REPORT ON THE SITUATIONAL AND FEASIBILITY ASSESSMENT OF CARE REFORM IN KENYA, CASE OF HOMABAY COUNTY

Miracle Foundation

1506 West 6th Street

Austin, Texas, 78703

Consultancy Firm

Victory Child Empowerment
Family For Every child

VICTORY CHILD EMPOWERMENT

P.O Box 3751(40200), Kisii, Kenya

JULY 2025

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

ACRWC – African Charter on the Rights and Welfare of the Child

BOM – Board of Management

CCI – Charitable Children's Institution

CBO – Community-Based Organization

CPIMS – Child Protection Information Management System

CSO – Civil Society Organization

DCS – Directorate of Children Services

FGD – Focus Group Discussion

KII – Key Informant Interview

MEL – Monitoring, Evaluation, and Learning

MHPSS – Mental Health and Psychosocial Support

MoH – Ministry of Health

NGO – Non-Governmental Organization

NCRS – National Care Reform Strategy

NCCS – National Council for Children Services

SOP – Standard Operating Procedure

TWG – Technical Working Group

UNCRC – United Nations Convention on the Rights of the Child

EXECUTIVE SUMMARY

This report presents the findings of a care reform situational assessment conducted to evaluate the transition from Charitable Children's Institutions (CCIs) to family and community-based care in Kenya with a specific focus on Homabay County. Guided by the National Care Reform Strategy for Children in Kenya (2022–2032), the study adopts a mixed-methods cross-sectional approach to examine the status, challenges, and strategic priorities for implementing care reform at the county level. Data was collected through document reviews, key informant interviews (KIIs), focus group discussions (FGDs), structured questionnaires, and administrative records from CCIs and government offices.

The assessment reveals that while awareness of Kenya's national care reform agenda is growing, its implementation remains uneven across counties. Major obstacles include inadequate infrastructure, limited staffing and capacity, weak coordination among agencies, dependency on donor funding, high staff turnover, and inconsistent interpretation and enforcement of policies. Cultural factors also play a role, as some communities hold positive attitudes toward institutional care, which alongside limited digital capacity particularly in using tools such as the Child Protection Information Management System (CPIMS) continues to slow progress.

Despite these barriers, the report highlights promising practices in counties where Care Reform Technical Working Groups (TWGs) have been established and a multi-stakeholder approach is embraced. Reintegration outcomes differ widely: while some children and families receive adequate support, others face economic hardship, stigma, and poor follow-up services. The need for strategic investment in workforce development, infrastructure, institutional reforms, monitoring systems, and family support services is emphasized to ensure a sustainable transition to family-based care by 2032. To address the identified gaps and challenges, the report proposes the following recommendations:

- **Strengthen Human Resource Capacity**: Recruit, train, and deploy qualified social workers, children's officers, and case managers. Develop standardized training on reintegration, case management, trauma-informed care, and disability inclusion, alongside continuous professional development.
- **Enhance County-Level Leadership and Commitment**: Strengthen or establish County Care Reform TWGs, integrate care reform into County Integrated Development Plans (CIDPs) and budgets, and carry out policy sensitization targeting both technical and political leaders.
- **Improve Infrastructure and Logistics**: Equip children's offices with adequate working space, transport, communication tools, and documentation resources. Transform Charitable Children's Institutions (CCIs) into community resource centers offering inclusive family-strengthening services.
- **Expand Community-Based Services:** Scale up parenting programs, mental health and psychosocial support (MHPSS), and economic strengthening initiatives. Support community-based organizations (CBOs) and faith actors in reintegration and follow-up.

- **Invest in Monitoring, Data, and Digital Systems**: Expand and support the CPIMS platform through training and improved ICT infrastructure for real-time case tracking and coordination.
- **Support CCI Transformation**: Develop clear national guidelines and provide financial and technical support to enable CCIs to transition into new roles aligned with care reform goals.
- **Promote Public Awareness and Community Engagement:** Launch sustained campaigns to reduce stigma, highlight success stories, and engage local leaders as care reform champions.
- **Ensure Policy Coherence and Stability**: Offer regular orientations for new leaders, strengthen national oversight, and provide counties with clear implementation frameworks and technical backstopping.
- **Develop Sustainable Financing Models**: Advocate for dedicated national and county-level public funding for care reform, support diversified funding strategies for CCIs and CBOs, and align care reform indicators with broader development and donor frameworks.

Effective implementation of these recommendations requires collaborative action from national and county governments, civil society, development partners, and communities to ensure that all children in Kenya grow up in safe, loving, and permanent family environments.

1.0 INTRODUCTION

1.1 Background information

Miracle Foundation is a Non-Governmental Organization that helps vulnerable children find safe, stable, and permanent families. Since its inception, we have been dedicated to improving the lives of children, directly supporting more than 45,000 children across 10 states of India. We are dedicated to ensuring that children grow up in safe and stable families. We achieve this by preventing children from entering institutional care whenever possible, reuniting children with their families, and providing support to strengthen families in need.

Miracle Foundation is exploring potential expansion into specific regions of Kenya. To inform this decision, the organization engaged a research consultant to conduct a concise situation assessment to gain insights into transition work in the country, focusing on what has worked well, what didn't work, contextual and emerging needs and strategic investment requirements to support Kenya's mandate to deinstitutionalize all children by 2032. This research will inform Miracle Foundation's strategic approach and interventions in Kenya towards family strengthening and family-based alternative care.

Kenya's National Care Reform Strategy (2022–2032) provides a comprehensive roadmap for transitioning from institutional to family- and community-based care for children, aligning with the Children Act 2022. The strategy is anchored on three pillars: preventing family separation through social protection and family-strengthening interventions; promoting alternative family-based care such as kinship, foster care, and adoption; and facilitating safe tracing, reintegration, and transition of children from Charitable Children's Institutions (CCIs) back into family environments. Key enabling elements include multi-stakeholder coordination across all governance levels, alignment of legal and policy frameworks, workforce development, digital case management systems like CPIMS, and sustainable financing. The strategy envisions transforming CCIs into community-based service hubs that support reintegration, aftercare, and family strengthening, with institutional care becoming a last resort.

As of recent estimates, Kenya has around 854 registered CCIs housing approximately 47,000 children, in addition to 28 government-run institutions. The main drivers of child separation include poverty, parental loss, illness, abuse, disability, and family breakdown, often exacerbated by weak community-based safety nets. The country's child protection system is structured across national, county, sub-county, and community levels, with roles assigned to the Directorate of Children Services, County Directors, Sub-County Officers, and local actors such as chiefs, teachers, health workers, NGOs, and Community Child Protection Volunteers (CCPVs). These actors coordinate through formal vertical and horizontal referral mechanisms to prevent separation, respond to child protection risks, and ensure continuity of care and support for vulnerable children and families.

- Context of the Study

Miracle Foundation is exploring potential expansion into specific regions of Kenya. To inform this decision, this assessment seeks to conduct a concise situation assessment to gain insights

into transition work in the country, focusing on what has worked well, what didn't work, contextual and emerging needs and strategic investment requirements to support Kenya's mandate to deinstitutionalize all children by 2032. This research will inform Miracle Foundation's strategic approach and interventions in Kenya towards family strengthening and family-based alternative care.

- **Key Areas of Focus for the study:**
    - **Status of Transition work**: Understand success, challenges, practices and gaps in Kenya's current transition efforts toward family-based care.
    - **Contextual & Emerging Needs**: Identify specific contextual needs, including language, program design, and technology adaptations that are critical for effective implementation.
    - **Strategic investment requirement**: Outline Kenya's evolving requirements and strategic investment priorities to ensure a sustainable transition by 2032.
    - **Organizational Sustainability**: Understand why some organizations initiate care reform work in Kenya but subsequently leave, identifying systemic challenges, resource constraints, or other barriers impacting the continuity of their efforts.
- **Deliverables**
    - Designing and developing research tool(s), including translation into local language, as required
    - Training and supervising investigators for data collection based on the prescribed research tool(s)
    - A detailed, comprehensive report on the findings and insights emerging from primary data collection. The outline and structure of the report finalized in consultation with Miracle Foundation
    - A presentation summarizing findings and key takeaways to support Miracle Foundation's strategy planning.
- **Limitations of the assessment**

Conducting care reform situational and feasibility assessment in Rachuonyo South, Homabay County the team experienced some limitations. These limitations include:

1. **Geographic Scope and Representation:** The assessment was conducted in one county, sub county and institutions, which may not fully represent the diverse realities of all regions in Kenya. The variation in county-level commitment, infrastructure, and community dynamics means that findings may not be generalizable across the entire country.
2. **Limited Sample Size:** The number of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and surveys was limited due to time and resource constraints. This may have restricted the depth and breadth of perspectives, particularly from children, caregivers, and grassroots service providers.

3. **Time Constraints:** The assessment was conducted over a relatively short period, limiting the opportunity for longitudinal follow-up or observation of reintegration outcomes over time. As a result, some emerging issues and long-term impacts may not have been captured fully.
4. **External Factors and Timing:** The study was carried out during a period when some counties were undergoing administrative changes, leadership transitions, or resource reallocation, which may have temporarily influenced the responses given and availability of key personnel.

1. SURVEY TECHNICAL APPROACH AND METHODOLOGY

2. Description of Survey Design and Approach

A mixed-methods, cross-sectional approach was adopted, incorporating both qualitative and quantitative data collection tools. The qualitative assessment included five Key Informant Interviews (KIIs) with government officials such as the County Coordinator Children's Services (CCCS), Subcounty Children's Officer (SCCO), chiefs, staff from Charitable Children's Institutions (CCIs), and other government administrators. Additionally, one KII was conducted with representatives of Community-Based Organizations (CBOs). Two Focus Group Discussions (FGDs) were held—one with youth/children care leavers and another with parents of reintegrated children. The qualitative component was further enriched by a desk review of key policy documents, including the Children Act 2022; Cap 141 Laws of Kenya and the National Care Reform Strategy. On the quantitative side, data were gathered through two structured questionnaires administered to families and CBOs, alongside administrative data obtained from three CCIs. The qualitative data were thematically coded, while the quantitative data were analyzed using Microsoft Excel. Both sets of data were used to address four core research objectives: the status of transition work, transition outcomes, contextual emerging needs and challenges, and the strategic investment requirements for organizational sustainability.

Table 1: Study Sample size

Data collection method	Cadre of respondents	No. of respondents
1. Key informant Interview	CCI	1
	Government Officials- CCCO, SCCO and Chief	3
	CBO- Centre for Health and Education Support for Children	1
2. FGD	Carel leavers ((No. of participants per group)	5
	Care leavers families ((No. of participants per group)	7
3. Questionnaires	Families of reintegrated Care leavers	7
	CBOs	2
4. Quantitative Data Collection Template	CCIs	3

2.2 Data Collection Methodology and Techniques

A cross-sectional study design was used targeting key stakeholders involved in care reform in Kenya. These included Charitable Children's Institutions (CCIs), families of reintegrated

children, Community-Based Organizations (CBOs), and government officials such as Children's Officers and local administrators. The study adopted mixed data collection methodologies, incorporating both qualitative and quantitative techniques. Methods included a desk review of relevant policy documents and organizational reports, Focus Group Discussions (FGDs) with youth/children care leavers and parents of reintegrated children, structured surveys administered to CCIs and families, Key Informant Interviews (KIIs) with government and CBO representatives, and physical observations of infrastructure and available resources in the CCIs and community settings. These complementary methods were selected to ensure triangulation and a holistic understanding of the status of care reform, transition experiences, emerging needs, and sustainability issues in the selected counties as explained here below.

2.2.1 Document review of existing policies and relevant records: - The assessment began with a thorough desk review of key policy documents and organizational records to establish a foundational understanding of the care reform landscape in Kenya. This included the Children Act 2022, Cap 141, the National Care Reform Strategy, and other relevant national and county-level frameworks. Reports and publications from NGOs and government agencies engaged in family strengthening and alternative care were also examined. The review provided secondary data that complemented primary data sources by offering contextual insight into existing legal provisions, programmatic approaches, best practices, and systemic challenges. This exercise also informed the design of data collection tools and ensured alignment with policy and institutional realities on the ground.

