Child's Right to Protection*, Readers Digest.

Chege, N. (2018) 'Children's Personal Data: Discursive Legitimation Strategies of Private Residential Care Institutions on the Kenyan Coast', *Social Sciences* 7(7): 114.

Cheney, K. (2017) *Crying for our Elders: African Orphanhood in the Age of HIV and AIDS*. University of Chicago Press.

Cheney, K. (2016) 'Blood Binds: Confronting the Moral and Political Economies of Orphanhood and Adoption in Uganda', *Childhood* 23(2): 192-206.

Cheney, K. (2014) 'Giving Children a Better Life?' 'Reconsidering Social Reproduction, Humanitarianism and Development in Intercountry Adoption', *The European Journal of Development Research* 26(2): 247-263.

Cheney, K. and K.S. Rotabi (2017) 'Addicted to Orphans: How the Global Orphan Industrial Complex Jeopardizes Local Child Protection Systems', 'Addicted to Orphans: How the Global Orphan Industrial Complex Jeopardizes Local Child Protection Systems', *Conflict, Violence and Peace*, pp. 89-107. Singapore: Springer.

Csáky, C. (2009) *Keeping Children Out of Harmful Institutions: Why we should be Investing in Family-Based Care*. Save the Children.

Delap, E. and J. Wedge (2016) 'The Guidelines on Children's Reintegration'.

Diler, H. (2010) 'Chapter 5 'My Relatives are Running Away from Me'', in H. Dilger and U. Luig (eds) *Morality, Hope and Grief : Anthropologies of AIDS in Africa*, pp. 102-124. New York; Oxford; Berghahn Books.

Drah, B. (2012) 'Orphans in Sub-Saharan Africa: The Crisis, the Interventions, and the Anthropologist', *Africa Today* 59(2): 1-21.

Embleton, L., D. Ayuku, A. Kamanda, L. Atwoli, S. Ayaya, R. Vreeman et al. (2014) 'Models of Care for Orphaned and Separated Children and Upholding Children's Rights: Cross-Sectional Evidence from Western Kenya', *BMC international health and human rights* 14(1): 9.

European Commission Daphne Programme. (2007) 'De - institutionalising and Transforming Children's Services: A Guide to Good Practice'.

Faugier, J. and M. Sargeant (1997) 'Sampling Hard to Reach Populations', *Journal of advanced nursing* 26(4): 790-797.

Forbes, B., D. Lulu, E. Oswald and T. Tutnjevi (2011) 'A Systems Approach to Child Protection A World Vision Discussion Paper' World Vision International.

Foster, G. (2000) 'The Capacity of the Extended Family Safety Net for Orphans in Africa', *Psychology, Health & Medicine* 5(1): 55-62.

Foster, G., C. Levine and J. Williamson (2005) *A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*. Cambridge University Press.

Frimpong-Manso, K. (2014) 'From Walls to Homes: Child Care Reform and Deinstitutionalisation in Ghana', *International Journal of Social Welfare* 23(4): 402-409.

Government of Kenya (2001) 'The Children Act 2001'. Laws of Kenya, Republic of Kenya.

Government of Kenya and UNICEF (2014) 'Guidelines for the Alternative Family Care of Children in Kenya'.

Government of Kenya and UNICEF (2013) 'National Standards for Best Practices in Charitable Children's Institutions'.

Government of Kenya, UNICEF and Global Affairs Canada (2015) 'Taking Child Protection to the Next Level in Kenya'.

Hope and Homes for Children (2016) 'Hope and Homes for Children, Rwanda'.

ICP Conference (Last updated 2018) 'About the Conference'. Accessed 15/10 2018 <<https://www.icpconference.net/about.html>>.

Ijzendoorn, M.H.v., M.P.C.M. Luijk and F. Juffer (2008) 'IQ of Children Growing Up in Children's Homes: A Meta-Analysis on IQ Delays in Orphanages', *Merrill-Palmer Quarterly* 54(3): 341-366.

Joint Learning Initiative on Children and HIV/AIDS (JLICA) (2009) 'Home Truths: Facing the Facts on Children, AIDS, and Poverty'.

Killian, B., R. Pharoah, L. Richter, G. Foster and S. Germann (2004) 'A Generation at Risk? HIV / AIDS, Vulnerable Children and Security in Southern Africa', *Institute for Security Studies Monographs* 2004(109): 122.

KNBS (2017) 'Statistical Abstract 2017'.

KNBS (2013) 'Exploring Kenya's Inequity Pulling Apart Or Pooling Together? Kisumu County'.

Kogo, S.C. (2018) 'Do Orphans and Vulnerable Children have A Future? A Critical Analysis of Community-Based Social Protection Systems in Kenya', *Africa International Journal of Multidisciplinary Research (AIJMR)* 2(3): 59-68.

Kuehr, M. (2015) 'Rwanda's Orphans—Care and Integration during Uncertain Times', *Stability: International Journal of Security and Development* 4(1).

Lee, V.C., P. Muriithi, U. Gilbert-Nandra, A.A. Kim, M.E. Schmitz, J. Odek et al. (2014) 'Orphans and Vulnerable Children in Kenya: Results from a Nationally Representative Population-Based Survey', *Journal of acquired immune deficiency syndromes (1999)* 66 Suppl 1: S89-97.

- Licursi, S., G. Marcello and E. Pascuzzi (2013) 'Children in Need in the South of Italy: Features and Distortions in the Deinstitutionalisation of Care', *Children & Society* 27(5): 337-349.
- Lockhart, C. (2008) 'The Life and Death of a Street Boy in East Africa: Everyday Violence in the Time of AIDS', *Medical anthropology quarterly* 22(1): 94-115.
- Lombe, M. and A. Ochumbo (2008) 'Sub-Saharan Africa's Orphan Crisis: Challenges and Opportunities', *International Social Work* 51(5): 682-698.
- Macleod, H. (2001) 'Residential Care', in A. Levine (ed.) *Orphans and Other Vulnerable Children*, Washington, DC: Proceedings of a World Bank/World Vision conference.
- Madhavan, S. (2004) 'Fosterage Patterns in the Age of AIDS: Continuity and Change.', *Social science & medicine* (1982) 58(7): 1443-54.
- MIGEPROF and Hope and Homes for Children (2012) 'National Survey of Institutions for Children in Rwanda'. Wiltshire: .
- Monasch, R. and J.T. Boerma (2004) 'Orphanhood and Childcare Patterns in Sub-Saharan Africa: An Analysis of National Surveys from 40 Countries', *Aids* 18: S55-S65.
- Mulheir, G., B. Wilson, D. Mara, S. Darabus, G. Misca and K. Browne (2004) 'De-Institutionalisation of Children's Service in Romania A Good Practice Guide'. Bucharest: High level group for Romanian Children/UNICEF Romania office.
- Mwaniki, E.W. and A. Makokha (2014) 'Nutrition Status of Children in Orphanages in Selected Primary Schools within Dagoretti Division Nairobi, Kenya', *Nutrition & Food Sciences* .
- Myers, W. and M. Bourdillon (2012) 'Concluding Reflections: How might we really Protect Children?', *Development in Practice* 22(4): 613-620.
- NCCS (2015b) 'National Plan of Action for Children in Kenya 2015-2022'.
- NCCS (2015a) 'National Directory for Children's Service Providers' Nairobi.
- Nsabimana, E. (2016) 'The Process of Institutionalization-Deinstitutionalization and Children's Psychological Adjustment in Rwanda: Parents Matter', Université de Fribourg.
- Nsamenang, A.B. (1992) *Human Development in Cultural Context : A Third World Perspective*. Newbury Park: Sage Publications.
- Okwany, A., E.M. Ngutuku Mulongo, A. Muhangi and K. Marfo (2011) *The Role of Knowledge and Culture in Child Care in Africa : A Sociological Study of several Ethnic Groups in Kenya and Uganda*. Lewiston, NY [etc.]: Mellen.
- Okwany, A. and E. Ngutuku (2018) 'Non-State Social Protection Actors and Services in Africa', in N. Awortwi and G. Walter-Drop (eds) *Non-State Social Protection Actors and Services in Africa: Governance Below the State*, pp. 55-71. New York: Routledge.

Oswald, E. (2009) 'Because we Care: Programming Guidance for Children Deprived of Parental Care', *Monrovia, CA: World Vision*.

Phiri, S.N. and D. Tolfree (2007) 'Family- and Community-Based Care for Children Affected by HIV/AIDS: Strengthening the Front Line Response', in G. Foster, C. Levine and J. Williamson (eds) *A Generation at Risk : The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*, (First paperback ed. edn). pp. 11-36. Cambridge :: Cambridge University Press.