2.2.2 Key Informant Interviews (KII): Using semi structured questions, key Informant Interviews were conducted with a range of stakeholders who hold technical or strategic responsibilities in care reform. These included government officers at county and sub-county levels, such as County and Sub-county Children's Officers, chiefs, CCI administrators, and leaders of CBOs involved in child protection. Using semi-structured interview guides, the KIIs captured qualitative data on policy implementation, coordination mechanisms, systemic challenges, sustainability concerns, and opportunities for partnership. The interviews offered nuanced insights that helped validate and triangulate findings from other data collection methods. All interviews were conducted with prior consent and followed ethical research practices.

2.2.3 Focus Group Discussion (FGD): Using open ended questions, two Focus Group Discussions were held to explore collective community-level experiences and perspectives. One FGD was conducted with youth care leavers, while the second involved parents or caregivers of children who had been reintegrated from CCIs. Each group comprised 8–12 participants who were selected purposively based on their lived experiences with care reform. The discussions were moderated using participatory techniques and guided by open-ended questions that explored the reintegration process, challenges faced, support mechanisms available, and perceptions of family-based care. Sessions were audio-recorded with consent, and key themes were extracted during transcription and analysis to reflect both individual and group viewpoints.

2.2.4 Questionnaire Survey: Structured questionnaires were used to collect quantitative data from two primary groups: CCIs and families of reintegrated children. The survey instruments

captured information on operational practices, transition readiness, reintegration outcomes, and support systems. For CCIs, questions focused on governance, staffing, funding models, and transition plans. For families, the survey examined the child's return process, support received, ongoing needs, and sustainability of the reintegration. The data was collected electronically using KoboCollect, ensuring efficiency, accuracy, and GPS-tagged entries. Enumerators were trained in ethical research conduct and tool application. The quantitative data was analyzed using SPSS and Excel and presented through frequencies, tables, and graphs to inform the final report.

2.3 Sampling Techniques and Design

The assessment employed a purposive and stratified sampling design, tailored to ensure inclusivity and representation across key stakeholder groups engaged in care reform efforts within the selected counties. A modified cluster sampling approach was used to identify geographical areas (sub-counties) where care reform has been implemented or piloted. Within these clusters, specific CCIs, reintegrated families, CBOs, and relevant government offices were purposively selected based on their direct involvement in care reform activities.

Purposive sampling was particularly critical in selecting Key Informant Interview (KII) and Focus Group Discussion (FGD) participants, such as County and Sub County Children's Officers, chiefs, staff from CCIs, youth care leavers, and parents of reintegrated children, to ensure that only those with relevant knowledge and experience were included. Snowball sampling was also applied in cases where eligible respondents particularly reintegrated families and care leavers were identified through referrals by initial contacts.

In designing the sample, considerations were made to capture diversity in terms of gender, age, disability status, and rural-urban representation. Final determination of sample sizes and participant lists was done in consultation with the Miracle Foundation team during the inception phase, based on the population size, geographic scope, and logistical feasibility. This approach ensured a balanced and contextually grounded representation of stakeholder voices across the care reform landscape.

2.3.1 Quantitative Data collection & Analysis: The survey questionnaires were administered electronically offline by the enumerators and uploaded using Kobo collect app. To ensure data quality, the consultant team continuously checked on data errors and liaised with the enumerators in case of errors or outliers to verify their submissions. Descriptive quantitative data analysis was done using IBM SPSS Statistics Version 23 and MS Excel. Data was presented through percentages, frequency tables and cross-tabulations and summarized in tables, rankings, graphs and charts.

2.3.2 Qualitative Data collection and Analysis: - Information gathered during the FGDs and KIIs was documented during the interviews and a copy of the same submitted immediately thereafter online. Qualitative data was coded using the open coding system and analyzed using thematic and content analysis techniques guided by the survey objectives and scope of work. Analyzed data both qualitative and quantitative was used to develop the report.

3.0 CHAPTER THREE: KEY FINDINGS

This chapter presents the key findings on early warning signs of internal and external harm experienced by children within Charitable Children's Institutions (CCIs), families, and community settings. It explores the underlying factors, such as inadequate parental support, weak reintegration planning, poverty, and gaps in psychosocial support. The section also examines existing safeguarding measures put in place by CCIs, community-based organizations (CBOs), and government stakeholders—including staff training, community awareness sessions, and child protection reporting mechanisms. In addition, the chapter identifies critical gaps in safeguarding practices, such as limited capacity among caregivers and institutional staff, inconsistent monitoring systems, low awareness of children's rights within families, and poor inter-agency coordination. It concludes by highlighting constraints affecting effective safeguarding, and outlines key recommendations for strengthening policies, training, reporting structures, and multi-stakeholder collaboration to ensure safe and nurturing environments for all children transitioning to family-based care.

3.1 STATUS OF TRANSITION WORK

3.1.1 Policy Awareness and Implementation

Kenya has made notable progress in advancing policy awareness and implementation of care reform, anchored by a strong legal and strategic framework. The enactment of the Children Act 2022 (Cap 141) marked a significant milestone by formally recognizing the child's right to family-based care and establishing clear guidelines to limit institutionalization, particularly for children under the age of three. Complementing this is the National Care Reform Strategy (2022–2032), which provides a phased roadmap to transition all children from Charitable Children's Institutions (CCIs) into safe, stable, and nurturing family-based environments by the year 2032.

Awareness of these policies is relatively high among national and county-level policymakers, implementing partners, and child protection stakeholders. Several counties have already launched localized care reform initiatives, with support from UNICEF, Changing the Way We Care (CTWWC), and other civil society organizations. Demonstration counties such as Kisumu, Kilifi, Nyamira, and Murang'a are piloting key components of the strategy, including reintegration of children, prevention of family separation, and systems strengthening.

While the Children Act 2022 (Cap 141) provides a strong legal foundation, several respondents noted that they had not received adequate training or guidance on its practical implications, resulting in considerable varied **policy awareness and implementation** at county, sub-county, and community levels among administrators, CCIs, and CBOs with uneven training, unclear leadership and budget disparities for family follow-up and monitoring.

County Level: Respondents generally demonstrated higher awareness of the Children Act Cap 141 and the National Care Reform Strategy, but with significant gaps in training and operational understanding.

Sub-county Level: Sub-County Children Officer demonstrated general knowledge of new policies but report insufficient structured orientation and practical training. Policy communication at this level tended to be irregular and informal. Operational challenges such as inadequate technology, and lack of defined protocols impede effective monitoring and follow-up.

"The Children Act 2022 is powerful, but most of us haven't been trained on what it means for our daily work." – Children's Officer

"No one has ever trained me about care reform officially." – Sub-county Children's Officer

"We are confused about who is in charge. Today it's the sub-county officer, tomorrow it's the chief." – CBO Representative
"We do not know who to report to after the child has left the CCI Representative."

"There is no budget for follow-up visits or community engagement." – Sub-county Officer
"Everything stops when donor funds end." – CBO

We do not have ICT infrastructure; we do not have internet connectivity. - Sub-county Officer

Community Level (CCIs, CBOs, and Local Administrators): Policy awareness among CCI staff, CBOs, and local chiefs is inconsistent, often relying on informal or crisis-driven communication rather than systematic sensitization. Implementation varies widely: some CCIs strive to follow family-based care standards but face resource and training constraints. Community buy-in is hampered by exclusion from planning and lack of ongoing sensitization.

"We are called in only when there's a crisis, but no one involves us when planning these care reforms." – Area Chief

"One family gets help; the next does not. There's no uniform system." – CBO Director

3.1.2 System, Structure and Coordination

Kenya's child protection framework is structured under the overall coordination of the Directorate of Children Services (DCS), which operates at national, county, sub-county, and village levels through a network of officers and Child Protection Volunteers (CPVs). Collaborative entities—including the Children Assembly Kenya (CAK), Area Advisory Councils, and Child Protection Units (CPU) at police stations—are established to enhance multi-level engagement and oversight. Refer to Annex 1 on how the structure of Child Protection System looks like in Kenya.

The system, structure, and coordination mechanisms for care reform are grounded in the framework provided by the National Care Reform Strategy (2022–2032) and the Children Act 2022. At the national level, the Directorate of Children Services (DCS), under the State Department for Children Services, leads in policy formulation, standard-setting, and coordination of care reform processes. The DCS works closely with other line ministries, development partners, and civil society organizations to provide strategic guidance and technical oversight in transitioning children from institutional care to family and community-based care.

The structure at the county level reflects the devolved nature of governance in Kenya. Counties are responsible for implementing care reform interventions, supported by County Children's Coordinators and emerging structures such as County Care Reform Technical Working Groups (TWGs). These TWGs, where established, bring together representatives from government departments, civil society, faith-based institutions, and community-based organizations to coordinate implementation, monitor progress, and share learnings. In demonstration counties like Kisumu, Kilifi, Nyamira, and Murang'a, this structure has enabled more coordinated action and alignment of efforts across sectors including health, education, justice, and social protection.

However, the effectiveness of coordination varies significantly across counties due to disparities in institutional capacity, stakeholder engagement, and resource availability. In some counties, care reform coordination is still ad hoc, with limited integration into existing child protection and social service delivery mechanisms. There is also a need for more structured referral systems, harmonized case management tools, and inter-agency accountability frameworks to improve collaboration and impact.

To enhance system functionality, it is essential to strengthen institutional arrangements at both national and county levels. This includes building the technical capacity of frontline officers, formalizing multi-stakeholder coordination forums, aligning budgets with care reform priorities, and integrating care reform indicators into monitoring and evaluation systems. Sustained coordination and a well-structured system are critical to ensuring that children are safely reintegrated into families and supported through sustainable community-based care interventions.

Local administrators such as chiefs, police officers, and other grassroots actors serve critical functions in referring cases and enforcing child protection laws. However, qualitative evidence indicated that these key community gatekeepers are frequently excluded from DCS-led planning and are not regularly informed about evolving care reform policies. This sense of marginalization was captured in one chief's statement:

> *"We are called in only when there's a crisis, but no one involves us when planning these care reforms."* – Area Chief

Despite the presence of collaborative structures, the study revealed that coordination was fragmented both across government sectors (national, county, and local levels) and among civil society organizations (CSOs) and community-based organizations (CBOs).

Stakeholders emphasized inadequate sensitization and orientation across all levels that continued to undermine the transition from institutional to family-based care. As one sub-county children's officer noted:

> *"Without sensitization, the vision of transitioning children from institutional to family-based care will remain largely unfulfilled." Sub-county Children's officer*

Similarly, civil society voices stress the need for unified approaches:
"Collaboration from various groups of people to come together and help out in family strengthening."— CBO representative

3.1.3 Reintegration Patterns/Outcomes

Reintegration of children into family and community-based care has followed varied patterns shaped by institutional practices, family readiness, and systemic support mechanisms. In counties where care reform has been piloted reintegration efforts have generally prioritized returning children to their biological families or extended kinship networks. This has often involved initial family tracing and assessments conducted by social workers or CCI staff, followed by planned reunification, monitoring, and in some cases, short-term financial or psychosocial support.
Some reintegration processes have included transitional arrangements such as foster care or supported independent living, especially for older children and youth with limited family options. In a few cases, reintegration has also involved collaboration with community-based organizations (CBOs) that provide case management, counseling, and livelihood support to receiving families. However, reintegration has not always followed a standardized or well-supported pathway. Patterns vary significantly between institutions and counties due to differences in policy understanding, availability of resources, and local capacity. transitional arrangement refers to the structured and time-bound process through which children currently living in Charitable Children's Institutions (CCIs) or other forms of institutional care are safely and systematically moved into family- and community-based care settings.