Reijer, D. (2013) 'Conclusion: Children and Young People, Older People and HIV in Zambia', 'Conclusion: Children and Young People, Older People and HIV in Zambia', *Grandparents as Parents: Skipped-Generation Households Coping with Poverty and HIV in Rural Zambia*, pp. 215-242. African Studies Centre, Leiden.

Roby, J. (2011) 'Children in Informal Alternative Care', *New York: UNICEF*.

Rose, G. (1997) 'Situating Knowledges: Positionality, Reflexivities and Other Tactics', *Progress in Human Geography* 21(3): 305-320.

Save the Children Fund (2007) 'Kinship Care: Providing Positive and Safe Care for Children Living Away from Home', *London: Save the Children UK*.

Soy, A. (Last updated 2018) 'Infanticide in Kenya: 'I was Told to Kill My Disabled Baby''. Accessed 23/10 2018 <<https://www.bbc.com/news/world-africa-45670750>>.

Subbarao, K., D. Coury and World Bank. (2004) *Reaching Out to Africa's Orphans : A Framework for Public Action*. Washington, D.C.: World Bank.

The St. Petersburg—USA Orphanage Research Team (2008) 'The Effects of Early Social-Emotional and Relationship Experience on the Development of Young Orphanage Children', *Monographs of the Society for Research in Child Development* 73(3): 295.

Tolfree, D. (2007) 'Child Protection and Care Related Definitions'. London: Save the Children UK.

Tostensen, A., H. Stokke and S. Trygged (2014) 'Means, Modes and and Methods: Donors Support Strategies for Child', in P. Gready and W. Vandenhoe (eds) *Human Rights and Development in the New Millennium : Towards a Theory of Change*, pp. 70-89. London : Routledge,.

Transform Alliance Africa (2018) 'Ending Institutional Care in Africa'.

Ucembe, S. (2013) 'Exploring the Nexus between Social Capital and Individual Biographies of “Care Leavers” in Nairobi, Kenya: A Life Course Perspective'.

UN General Assembly (2010) 'Guidelines for the Alternative Care of Children'.

UNICEF (2006) 'Child Protection Information Sheet'.

UNICEF (2004) 'The State of the World's Children 2004'.

UNICEF and National Commission for Children Rwanda (2013) 'Tubarerere Mu Muryangyo! Let's Raise Children in Families! Child Care Reform Programme'.

United Nations (1989) 'The Convention on the Rights of the Child (UNCRC)'.

Wessells, M.G. (2015) 'Bottom-Up Approaches to Strengthening Child Protection Systems: Placing Children, Families, and Communities at the Center', *Child abuse & neglect* 43: 8-21.

Wethington, E. and M.L. McDarby (2016) 'Interview Methods (Structured, Semistructured, Unstructured)', *The Encyclopedia of Adulthood and Aging* .

Williams, J.P. and J.M. Njoka (2008) 'A Technical Assessment of the Legal Provisions and Practices of Guardianship, Foster Care and Adoption of Children in Kenya'. Nairobi, Kenya: Department of Children's Service.

Williamson, J. and A. Greenberg (2010) 'Families, Not Orphanages', *New York: Better Care Network* .

Appendix 1

Key milestones in child protection and DI in Kenya

1990

- ♦ The United Nations Convention on the Rights of a Child

1993

- ♦ The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (or Hague Adoption Convention)

2000

- ♦ The African Charter on the Rights and Welfare of the Child (ACRWC)

2001

- ♦ Child Act 2001

2002

- ♦ The National Council for Children's Services (NCCS) with Area Advisory Councils (AAC) was inaugurated

2003

- ♦ Free primary education

2004

- ♦ The pilot project for Cash Transfer for Orphans and Vulnerable Children (CT-OVC)

2006

- ♦ Toll-free child help call (116)

2007

- ♦ The Cash Transfer for Older Persons Cash Transfer (OPCT)

2011

- ♦ The Cash Transfer for Persons with Severe Disabilities Cash Transfer (PWSD-CT).