According to UNICEF's case study titled "Reintegration from residential care to kinship care *2020*a notable trend is the reintegration of children in bulk, often driven by funding pressures or institutional closure directives, without adequate preparation or follow-up. This can lead to placement breakdowns, particularly when families are unprepared or lack ongoing support. In some cases, children have cycled back into institutional care or found themselves in alternative unsafe arrangements such as child-headed households or informal fostering.

Overall, successful reintegration patterns are characterized by individualized case planning, gradual transition processes, family strengthening interventions, and coordinated monitoring by government and civil society actors. Gaps in standardized procedures, post-reintegration support, and data tracking continue to affect the consistency and sustainability of reintegration outcomes. Moving forward, there is a need to develop clear national reintegration guidelines, invest in follow-up systems, and enhance the capacity of CCIs and local stakeholders to implement child-centered, family-focused reintegration plans.

Across three sampled CCIs, 49 children were reintegrated in the previous three [3] years: 86% returned to birth families, 10% to kinship, and 4% to foster care; as shown in Figure 1 below.

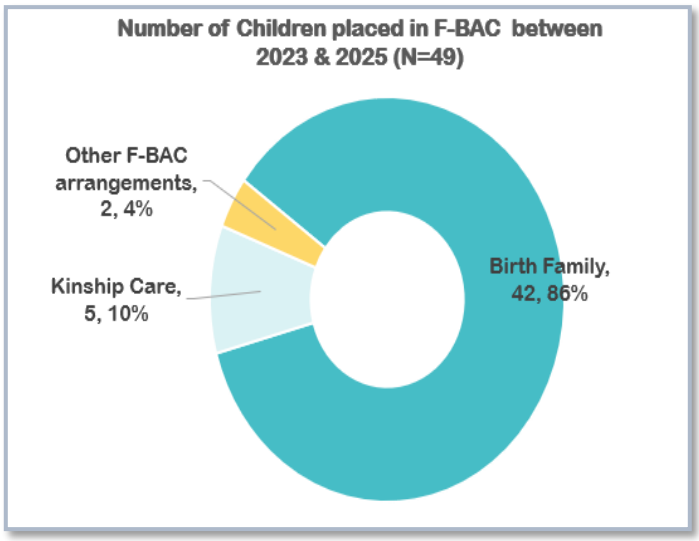

Figure 1: Reintegration pattern

Household survey showed that majority of the reintegrated children aged between 14-17Yrs, followed by 10-13yrs (30%) as shown in figure 2 below

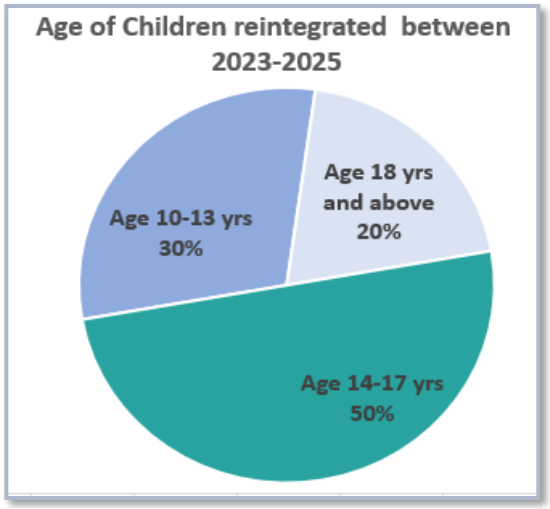

Figure 2: Age of reintegration children

3.2CONTEXTUAL AND EMERGING NEEDS

Kenya's care reform journey, guided by the National Care Reform Strategy (2022–2032), must be understood within its unique social, cultural, and economic context. The success of transitioning children from institutional to family-based care hinges on addressing a constellation of contextual and emerging needs at multiple levels.

3.2.1 Socio-Cultural and Linguistic Adaptation

A key emerging need is the adaptation of communication to local languages and community contexts. While national policies and implementation tools are often disseminated in English or Kiswahili, many caregivers and community members primarily use local dialects. This language gap can hinder understanding of reintegration processes, limit participation in child protection efforts, and reduce the effectiveness of training and awareness-raising initiatives. Translating key materials and using culturally appropriate communication methods is essential to ensure inclusivity and meaningful engagement.

One of respondents cited noted a gap in meaningful engagement with children with speech disability.

> *I would like my Children officers to learn basic sign language in cases of children who are defiled and cannot speak- County Children's Officer.*

3.2.2 Economic Hardship and Family Realities

Economic poverty emerges as the predominant factor driving institutionalization and challenging reintegration.

Findings from families with care leavers revealed that **poverty is the primary reason for institutionalization**—all families surveyed (100%) identified lack of school fees and inability to meet basic needs as the main factor for placing children in Charitable Children's Institutions (CCIs). Other factors included the loss of one or both parents (43%), caregiver disability or chronic illness (29%), abuse or neglect at home (14%), and family breakdown, divorce, or separation (14%) as illustrated in the Figure 3.

Reasons	No. of respondent	% of respondents
Lack of school fees	7	100%
Parents unable to meet basic needs	7	100%
Loss of one or both of parents	3	43%
Disability or chronic illness of caregiver	2	29%
Abuse or neglect at home	1	14%
Family breakdownDivorceseparation	1	14%

Figure 3: Reasons for institutionalization

Parents' testimonies underscore economic desperation:

"I had no money to raise my child after my husband died. The institution gave me a way out." – Parent

3.2.3 Institutional Care Experience and Duration

Children in CCIs often spend prolonged periods under institutional care—sometimes from infancy through adolescence—affecting their psychosocial wellbeing and reintegration readiness. Care leavers reported institutional stay ranged between **5 and 18** years before reintegration. Care leavers expressed mixed feelings: gratitude for basic support but unpreparedness for independent life outside institutional care. Feelings of isolation and lack of family support upon exit are common:

Care Leavers' testimonies below underscore deep dependency on institutional support and low preparedness for independence.

"I feel at home in the institution because I am provided with everything. Outside, even getting food is a struggle."- Care Leaver

"It was hard for me because I have no relatives, I went and stayed with the director's relatives in Nairobi. Getting food was hard."- Care Leaver

The responses reflect the potential long-term effects of institutionalization on social and emotional development.

3.2.4 Limited Digital Infrastructure and Access at the Frontline:

Technology is another critical area requiring adaptation. There is a growing need for simplified, accessible digital platforms for case management, virtual counseling, mobile learning for care

leavers, and reporting systems. Without deliberate investment in digital capacity-building and infrastructure, the potential of technology in care reform will remain underutilized.

Tools like CPMIS are data management systems for case monitoring and follow up.

3.2.5 Use and Capacity of CPMIS:

All respondents stated they were comfortable using technology including all the caregivers of the reintegrated children (100%) who stated that they were somewhat comfortable using technology citing use of smartphones,

Respondents offered mixed views on the Child Protection Management Information System (CPMIS). While government officers at county level acknowledged its value in centralizing case data, subcounty-level staff and CCI actors reported limited access or familiarity with the system.

In several cases, CPMIS was either non-operational or accessible to only a few trained officers. CCI staff and local CBOs indicated they were often excluded from using the system, relying instead on manual records or verbal updates. One officer explained:

"We have one old laptop and no internet—how are we expected to track children?" – Subcounty Officer

Most frontline and local actors (including chiefs) have never been trained, sensitized, or given access [to CPIMS] as highlighted by one of the KII respondents:

> *I have no idea on what that (CPMIS) IS and what it does. We are yet to be sensitized on that. The local Sub County Children Officer in one of the meetings I attended, I heard him talk about it. - Chief*

This highlights a gap in digital capacity building. Improved access, training, and decentralization of CPMIS use are essential for case tracking, reintegration monitoring, and accountability in care reform.

3.2.6 Preparedness of Care Leavers and Families: Mental Health and Psychosocial Needs

a) Family Preparedness and Engagement

Furthermore, the preparedness of care leavers and families reveals an urgent need for more robust mental health and psychosocial support systems. Reintegration can be traumatic for children and stressful for caregivers, yet structured counseling and emotional support services are often lacking. Children with disabilities face additional exclusion due to limited access to specialized care, inclusive education, and assistive services, making them more vulnerable during the transition from institutional care.

The assessment revealed varying levels of preparedness among care leavers and families during the transition from institutional to family or independent care. While majority (71%) of the families described transition as smooth and well-coordinated, a significant percent of parents while nearly half the families (57%) reported incomplete involvement as shown in figure 4 below.

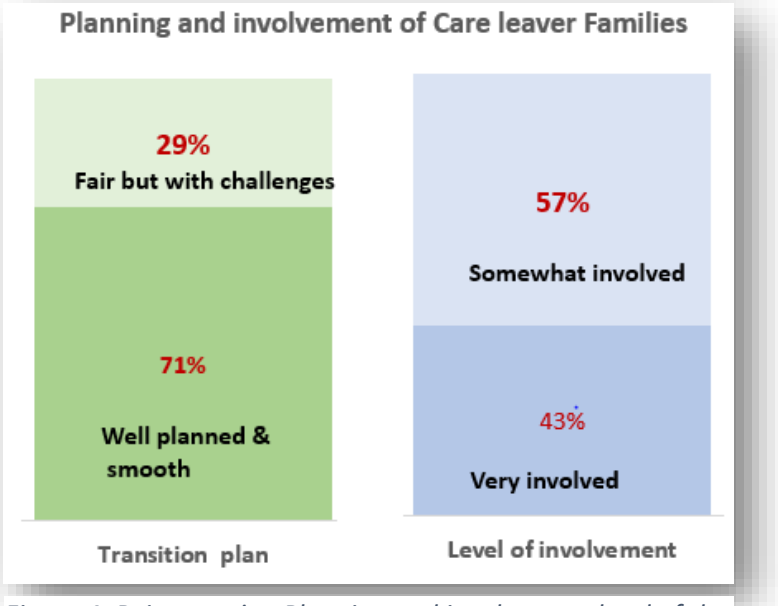

Figure 4: Reintegration Planning and involvement level of the Families and children

Testimonies from the parents further highlighting in adequate preparedness to receive the children from the institutions as cited here below.

"We were just told the children are coming back. No one told us what to do or how to take care of them." — *Parent (FGD)*

The findings and feedback from the parents point to gaps in communication and the need for greater family preparation prior to reintegration, including training, emotional support, and individualized care plans.

b) Care Leaver Preparedness and Emotional Transition

Feedback from youth who had exited Charitable Children's Institutions (CCIs) indicated **mixed experiences**, with several describing a lack of structured planning and emotional support:

- **Limited Support and Isolation**

"It was hard for me because I have no relatives. I went and stayed with the director's relatives in Nairobi. Getting food was hard." — Care Leaver

- **Partial Support from Relatives**

"I stayed with relatives who supported me with a little help." — *Care Leaver*

- **Awareness, but Limited Transition Planning**

"My parents were aware that after form 4, I was supposed to get out of the institution, and I had to remind my parent that I was going home." — Care Leaver

- **Abrupt Exit Without Preparation**

"At 18, they just tell you to go. I had nowhere to go. No plan." — Care Leaver

These testimonies highlight a deep sense of vulnerability—especially for youth without family support—and underline the urgent need for **structured transition planning**, including psychosocial preparation, post-exit follow-up, and life skills training.

3.2.7 Transition and Role Adaptation of Charitable Children's Institutions (CCIs)

As Charitable Children's Institutions (CCIs) transition or repurpose their roles, there is a need for clear guidance and institutional support. Many CCIs face challenges in redefining their mission, retraining staff, and aligning with community-based care models. This calls for deliberate efforts to support institutions through technical assistance, policy alignment, and resource mobilization.

The assessment revealed that CCIs show commitment to reintegration but face critical barriers including inadequate training, resource constraints, unclear policy guidance, and weak government collaboration as explained here below.

a) Efforts by CCIs Toward Reintegration

CCIs reported involving families early and maintaining contact after reintegration through calls, visits, and coordination with local authorities. Support often continues until children complete secondary education. Record-keeping remains manual:

"We involve parents from the beginning… we even allowed some to pick their children on weekends before full reintegration." – CCI Respondent
"We keep a file for every child we reintegrate, though we don't have a digital system." – CCI Staff

b) Challenges in Reintegration Implementation

i. **Lack of Training and Adequate Tools:** Staff frequently rely on improvised methods due to absence of formal tools and qualifications:

"We do not have tools per se… it is done kienyeji (improvised) but with professionalism."

ii. **Insufficient Human Resources:** Workforce shortages hinder effective use of case management systems such as CPIMS. Limited staff make use of digital case management systems difficult:

"I do not use the CPIMS for the children we are trying to reintegrate because I am alone and there is limited workforce." – CCI Staff

iii. ***Inadequate Funding for Follow-Up:*** Limited budgets restrict capacity for follow-up visits or communications post-reintegration:

"After a child is reintegrated, we usually cannot follow up well. There is no budget for visits or phone calls." – CCI Staff

iv. ***Weak and Inconsistent Government Support:*** Dependency on donor funding threatens continuity, with counties often lacking dedicated budgets:

"When the funding stops, everything collapses. There is no county budget to carry on." – CBO Officer

v. ***Premature Discharges Without Community Preparedness:*** *Some discharges occur despite the community or relatives not being ready to receive the child:*

"They just say the child should go, but sometimes the community or relatives are not ready." – Chief

- ***Policy Ambiguity and Confusion:***
  CCIs expressed uncertainty about their evolving roles under care reform policies, lacking clear operational directives:

"We know there's a policy but we haven't been told what we should do differently as a CCI." – CCI Staff

- ***Poor Coordination and Communication with Government:***
  Many CCIs report exclusion from government case review meetings and receive instructions without meaningful consultation:

"Sometimes we are not involved in the government case review meetings. We just get instructions." – CCI Staff

While CCIs demonstrate commitment to reintegration and display several good practices, their efforts are impeded by inadequate training, limited human and financial resources, unclear policy guidance, and weak coordination with government agencies. To enable successful transition of CCIs towards family- and community-oriented care, structured institutional support—including capacity building, clear mandates, sustainable funding, and collaborative frameworks—is critical.

3.1.4 Pre and Post-Reintegration Support

Effective reintegration into family and community settings requires comprehensive support both before and after the transition. Pre-reintegration support is critical in preparing the child, the receiving family, and the community for a smooth and sustainable transition. This phase typically includes family tracing and assessment to determine the suitability and readiness of the placement environment. Where families are identified, social workers conduct preparation sessions focusing on strengthening parenting skills, clarifying expectations, and addressing concerns. For children, pre-reintegration support may involve psychosocial counseling, life skills training, and structured preparation for changes in environment, relationships, and routines. Additionally, CCIs are expected to collaborate with local authorities and community-based organizations to develop reintegration plans that are individualized, realistic, and informed by case management.

Post-reintegration support is equally essential to ensure the child's continued well-being and to prevent re-institutionalization. This includes regular home visits and follow-up by social workers to monitor the adjustment process, address emerging challenges, and offer guidance to caregivers. Families may receive material assistance—such as food, clothing, school fees, or income-generating support—to stabilize their economic situation and reduce the risk of

breakdown. Emotional support, including counseling for both the child and the caregivers, helps them navigate relational tensions and trauma that may resurface post-reunion.

Despite these expectations, studies and field assessments reveal significant gaps in both pre and post-reintegration support. In many cases, reintegration is rushed due to institutional funding pressures or policy directives, resulting in minimal family preparation and insufficient transition planning. Post-reintegration monitoring is often weak or short-lived due to capacity constraints within government and implementing partners. Children with disabilities or complex needs are particularly underserved, lacking access to specialized services and inclusive support.

To strengthen reintegration outcomes, there is a need to institutionalize a standardized reintegration protocol that mandates comprehensive pre- and post-reintegration interventions, backed by adequate resourcing, training, and coordination. Sustainable reintegration depends not only on placing the child with a family but also on supporting that family to become a stable, nurturing, and resilient environment where the child can thrive.

a) Parental Support Systems During and After Reintegration

While families received support both before and after reintegration. The findings showed sharp declines after reintegration, especially in critical areas such as financial and psychosocial support. Those who received substantial support before and during reintegration particularly financial assistance (100%) and food/material support (71%) these services dropped significantly after reintegration, with only 57% and 43% continuing to receive them, respectively. Counseling and parenting support also declined, and community support remained consistently low at just 14% as shown in Figure below. The community pooled resources to pay school fees for a child but it was observed that the contributions are always short lived.

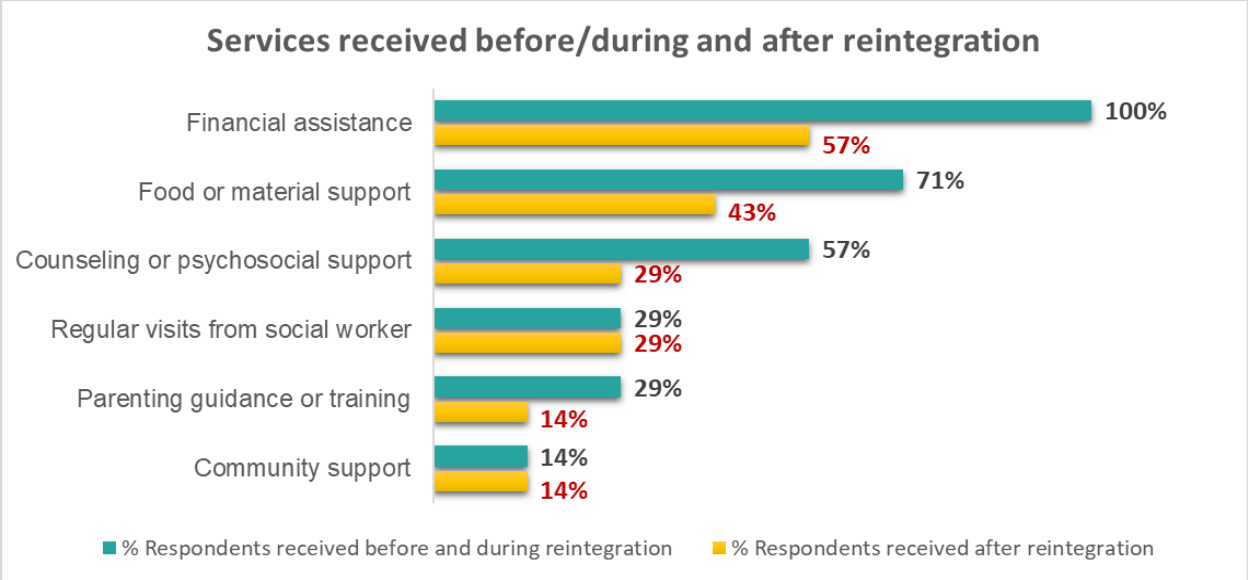

Figure 5: Pre and Post Reintegration Services Families received

"After my child came home, there was no more help. Everything stopped." – Parent

3.1.6 Post-Reintegration Follow-Up

From the household survey, only 29% of families reported receiving follow-up visits after reintegration. From Figure 5 above, among those 57% were visited once (before/during reintegration), 29% were visited 2-3 times (before and after reintegration)

FGD and KII responses showed that the visits were mostly from CCI staff or Subcounty Children Officers. The follow-up purposes included child well-being checks, school attendance monitoring, and safety assessments

However, many CCIs cited budget and staffing challenges as already mentioned in section **3.2.5 above.**

a) Main Reasons why some families not recieveing any support Identified through the FGD and KII responses included the following: -

- **Uneven prioritization of families**—some received structured support, others were left out entirely
- Lack of case-by-case assessment or follow-up plan
- **No formal referral system** from CCIs to government/community service providers
- **Staffing and time constraints**—officers could not reach all homes
- Inadequate tools for tracking reintegrated children

"One family gets help; the next does not. There's no uniform system." – CBO Director
"We try to visit the family before reunification, but we lack enough staff to follow up each case." – CCI Staff

b) Access to government resources after reintegration

Out of the 7 families interviewed, only one (14%) reported having received support from the government towards the child's education. Despite reintegration efforts, government assistance for families remains scarce. Support mainly came from the CCIs, CBO and Children's department, the respondents seemed not be clear about government structures and did not consider children officers as part of government. From FGD both with parents and care leavers, they stated NUL support from the government. This response was from HH questionnaire

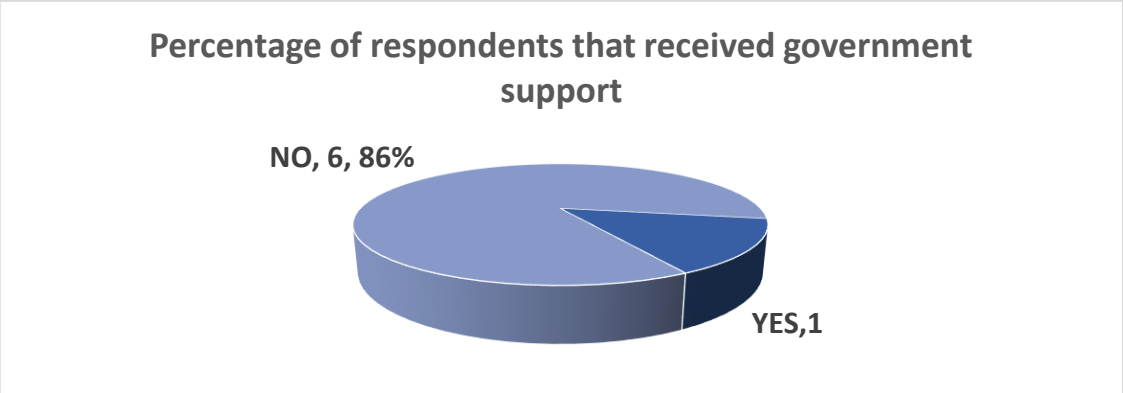

Figure 6: Access to government support

d) Parental Support Systems During Reintegration

Findings from the HH questionnaire showed that all respondents (100%) relied primarily on their own parenting experience or personal knowledge to support their child's reintegration, indicating a lack of structured external professional support. Additionally, 57% of parents acknowledged that the child's positive attitude and willingness to adjust played a key role. Other forms of support—such as assistance from extended family or relatives (29%), financial support (29%), regular follow-up from CCIs or social workers (29%), and counseling or emotional support (14%)—were reported by a minority of respondents as shown in figure 5.

The findings indicate limited access to formal and informal support systems, a sentiment that was highlighted during FGD with the care leaver parents.