2013

- ♦ National Standards for Best Practice in Charitable Children's Institutions

2014

- ♦ The guidelines for the alternative family care of children in Kenya
- ♦ New registration of CCI is not accepted anymore
- ♦ Intercounty adoption was banned

2018

- ♦ The pilot programme for the guidelines of alternative family care in Kenya in Kisumu County on June
- ♦ The pilot programme for the guidelines of alternative family care in Kenya in Kilifi, Kiambu and Nyamira County on August
- ♦ The Universal pension schemes launched
- ♦ The pilot programme for Universal Health Coverage (UHC) programme in Kisumu, Isiolo, Machakos, and Nyeri County

Source: own design

Appendix 2 Research Participants

Code	Area/ Position	Date and place of Interview	Background
DCS1	Institution section in Nairobi headquarters	7 July 2018 At Department of Children's Service (DCS) at Nairobi	<ul style="list-style-type: none"> Has joined the short training provided by LUMOS and HCC A trainer of the pilot project of AFC Has visited Rwanda for visit of the DI programme
DCS2	Alternative family care section in Nairobi headquarters	7 July 2018 At Department of Children's Service (DCS) at Nairobi	<ul style="list-style-type: none"> Has joined the short training provided by LUMOS and HCC A trainer of the pilot project of AFC Has visited Rwanda for visit of the DI programme
DCS3	Kisumu County Children's Officer	15 August 2018 At a cafe at Nairobi	<ul style="list-style-type: none"> A trainer of the pilot project of AFC
DCS4	Children's Officer of field office in Kisumu County	13 August 2018 At a children's office at Nairobi	<ul style="list-style-type: none"> A trainer of the pilot project of AFC
DCS5	Children's officer in Kisumu in an institution	2 August 2018 At Kisumu	<ul style="list-style-type: none"> Having both experience working in field office and institutions (Rehabilitation schools, remand homes) A trainer of the pilot project of AFC
DCS6	Children's officer in Kisumu in an institution	2 August 2018 At Kisumu	<ul style="list-style-type: none"> Having both experience working in field office and institutions (Rehabilitation schools, remand homes) A trainer of the pilot project of AFC
NGO1	A regional advocacy manager	11 July 2018 At a Café in Nairobi	<ul style="list-style-type: none"> Raised up at CCI in Nairobi. A member of Kenya Society of Care leavers (KESCA)
NGO2	A director	20 July 2018 At an office in Nairobi	<ul style="list-style-type: none"> Raised up at CCI in Nairobi A member of Kenya Society of Care leavers (KESCA) The secretary of Alternative Care Alliance - Kenya
CL1	A member of Kenya Society of Care leavers (KESCA)	14 July 2018 At a Café in Nairobi	<ul style="list-style-type: none"> Raised up at CCI in Nairobi. Working with NGO2 in NGO voluntary base.

CL2	A member of Kenya Society of Care leavers (KESCA)	23 July 2018 At a Café in Nairobi	<ul style="list-style-type: none"> ♦ Raised up CCI in Nairobi. ♦ Working as a social skill trainer as a volunteer.
CCI1	Administrator of CCI in Kisumu County	31 July 2018 At an office in Kisumu	<ul style="list-style-type: none"> ♦ The CCI take care of infants, children with disabilities and young adults. After 6 months of investigation, infants can be declared for adoption through the adoption society.
CCI2	Project coordinator of CCI	23 July 2018 At an office in Nairobi	<ul style="list-style-type: none"> ♦ In charge of coordinator the family strengthening programme
CCI3	Director of CCI	15 August 2018 At an office in Kisumu	<ul style="list-style-type: none"> ♦ The director came to the CCI as a missionary with his family. In the part of rehabilitation, they teach Christianity.
CCI4	A manager of the governmental CCI	3 August 2018 At an office in Kisumu	<ul style="list-style-type: none"> ♦ This CCI have children from 6months baby to aged 18 years old. The health center is in the CCI.
Cheif1	Chief 1, Seme Sub-county	14 August 2018 At a park in Kisumu	<ul style="list-style-type: none"> ♦ An assistant chief at Seme Sub-county in Kisumu county. He was appointed as an assistance chief in 2017.
Cheif2	Chief 2, Seme Sub-county	16 August 2018 At an office in Seme Sub-county	<ul style="list-style-type: none"> ♦ An assistant chief at Seme Sub-county in Kisumu county
Cheif3	Chief 3, Seme Sub-county	16 August 2018 At an office in Seme Sub-county	<ul style="list-style-type: none"> ♦ One of chiefs in 6 locations at Seme Sub-county in Kisumu county
Child Magistrate1	Child Magistrate	12 August 2019 At a cafe in Nairobi	<ul style="list-style-type: none"> ♦ She was trained and assigned as a child magistrate since 2002 worked at several counties.

Source: own design