"We were just told the children are coming back. No one told us what to do or how to take care of them." – Parent

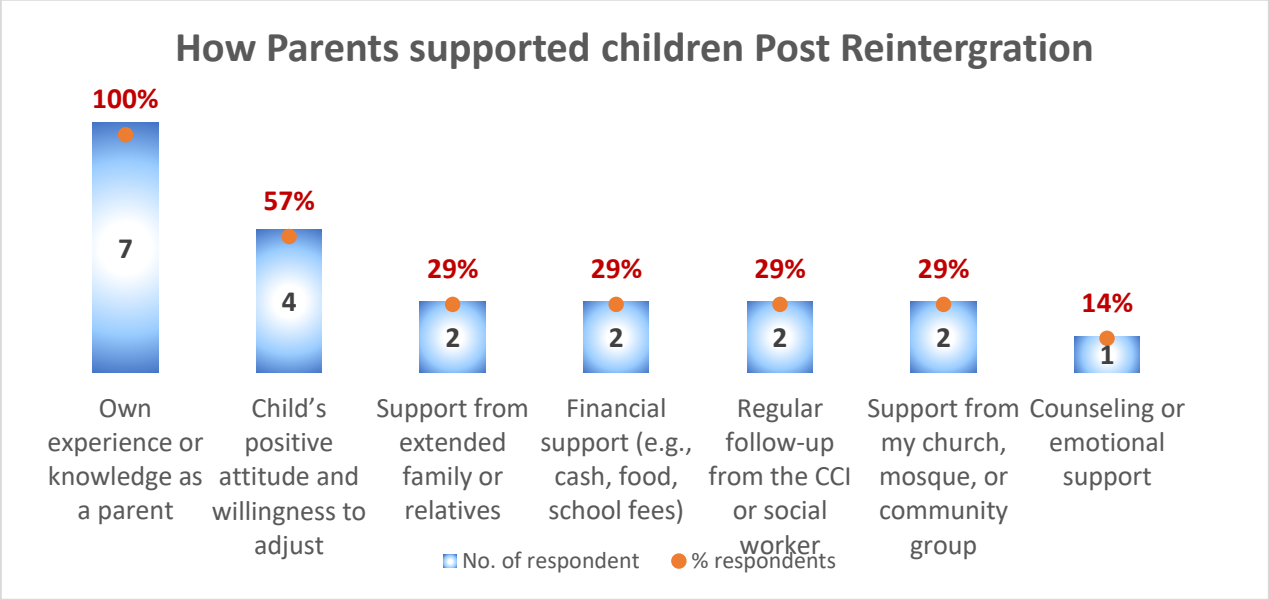

Figure 7: Post Reintegration Support

3.1.5 Pre and Post Reintegration Challenges and Needs

Information on Care reform in Kenya and globally highlights several structural and programmatic challenges that hinder the successful transition from institutional to family and community-based care. Structurally, one of the most persistent challenges is the fragmentation of coordination mechanisms across government levels and sectors. Although the National Care Reform Strategy (2022–2032) provides a guiding framework, implementation at the county

level remains inconsistent, with some counties lacking functional child protection units or care reform technical working groups. This results in a lack of clarity in roles, duplication of efforts, and poor inter-agency collaboration, especially between government departments, civil society organizations, and community actors.

Another structural gap lies in the inadequate resourcing of child protection systems. Both human and financial resources fall short of the growing needs associated with care reform. Social workforce shortages, lack of training on case management, and insufficient supervision mechanisms limit the effectiveness of reintegration and follow-up processes. In addition, many counties do not allocate specific budget lines for care reform activities, leaving the process heavily reliant on donor funding and project-based interventions, which affects continuity and sustainability.

Programmatically, the literature identifies weak reintegration planning and follow-up as a major gap. Many children are reintegrated without comprehensive preparation of the child or family, and follow-up support is often irregular or entirely absent. Reintegration plans are not always individualized or context-specific, leading to high risks of placement breakdown. Furthermore, limited psychosocial support, especially for care leavers and caregivers, is noted across several studies, undermining emotional stability and family cohesion.

The exclusion of children with disabilities and other vulnerable groups is also a recurring theme. Most reintegration programs are not inclusive, lacking adaptive services or assistive technologies necessary for effective care. Additionally, data management and monitoring systems are weak, making it difficult to track reintegration outcomes, identify systemic issues, or plan targeted interventions. There is often no centralized database capturing information on children in alternative care, their status, or service needs.
Lastly, the literature points to the unstructured transformation of CCIs as a barrier. While some institutions are willing to repurpose, there is no clear national framework to guide this process. Many CCIs struggle with identity, financial survival, and role definition in the new care paradigm. Staff are often ill-equipped for community-based service delivery, and boards lack guidance on strategic transition. According to Kenya's National Care Reform Strategy (2022–2032), Charitable Children's Institutions (CCIs) are not intended to be completely closed, but rather transformed into community-centered support services. The strategy outlines a phased approach in which CCIs gradually shift from providing long-term residential care to focusing on transitional arrangements, family-strengthening, aftercare, and community-facing roles.

Structural and programmatic gaps in Kenya's care reform landscape such as weak coordination, under-resourcing, inadequate reintegration planning, exclusion of special needs populations, and poor data systems continue to undermine the pace and quality of reform. Addressing these gaps requires a coordinated, adequately funded, and inclusive approach that is rooted in evidence, guided by clear frameworks, and responsive to local contexts.

a) Structural and Programmatic Challenges/Gaps

Greatest challenge for families that received reintegrated children and youth included lack of funds to meet child's basic needs (86%), accessing health care (86%), difficulty in meeting

education related expenses (71%), stigma/lack of acceptance by community (57%) and managing child's behavior (1%) as shown in graph below.

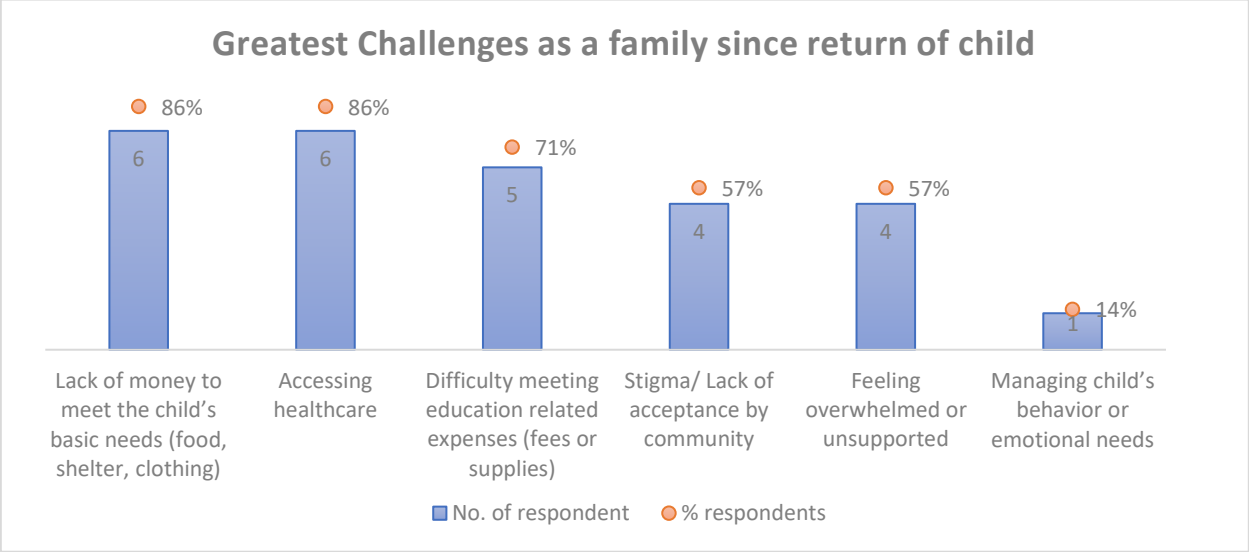

Figure 8: Challenges families have faced since return of child

b) Gaps in Communication and Training

Many families requested more communication and practical training prior to reintegration, a gap CCI staff also openly acknowledged:

"If we had been trained on how to handle them, it would be different. We just had to figure it out." – Parent

CCI staff specifically noted the need for structured, frequent training on reintegration planning, case management, and psychosocial support to ensure better preparation and smoother transitions for both children and families.

c) Challenges After Long Institutional Stays

Research by Research-gate indicates that children who spend extended periods in institutional care often encounter significant challenges that persist long after reintegration. A mixed-methods study in Uasin Gishu County, Kenya, found that prolonged institutional stays resulted in inadequate pre-reintegration visits and poor adherence to government guidelines, which hindered the child's warm reception upon return. Cultural adjustment and settling into new environments posed additional challenges, although their intensity was moderate. Structural neglect and deprivation common in long-term institutions lead to developmental delays, attachment disorders, and emotional deficits—symptoms described under "institutional syndrome".

A social-ecological review emphasizes that children's experiences in residential care characterized by staff instability, peer exposure, and limited social stimulation shape reintegration outcomes, with challenges arising at the individual, family, and community levels. Moreover, reintegration success in Kenya has been hindered by factors such as household

poverty, community stigma, and gaps in psychosocial support, as identified in studies with street-connected children in Kitale and by respondents in Uasin Gishu. Overall, the findings suggest that children with prolonged institutional experiences require tailored reintegration plans that include structured emotional and developmental support, family and community preparation, ongoing case monitoring, and targeted services for attachment and social skills. Without such measures, long-term institutionalization can significantly impair children's adaptation and contribute to placement breakdowns even after reintegration.

Reintegrated youth struggled with behavioral adjustment, identity, and social reintegration. Families were often unprepared to handle these changes.

"He was not the same child I took there. It's like starting from zero." – Parent

d) Operational Barriers to Reintegration

Findings from the KII and FGD revealed that operation barriers were both systemic and practical. Respondents reported inconsistent coordination as a result of limited partnership and fragmented planning between CCIs, DCS, police, and community actors, as echoed by both CCI staff and chief

"We try to visit the family before reunification, but we lack enough staff to follow up each case." – CCI Staff

e) Resource Constraints

CCI staff repeatedly reported inadequate transport, technology, and workforce, resulting in inconsistent service delivery:

"We have one old laptop and no internet – how are we expected to track children?" – Subcounty Officer
"I do not use the CPIMS for the children we are trying to reintegrate because I am alone and there is limited workforce." – CCI Staff

f) Lack of Stakeholder Mapping or Referral Pathways

Stakeholder mapping and the establishment of clear referral pathways are essential components of Kenya's care reform process, particularly in ensuring a coordinated and child-centered approach to transitioning children from Charitable Children's Institutions (CCIs) to family and community-based care. Stakeholder mapping involves identifying and categorizing the various actors involved in care reform based on their roles, influence, and capacity. Key stakeholders include national and county governments particularly the Directorate of Children Services (DCS) county-level children's officers, Charitable Children's Institutions, Community-Based Organizations (CBOs), faith-based organizations, social workers, health and education service providers, and child-focused NGOs.

Each of these stakeholders plays a specific role in the care and protection of children. For instance, government agencies are responsible for policy enforcement, oversight, and case management; CCIs provide interim care and must participate in preparing children and families for reintegration; while CBOs and NGOs offer support services such as family strengthening,

psychosocial counseling, and livelihood support. Faith-based organizations and community leaders often serve as gatekeepers and support structures during reintegration.

Referral pathways formalize how cases move across different actors to ensure timely, effective, and coordinated responses. A well-functioning referral system ensures that when a child is identified for reintegration, the case is assessed by social workers, matched with an appropriate family, and then linked to relevant services such as health care, education, parenting support, or cash transfers. Mapping these pathways ensures that roles are clearly defined, referral tools and forms are standardized, and feedback loops are maintained.

Currently, many counties still lack formalized referral protocols, and coordination among actors is often informal or fragmented. Strengthening referral systems involves developing county-level standard operating procedures (SOPs), creating multi-stakeholder coordination forums, and training frontline workers on how to navigate and use referral pathways effectively. Digital tools for referral tracking and case management, such as the Child Protection Information Management System (CPIMS), also need to be scaled and integrated across all key actors. Stakeholder mapping and functional referral pathways are critical for a holistic and sustainable care reform system. They ensure that children receive comprehensive, continuous support before, during, and after reintegration, and that service providers are aligned in delivering quality, coordinated care.

Findings showed that there was no formal system to track who is doing what, where, and how to make referrals across agencies or sectors. Stakeholder mapping and structured collaboration are lacking. Chiefs and CPVs are underutilized.

"I know who is in my locality... but no structured coordination." – Acting Chief

g) Incomplete Family Background Information

During the study, it was further reported that many children in CCIs have incomplete or inaccurate background information, which delays or even blocks reintegration efforts.

"Registration of children should strengthen so as to know and understand the background of the kids more." – CBO representative

Without proper registration or tracing systems, some children remain institutionalized **not because there are no families**, but because the system cannot locate or assess them.

h) Community and Cultural Barriers

These can significantly affect the implementation and acceptance of care reform initiatives in Kenya. In many communities, institutional care has long been viewed as a symbol of safety, structure, and access to basic needs such as food, education, and healthcare. This perception often leads to resistance against family-based care models, especially in cases where families are seen as unstable or unable to provide the same material support. Cultural beliefs also play a role in shaping attitudes toward reintegration. For instance, children who have lived in institutions may be perceived as "different" or "contaminated" due to prolonged absence from the community or perceived exposure to negative influences. In some cases, families who

reunite with institutionalized children face gossip, suspicion, or rejection from neighbors and extended family, undermining the child's reintegration process.

Additionally, traditional views on disability and mental health further complicate reintegration for children with special needs. In some cultural settings, children with disabilities are hidden or stigmatized, making it difficult for them to be accepted into family or community life. Gender norms may also influence care decisions, with boys sometimes prioritized over girls for reintegration or education support. These deep-rooted cultural attitudes not only slow the reintegration process but can also lead to placement breakdowns if not properly addressed.

To overcome these barriers, it is essential to engage communities early and consistently through sensitization forums, community dialogues, and involvement of local leaders, religious figures, and influencers. Promoting positive narratives about family-based care, sharing success stories, and addressing myths and misconceptions can gradually shift community mindsets. Embedding care reform into existing cultural practices of caregiving—such as kinship care—also offers a culturally relevant entry point for acceptance and sustainability.

However, feedback from the KIIs and FGD revealed that Taboos and stigma hinder acceptance of alternative care, especially fostering and adoption.

"In our culture, adoption is taboo—people say you are taking someone else's curse." – CCI KII

"The community was hostile. They almost burned our house." – Parent

j) Family and Community Resistance

This still remains a significant barrier to the successful reintegration of children from Charitable Children's Institutions (CCIs) into family-based care settings in Kenya. Many families, particularly those living in poverty or with limited support systems, express reluctance or refusal to take back children due to concerns over financial strain, emotional readiness, or fear of stigma. In some instances, families perceive institutional care as superior, offering children better access to food, shelter, education, and healthcare than they can provide at home. This perception, often reinforced by years of institutional dependence, creates hesitation to accept reintegration even when the child expresses a desire to return home.

Resistance is also driven by unresolved family conflicts, broken relationships, or trauma linked to the circumstances that led to separation in the first place. Where reunification is attempted without adequate preparation, caregivers may feel overwhelmed, unsupported, or burdened by behavioral challenges the child may exhibit. Additionally, some communities view reintegrated children with suspicion, associating their time in institutions with deviance, entitlement, or loss of traditional values. This social stigma can lead to rejection or marginalization of both the child and the receiving family, making reintegration emotionally and socially difficult.

To address family and community resistance, care reform efforts must include comprehensive preparation and support mechanisms. This involves psychosocial counseling, parenting education, conflict resolution, livelihood support, and consistent community engagement.

Building trust and reinforcing the value of family-based care through positive role models, peer support networks, and active involvement of local leaders and service providers is key to changing attitudes and fostering a supportive environment for sustainable reintegration.

Feedback from KIIs and FGDs showed that many caregivers' families, especially saw facing poverty, sometimes saw CCIs perceived institutions as providing better stability.

"If it was up to the parents, they would not allow reintegration… since the institutions bring more blessing than harm to vulnerable families." – CCI staff

"Parents sometimes say, 'They are better off in the children's home; at least they eat.'"- CBO representative

3.3 STRATEGIC INVESTMENT REQUIREMENTS

As Kenya advances toward its goal of transitioning all children from institutional to family- and community-based care by 2032, several evolving requirements and strategic investment priorities have emerged to ensure the sustainability and effectiveness of the care reform agenda. A central investment need is the strengthening of the social service workforce, particularly at the county level. This includes recruiting, training, and retaining professional social workers, child protection officers, and community case managers who are essential for family tracing, case management, reintegration planning, and follow-up support. Investments must be made not only in personnel but also in developing standardized training curricula and supportive supervision systems to ensure quality service delivery.

Another strategic area is the financing of family-based care interventions. Counties need to allocate dedicated budget lines to support reintegration programs, cash transfers to vulnerable families, livelihood strengthening, mental health and psychosocial support (MHPSS), and disability-inclusive services. Reducing overreliance on donor funding by integrating care reform priorities into county integrated development plans (CIDPs) and national budgeting frameworks will be key to sustainability.

Infrastructure and systems development is also a priority, especially in terms of expanding and maintaining digital platforms such as the Child Protection Information Management System (CPIMS). Investments are needed to improve internet connectivity, supply ICT equipment, and train users to ensure consistent and accurate data collection, analysis, and reporting.

Furthermore, Kenya must invest in the transformation and repurposing of Charitable Children's Institutions (CCIs). This includes providing technical and financial support to CCIs willing to transition into community hubs offering family support services such as parenting education, day care, psychosocial support, and after-school programs. Guidelines and resources are also required to facilitate staff retraining and the restructuring of institutional governance systems.

Community-based prevention and early intervention services must be expanded to reduce the risk of family separation. This includes community sensitization, parenting programs, early childhood development (ECD) services, and linkages to education, health, and social protection systems. Strategic investment should also prioritize the inclusion of children with disabilities,

ensuring access to assistive technologies, inclusive education, and specialized care services that support reintegration.

Policy enforcement, coordination, and learning systems require strengthening. Investments in monitoring and evaluation (M&E), research, and knowledge-sharing platforms will help document progress, inform decision-making, and scale promising practices. Strong partnerships between government, civil society, development partners, and communities are essential to mobilize resources and sustain momentum. Kenya's strategic investment priorities must focus on workforce capacity, family and community support services, digital infrastructure, institutional transformation, disability inclusion, and robust financing mechanisms. These investments will be critical in ensuring a safe, dignified, and sustainable transition to family-based care by 2032.

3.3.1 Program Pre and Post Reintegration Needs

a) Needs of Parents to make Reintegration Easier for Parents and the child

86% of families needed better communication before the child's return and needed more time to prepare the home, 71% expressed a need for specific training on how to support reintegrated children, as well as ongoing support post-return, 57% need peer support groups and 29% guidance from a social worker as shown below.

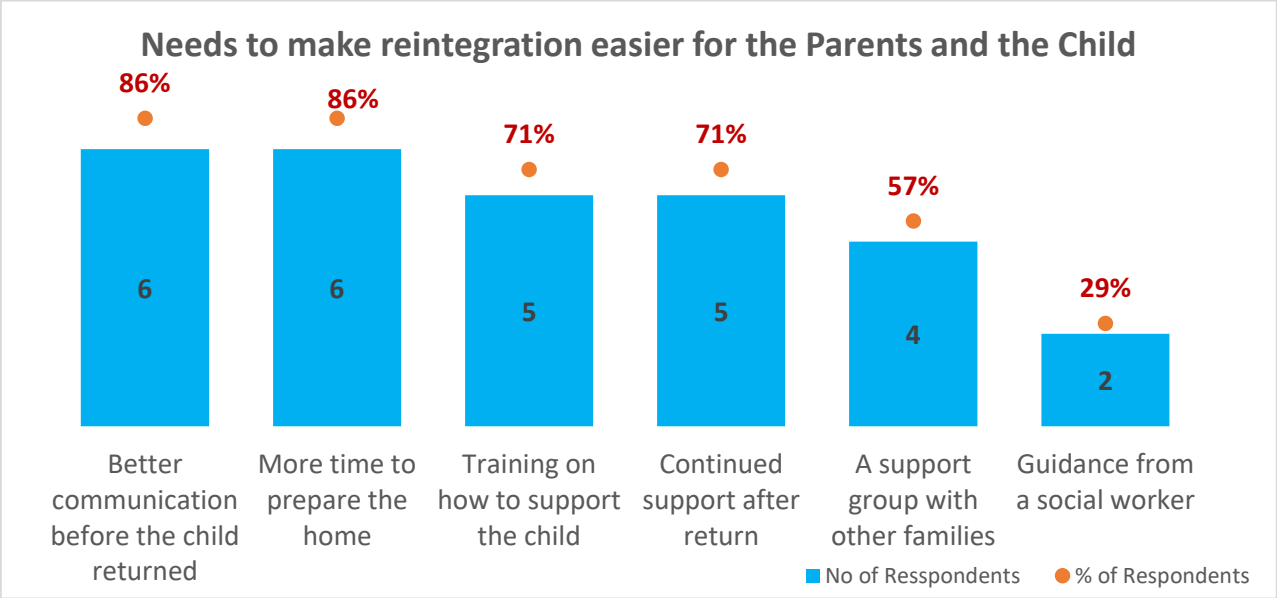

Figure 9: What would have made reintegration easier to parents

b) Family Recommendations for Sustaining Reintegration

The findings showed that majority of the families requests were ere centered on economic empowerment and livelihood whereby 86% of the families requested for economic empowerment programs to enable start businesses and 14% cited provision of job opportunities to enable parents meet children's basic needs. 43% called for regular home visits (follow up visits), while 14% called for broader government support, establishment of parent

support groups, affordable healthcare, and the creation of job opportunities for caregivers as shown in the Chart below.

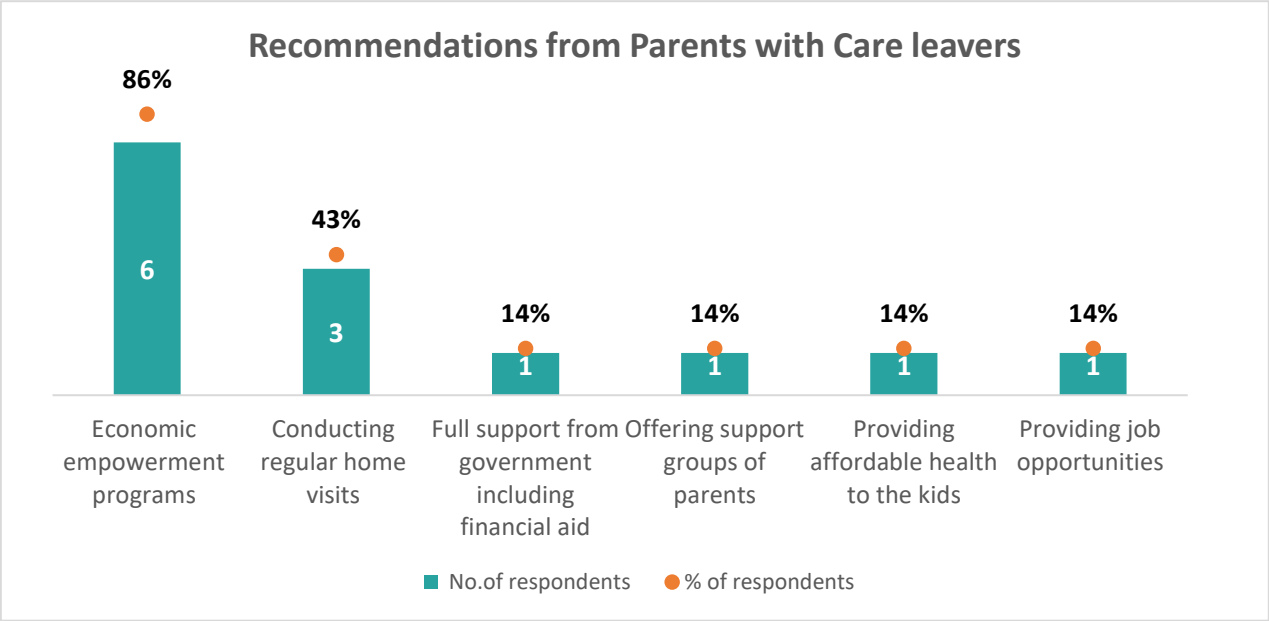

Figure 10: Recommendations from parents with reintegrated children and youths

These responses indicate a need for more robust, multi-dimensional safety nets and systemic interventions beyond financial assistance alone. Multi-sectoral interventions, including income-generating support, continued engagement through home visits, accessible healthcare, and peer support groups, would address both immediate and underlying vulnerabilities faced by reintegrated families.

3.3.2 Structural and Systematic Needs

For Kenya to achieve a sustainable transition from institutional care to family and community-based care by 2032, several structural and systematic needs must be addressed. A primary need is the strengthening of governance and coordination structures across national and county levels. While the National Care Reform Strategy (2022–2032) provides a policy framework, effective implementation requires operational structures such as County Care Reform Technical Working Groups (TWGs), inter-agency coordination mechanisms, and well-defined roles for both state and non-state actors. These structures must be institutionalized and supported by formal guidelines, resource allocation, and accountability mechanisms to ensure consistent engagement and coordination.

Another critical structural need is the integration of care reform into existing government systems and plans, including County Integrated Development Plans (CIDPs), national social protection frameworks, and education and health service delivery structures. Embedding care reform within mainstream development agendas helps ensure alignment, resource mobilization, and long-term sustainability.

Systematically, there is a need for a robust and standardized case management system that guides the identification, assessment, placement, and follow-up of children transitioning from

care. While tools and procedures exist, their adoption and consistent application across counties and institutions remain weak. Building a common case management protocol, supported by digital platforms such as the Child Protection Information Management System (CPIMS), is essential for tracking cases, monitoring outcomes, and informing decisions.

Human resource capacity is another major systematic gap. The shortage of trained social workers, case managers, and child protection officers limits the ability to deliver quality care reform services. There is an urgent need for investment in training, accreditation, deployment, and supervision of the social service workforce. In addition, many Charitable Children's Institutions (CCIs) lack clear transition plans and technical guidance to repurpose their roles within the care reform framework, highlighting the need for structured institutional transformation pathways.

Furthermore, policy enforcement and regulatory oversight are often weak at the local level, leading to unregulated admissions into CCIs and inconsistent reintegration practices. Strengthening inspection, licensing, and compliance functions is vital for ensuring that care reform principles are upheld. Kenya's care reform efforts must be supported by strong structural systems, institutional alignment, coordinated planning, skilled personnel, and standardized tools. Addressing these needs will create an enabling environment for the successful transition to a national system of family and community-based care for all children.

"Government bureaucracy and inconsistent policy implementation also frustrate NGO efforts. Delays in approvals, shifting regulations, unclear mandates, and political interference slows down projects or limits access to key resources. These barriers often discourage long-term engagement and make it difficult for NGOs and CBOs to work effectively with state actors."– CBO Director

3.3.3 Training and Capacity-Building

These are central pillars for the successful implementation of care reform in Kenya. As the country transitions from institutional to family and community-based care, the capacity of stakeholders at all levels government, civil society, community structures, and caregivers must be strengthened to ensure quality, consistency, and sustainability of services. One of the most urgent needs lies in equipping the social service workforce, including children's officers, social workers, case managers, and community child protection volunteers, with the skills and knowledge to manage reintegration processes, deliver psychosocial support, conduct family assessments, and monitor post-placement outcomes. Currently, gaps in professional training, high caseloads, and weak supervision hinder their ability to deliver effective services.

Additionally, staff in Charitable Children's Institutions (CCIs) require reorientation and retraining to adapt to new roles as their organizations shift from providing residential care to offering community-based support services. This includes training in case management, family strengthening, community engagement, and data documentation. The transformation of CCIs also requires capacity-building at the governance level, ensuring that boards and management teams understand policy requirements and can guide institutional change.

Community-based organizations (CBOs) and faith-based actors, who are often frontline service providers, also need training in areas such as positive parenting, child safeguarding, disability inclusion, referral pathways, and mental health and psychosocial support (MHPSS). Furthermore, building the capacity of caregivers and families is essential. Caregivers must be trained in parenting skills, trauma-informed care, and financial management to create safe and nurturing home environments for reintegrated children.

Capacity-building should be continuous and multi-layered, combining formal training sessions with mentoring, peer learning, and on-the-job support. Development and dissemination of standard training curricula and tools aligned with national guidelines is also critical. In addition, digital platforms can be leveraged to expand access to training, especially in remote areas. Investing in training and capacity-building is foundational to achieving Kenya's care reform goals. It ensures that all actors are equipped to support children's safe reintegration into families, uphold child rights, and deliver services that are professional, coordinated, and child-centered.

During the study, stakeholders across government, CBOs, and CCIs consistently identified the need for continuous training for government, CBO, and CCI staff on care reform, case management, data systems, and psychosocial support.

"There should be case management training for the reintegrated children rather than abandoning them after they have been taken back home." – Children's Officer

"We need trainings on guidance and counselling… Maybe mental health because our children at the institution are not brought up uprightly—they have issues."- CCI staff

Chiefs and local administrators were also clear in calling for basic orientation on their evolving roles, care reform programs, and how to utilize digital information systems like CPIMS.

3.3.4 Infrastructure Investment

A critical enabler for the successful implementation of care reform in Kenya, particularly in supporting the transition from institutional care to family and community-based care models. As Charitable Children's Institutions (CCIs) shift their focus from residential care to community support services, there is a need to repurpose their physical infrastructure into resource centers that can offer day care, after-school programs, parenting education, counseling, vocational training, and outreach services. This transformation requires financial investment to renovate existing buildings, re-equip facilities, and ensure they are child-friendly, accessible, and inclusive particularly for children with disabilities.

At the community level, infrastructure support is also needed to strengthen the delivery of preventive and supportive services. This includes establishing and equipping child protection offices at the sub-county level, setting up safe spaces for children, and providing mobility aids or assistive devices for children with special needs. Health, education, and social protection service points must also be adequately resourced to support reintegrated children and their families in accessing the holistic care they need.

In addition, investment in digital infrastructure is vital to facilitate data-driven planning and monitoring. Expanding the reach and functionality of the Child Protection Information Management System (CPIMS) requires stable internet connectivity, reliable power supply, and provision of ICT equipment such as tablets, laptops, and servers across all counties. Digital tools should also be extended to frontline social workers, CBOs, and community-based volunteers to ensure timely data entry, case tracking, and coordination of services.

Infrastructure development must also support the training and deployment of the social service workforce. This includes establishing training facilities, providing residential accommodation for field staff in remote areas, and equipping spaces for community dialogues, sensitization forums, and parenting workshops. Strategic infrastructure investments both physical and digital are essential to operationalizing care reform. They enable the establishment of decentralized, accessible, and inclusive services that support reintegration, prevent family separation, and uphold the rights and well-being of children in line with Kenya's 2032 care reform targets. Resource limitations, especially around technology and facilities, directly constrain effective child protection and monitoring.

One of the officers lamented during KII as quoted below:-

"Our office has one old laptop and no internet—how are we expected to track children?" Lamented a Subcounty Officer, highlighting the urgency of providing laptops, smartphones, internet connectivity, and other tools necessary for case management and follow-up.

Community volunteers stressed the importance of safe spaces, with one noting,
"There is need for structures at the community level where children can be protected while investigations are done or if families are not ready."

4. ORGANIZATIONAL SUSTAINABILITY

As the sector transitions from institutional care to family and community-based alternatives, organizations particularly Charitable Children's Institutions (CCIs), Community-Based Organizations (CBOs), and Non-Governmental Organizations (NGOs) must re-evaluate their missions, operational models, and funding strategies to remain relevant and effective. For CCIs, sustainability hinges on their ability to repurpose into family support hubs that provide services such as parenting education, counseling, vocational training, and child protection outreach. This transformation requires strategic planning, capacity-building, financial investment, and alignment with the National Care Reform Strategy.

Many organizations face challenges in sustaining operations during and after transition due to dependency on donor funding, which is often tied to the institutional care model. As funding for residential care decreases, there is a pressing need for organizations to develop diversified resource mobilization strategies, including partnerships with government, local philanthropy, social enterprises, and integration into county budgets and development plans. Embedding care reform services into broader health, education, and social protection programs can also enhance institutional longevity and access to funding.

In addition, human resource sustainability is essential. Organizations must invest in staff development, offer competitive remuneration, and create learning environments that encourage innovation and adaptation to new care models. This includes retraining staff to manage reintegration, provide psychosocial support, and work with families in community settings. Sound governance structures, strategic leadership, and clear operational policies are also key to ensuring organizations can navigate change and respond effectively to emerging needs.

Moreover, organizations must prioritize monitoring, evaluation, and learning (MEL) to demonstrate impact, ensure accountability, and inform continuous improvement. Building strong data management systems and aligning with national reporting platforms such as the Child Protection Information Management System (CPIMS) contributes to transparency and enhances the ability to attract long-term partnerships.

However the findings from the study showed that the sustainability of care reform in Kenya is undermined by persistent structural and systemic challenges. Organizations and frontline interviews consistently cited the following barriers

a) **Donor Dependence and Financial Instability:** Many organizations involved in child care especially Charitable Children's Institutions (CCIs) and local Community-Based Organizations (CBOs) have historically relied heavily on external funding, often tied to the traditional residential care model. As the national policy environment shifts toward family and community-based care, donor funding is also transitioning, leaving institutions that fail to adapt vulnerable to financial collapse. This overreliance on donor support creates uncertainty and limits long-term planning, especially when funding is short-term, project-based, or restricted to specific activities.

   The absence of diversified and sustainable financing models has led to situations where programs are abruptly discontinued due to donor exit or shifting priorities. In some cases, organizations have withdrawn from care reform efforts mid-way, disrupting reintegration processes and leaving families and children unsupported. Additionally, a lack of integration between donor-funded initiatives and county government plans exacerbates fragmentation and hinders the institutionalization of care reform services within public systems.

   Financial instability also affects workforce retention, service quality, and the ability to invest in infrastructure, data systems, and community engagement. Organizations may be forced to reduce staff, scale down operations, or discontinue critical services such as psychosocial support and follow-up visits.

   To address these challenges, there is a pressing need to develop long-term, government-led financing strategies that include dedicated budget lines for care reform at both national and county levels. Furthermore, organizations must be supported to build financial resilience through diversified resource mobilization, including income-generating activities, partnerships with private sector actors, social enterprise models, and integration into public service delivery frameworks. Strengthening financial management systems, building donor confidence through transparency and impact reporting, and aligning with national priorities will also enhance sustainability and reduce dependence on unpredictable external aid.

Reducing donor dependence and addressing financial instability is essential for ensuring the continuity and effectiveness of care reform in Kenya. A multi-pronged approach involving government investment, local resource mobilization, and institutional capacity-building is key to securing the future of family-based care systems. Most initiatives are dependent on external donors. When donor funding ceases, activities halt.

"When the funding stops, everything collapses. There is no county budget to carry on." – CBO Officer

b) **Policy Confusion and Leadership Instability:** Policy confusion and leadership instability present significant barriers to the effective implementation of care reform in Kenya. Although the government has made substantial strides in establishing a legal and policy framework particularly through the Children Act 2022 (Cap 141) and the National Care Reform Strategy (2022–2032) there remains a gap in consistent interpretation and implementation across different levels of government and among service providers. In some counties and institutions, there is limited awareness or understanding of what care reform entails, leading to conflicting practices and resistance to change. Some stakeholders continue to prioritize institutional care due to outdated practices, lack of sensitization, or fear of losing funding, further fueling confusion and fragmentation.

Leadership instability, both within government departments and in civil society organizations, compounds these challenges. Frequent transfers, restructuring, or changes in leadership positions disrupt continuity and weaken institutional memory, particularly at the county level where care reform implementation is expected to take root. Inconsistent leadership often leads to delays in decision-making, disruption of partnerships, and lack of follow-through on planned interventions. Moreover, weak leadership commitment can result in low prioritization of care reform within county budgets and development plans, limiting resource allocation and coordination.

The absence of strong, consistent leadership also undermines accountability and performance monitoring. Without champions to guide, coordinate, and advocate for reform, efforts become fragmented, and progress slows. To address these challenges, there is a need for comprehensive capacity-building and orientation for leaders at all levels on the national care reform agenda. This includes fostering policy coherence through training, developing clear implementation guidelines, and strengthening leadership continuity within departments responsible for children's services. Frequent changes in roles and unclear mandates weaken program planning.

"We are confused about who is in charge. Today it's the sub-county officer, tomorrow it's the chief." – CBO Representative

c) **Infrastructure and Human Resource Limitations:**

At the infrastructure level, many counties lack the basic physical and logistical resources necessary to support effective child protection and family-based care systems. Sub-county children's offices are often under-resourced, with inadequate office space, limited access to transportation, and insufficient tools such as computers, communication devices, and case

management systems. This affects the ability of officers to conduct regular field visits, manage cases effectively, and coordinate with community actors. Additionally, the re-purposing of Charitable Children's Institutions (CCIs) into community-based service hubs has been slow due to lack of capital investment, technical support, and clear transformation guidelines.

On the human resource side, Kenya faces a shortage of qualified and adequately trained social service workers. The existing workforce comprising children's officers, social workers, and community child protection volunteers is overstretched, with high caseloads and limited access to continuous professional development. Many frontline workers lack training in trauma-informed care, case management, disability inclusion, and reintegration planning. In rural and underserved areas, the scarcity of staff is even more pronounced, compromising service delivery and follow-up support for reintegrated children and their families.

These limitations are further exacerbated by weak supervision and inconsistent deployment of personnel across counties. The absence of standardized competency frameworks, supervision protocols, and incentives leads to low motivation, high turnover, and variable quality of care. Furthermore, coordination among sectors—such as health, education, and social protection—is often weak, hindering a multidisciplinary response to the complex needs of children and families.

Addressing these limitations requires strategic investments in infrastructure, including equipping child protection offices, improving mobility for fieldwork, and expanding digital systems such as the Child Protection Information Management System (CPIMS). Simultaneously, efforts must focus on strengthening the social service workforce through recruitment, training, fair remuneration, and supportive supervision. Without robust infrastructure and a skilled, well-supported workforce, the goal of transitioning children from institutional care to safe, family-based environments by 2032 remains at risk. Officers lacked adequate ICT tools and are overstretched.

d) **Staff Turnover:** High staff turnover poses a significant challenge to the effective implementation of care reform in Kenya. Frequent changes among frontline workers such as children's officers, social workers, and community-based child protection volunteers disrupt continuity in case management, delay reintegration processes, and weaken relationships with families and communities. In many counties, reintegration efforts are compromised when trained personnel are transferred, resign, or reassigned without replacement or proper handover. This results in loss of institutional memory, gaps in service delivery, and inconsistent follow-up for children and families who require sustained support throughout the transition process.

Several factors contribute to high staff turnover. These include low remuneration, lack of job security, limited opportunities for career progression, poor working conditions, and emotional burnout due to high caseloads and inadequate support. In some counties, child protection roles are viewed as secondary or temporary assignments, leading to poor motivation and commitment. Additionally, delays in salary payments or lack of recognition for the demanding nature of the work further reduce job satisfaction and retention.

The turnover of skilled personnel also affects the capacity of government departments and non-governmental organizations to maintain standards in case assessment, referral, monitoring,

and documentation. It hinders institutional capacity-building efforts, as investments in staff training are lost when individuals leave before applying their knowledge and skills effectively. Moreover, communities and families may lose trust in the system when they experience repeated changes in caseworkers, which affects the quality of engagement and the success of reintegration.

To address staff turnover, there is a need for a comprehensive human resource strategy that includes competitive salaries, supportive supervision, ongoing professional development, and improved working environments. Career advancement pathways, mental health support for staff, and the recognition of child protection work as a specialized and essential public service are also critical. Ensuring stability and motivation among child protection personnel is vital for delivering consistent, high-quality care reform services and achieving long-term outcomes for children and families.

e) **Uneven County-Level Commitment:**

While care reform is a national priority, its operationalization is heavily dependent on county governments, which are responsible for service delivery under the devolved system. However, commitment to care reform varies significantly across counties. Some counties such as Kisumu, Nyamira, Kilifi, and Murang'a have demonstrated leadership by establishing Care Reform Technical Working Groups, participating in pilot programs, and allocating resources for family strengthening and child protection initiatives. In contrast, other counties remain disengaged, lacking awareness, prioritization, or budgetary support for care reform.

This disparity is influenced by multiple factors, including political will, leadership stability, competing development priorities, and limited technical capacity at the county level. In counties where child protection is not viewed as a critical issue, care reform activities are sidelined, and coordination structures remain inactive or non-existent. Inadequate sensitization of county leadership and minimal integration of care reform objectives into County Integrated Development Plans (CIDPs) further weaken the local response.

The uneven commitment not only creates implementation gaps but also undermines national coherence and equity in service provision for vulnerable children. Children in counties with low engagement risk being left in institutional care longer, missing out on reintegration support, or being reintegrated without adequate follow-up and services. To address this, there is a need for stronger national oversight, increased inter-county learning and peer support, and targeted capacity-building for county leaders and technical teams. Incentivizing county commitment through recognition, technical support, and funding opportunities can also help level the playing field. Uniform commitment across counties is essential to achieving a coordinated and equitable transition to family and community-based care for all children in Kenya.

"Homabay County is lagging and way behind than other counties. I have had brief interactions with care reform. There is no pool of parents to rely on. I think we should make it a gospel in Homabay because as it is things are not as they are supposed to be. We are lagging at 4 yrs behind in the National Care Reform Strategy.." – Government Official

5.0 CONCLUSION

The transition from institutional care to family and community-based care in Kenya marks a transformative shift in the country's child protection and welfare landscape. This assessment has highlighted both the progress made and the critical challenges that remain. While national frameworks such as the Children Act 141 and the National Care Reform Strategy (2022–2032) provide a clear vision, their effective implementation is hindered by structural, systemic, and capacity-related barriers across counties and service delivery actors.

Findings show that reintegration of children from Charitable Children's Institutions (CCIs) is uneven, with many families and communities lacking the preparation and support required to provide stable, nurturing environments. At the same time, county-level engagement, infrastructure, human resources, and financial investments remain inadequate to meet the scale and complexity of care reform demands. Resistance to change, limited public awareness, policy confusion, and donor dependency further exacerbate the situation.

However, the assessment also revealed strong opportunities and existing good practices that can be leveraged to accelerate progress. With increased leadership, strategic investment, capacity-building, and community participation, Kenya is well-positioned to achieve its vision of ensuring every child grows up in a safe and supportive family setting by 2032.

Ultimately, care reform is not just a policy mandate but a moral imperative that calls for collective action and shared responsibility. Sustainable success will depend on aligning all stakeholders—government, civil society, development partners, communities, and families—towards a common goal of protecting and nurturing the rights and well-being of every child in Kenya.

6.0 GAPS AND CHALLENGES

The care reform assessment revealed several interlinked challenges and capacity gaps across institutional, community, and system levels. These gaps hinder the effective transition from institutional care to family and community-based care in Kenya. The following summary outlines the major capacity, structural, and systemic challenges identified:

Summary of Major Capacity Gaps

- **Human Resource Shortages**: A critical shortage of trained social workers, children's officers, and community case managers was observed across counties. Existing staff are overstretched, poorly resourced, and often lack specialized skills in trauma-informed care, case management, and disability inclusion.
- **Training and Knowledge Gaps**: Many Charitable Children's Institutions (CCIs), County Coordinator Children's Officers, and community-based actors have limited understanding of the National Care Reform Strategy, reintegration protocols, and case documentation standards.
- **Weak Community Preparedness**: Community and family structures are often ill-prepared to receive reintegrated children due to lack of training, economic constraints, and insufficient psychosocial support systems.

- **Inadequate Monitoring and Follow-Up**: Many reintegrated children lack consistent follow-up and support due to poor coordination, absence of tracking tools, and limited mobility for field-based officers.

Structural and Systemic Challenges

- **Fragmented Coordination**: There is a lack of functional inter-agency and multi-sectoral coordination frameworks at county level. Many counties lack active Care Reform Technical Working Groups and standard operating procedures (SOPs).
- **Policy and Leadership Instability**: Inconsistent interpretation of care reform policies, frequent leadership changes, and lack of sustained political commitment contribute to fragmented implementation.
- **Infrastructure Constraints**: Sub-county children's offices and CCIs often lack essential infrastructure such as office space, transport, communication tools, and appropriate physical facilities to support family-based interventions.
- **Digital System Underutilization**: Limited access to and capacity to use the Child Protection Information Management System (CPIMS) impairs effective case tracking, data collection, and decision-making.
- **Donor Dependence and Financial Insecurity**: Many institutions are financially unstable and heavily reliant on donor funding, with limited integration of care reform into county budgets or government financing frameworks.
- **Cultural and Social Resistance**: Entrenched community beliefs that equate institutional care with superior child welfare continue to undermine efforts to promote family-based care. Reintegration is often met with stigma, especially for children with disabilities or those perceived as "institutionalized."
- **Uneven County Engagement**: While some counties demonstrate strong leadership and implementation of care reform, others remain disengaged due to lack of awareness, technical capacity, or prioritization within their development agendas.

7.0 RECOMMENDATIONS

Based on the key findings, challenges, and capacity gaps identified in the assessment of care reform implementation in Kenya, the following recommendations are proposed to support the effective transition from institutional care to family and community-based care by 2032:

1. Strengthen Human Resource Capacity

- Recruit, train, and deploy additional qualified social workers, children's officers, and case managers at county and sub-county levels.
- Develop and roll out a standardized training curriculum on reintegration, case management, trauma-informed care, and disability inclusion.

- Provide continuous professional development and supportive supervision for frontline child protection staff.

2. Enhance County-Level Leadership and Commitment

- Establish or strengthen County Care Reform Technical Working Groups (TWGs) to coordinate multi-stakeholder efforts.
- Integrate care reform priorities into County Integrated Development Plans (CIDPs) and annual budgets.
- Conduct county-level sensitization and policy dissemination sessions targeting political and technical leaders to strengthen policy ownership and accountability.

3. Improve Infrastructure and Logistics

- Equip children's offices with adequate working space, transport, communication devices, and documentation tools to support case management.
- Support the physical transformation of CCIs into community resource centers offering family-strengthening services.
- Ensure inclusive infrastructure that accommodates children with disabilities and special needs.

4. Expand and Strengthen Community-Based Services

- Scale up family strengthening interventions such as parenting programs, mental health and psychosocial support (MHPSS), and household economic empowerment.
- Support community-based organizations (CBOs) and faith actors to deliver reintegration and follow-up services at grassroots level.
- Promote social protection linkages (e.g., cash transfers, school feeding) for vulnerable reintegrated families.

5. Invest in Monitoring, Data, and Digital Systems

- Expand the use of the Child Protection Information Management System (CPIMS) across counties and actors for case tracking and service coordination.
- Provide training and ICT infrastructure to facilitate real-time data entry, monitoring, and analysis.
- Institutionalize performance tracking tools and referral protocols at county level.

6. Support the Transformation of CCIs

- Develop and disseminate clear guidelines and toolkits for the repurposing of CCIs into non-residential community support services.
- Provide technical and financial support to CCIs during the transition period.
- Offer capacity-building for CCI staff and boards to adapt to new roles aligned with care reform.

7. Promote Public Awareness and Community Engagement

- Design and implement sustained community sensitization campaigns to promote positive attitudes towards family-based care.
- Engage cultural, religious, and local leaders as champions for care reform at the community level.
- Use media, storytelling, and peer learning to share successful reintegration stories and reduce stigma.

8. Ensure Policy Coherence and Stability

- Provide orientation and policy briefings for new government and organizational leaders to ensure continuity in care reform implementation.
- Strengthen national oversight and provide counties with implementation guidelines, SOPs, and technical backstopping.

9. Develop Sustainable Financing Models

- Advocate for dedicated government funding for care reform activities at both national and county levels.
- Support CCIs and CBOs to diversify funding sources, including social enterprises and public-private partnerships.
- Promote integration of care reform indicators into national development and donor funding frameworks.

Implementing these recommendations requires coordinated action by the national government, county governments, CCIs, development partners, civil society, and communities to ensure every child in Kenya grows up in a safe, loving, and permanent family environment.