STATUS OF CHILD PROTECTION IN CHARITABLE CHILDREN’S INSTITUTIONS IN KENYA

SUMMARY OF FINDINGS AND RECOMMENDATIONS

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FOREWORD

The enactment of the Children’s Act 2001 demands parental responsibility, fostering, adoption, custody, maintenance, guardianship, care, and protection of children. A child’s welfare and protection involve concerted efforts and deep commitment to it by all national criminal administrative justice agencies (NCAJ) and other stakeholder institutions. The State Department of Children Services with the lead function to oversee the welfare and protects the rights of children in collaboration with the National Crime Research Centre (NCRC), undertook a study to inform on the status of child protection in charitable children institutions in Kenya. The research findings were then to be disseminated to various relevant government agencies to assist them to make informed policy amendments and recommendations for the enhanced safeguard of children living under charitable children institutions and possible consideration of alternative home-based care approach that is a conducive environment for child growth and development.

The study on the status of child protection in Charitable Children’s Institutions (CCIs) in Kenya was given impetus by the proliferation of charitable children’s institutions across the country which attracted government attention. The study focused to: established factors that contribute to the placement of children in the CCIs in Kenya; assess the status of child protection in the CCIs in Kenya; determine the operational capacity of the CCIs in Kenya in providing childcare and protection; identify areas of childcare reforms with regard to de-institutionalization of childcare and protection in Kenya; and identify challenges experienced in the provision of childcare and protection in CCIs in Kenya. This publication brings to the fore milestone findings and pertinent issues affecting management of non-statutory CCIs, to offer good advisory framework in policy formulations and programmatic actions in the administration of criminal justice and crime prevention in the CCIs. I wish to thank all state and non-state agencies and individuals that supported the study; NCRC Governing Council members and management who guided the entire process and preparation of the final report.

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SUMMARY OF FINDINGS AND RECOMMENDATIONS

1.0 Introduction
Children constitute the most important asset of a country and also the most vulnerable segment of the population. The most vulnerable include orphans, runaway children, children from families at risk, children of incapacitated parents, mentally and physically challenged children, children who are victims of abuse, child labour, trafficked children, exploited children, and children affected by armed conflict, civil unrest, and natural calamities.

Kenyan children constitute 46.0% of the population – 11 million boys, 10 million girls and 592 intersexes according to the population census of 2019. Statistics from the State Department of Children’s Services approximate that at least 30.0% of the children need care and protection. Interestingly, the actual number of vulnerable children institutionalized or non-institutionalized in the country still largely remains unknown despite the regular population and household census undertakings, which is the main government tool for population planning. There also exists varied statistics on the number of registered charitable children’s institutions (CCIs) against those operating illegally in the country.

The Kenyan government continues to give a lot of attention to issues related to childcare, child welfare, and child development as required by the Constitution of Kenya, 2010, and enacted legislation and policies. In spite of the concerted efforts by the government and various non-state actors, much more still needs to be done according to the findings of the study.

Therefore the study sought to establish the status of child protection in charitable children’s institutions in the country with specific objectives to: establish factors that contribute to the placement of children in the CCIs in Kenya; assess the status of child protection at the CCIs; determine the operational capacity of the CCIs in providing childcare and protection; identify areas of childcare reforms in preference to de-institutionalization; and identify challenges faced in the provision of childcare and protection.

The study adopted a concurrent mixed-method design that allowed the researchers to make comparative qualitative and quantitative data analysis; establishing convergence, differences, or any combinations. The qualitative data was expressed in terms of opinions, feelings, and experiences. The selection of sample size for the child respondents, caregivers, and CCIs were based on Slovin’s formulae (1972). The sampling was done based on a framework of preliminary documented data obtained from the State Department of Children Services. Children were further sampled proportionately taking into consideration the gender parity. The sample size for child respondents was approximately 2265 and that of the CCIs was 209. Key informants were purposively sampled from relevant government departments and civil society organizations based on their availability and possession of relevant knowledge and practice in handling children-related matters. The guiding rule was to have at least three key practitioners from each county on availability.
The study was conducted in 24 sampled counties which were randomly selected using simple random sampling procedure that applied excel random number generators. The counties of study were: Kwale, Taita Taveta, Wajir, Isiolo, Tharaka Nithi, Machakos, Nyeri, Kirinyaga, Muranga, Turkana, Samburu, Uasin Gishu, Elgeyo Marakwet, Nandi, Laikipia, Bomet, Kakamega, Vihiga, Bungoma, Busia, Kisumu, Migori, Kisii and Nairobi.

1.1 Summary of Major Findings

1.1.1 Factors contributing to the placement of children in the Charitable Children’s Institutions

This study established various factors that lead to the institutionalization of children. Notably, the factors raised by children, social workers, and managers had to do with challenges within the family mainly the disintegrating family values and capacity to care for, provide for and protect children. It was also evident that unfulfilled needs, especially physiological and safety needs significantly contribute to the institutionalization of children. Child respondents mainly reported: the need to get an education (46.5%), poverty at home (45.8%), orphanhood and death (26.3%), abandonment (18.9%), and absentee mothers or parents (10.2%). Social workers mainly reported on the following factors: orphanhood and death (69.0%), abandonment (65.8%), neglect (64.7%), parental irresponsibility (54.9%), hunger at home (54.9%), sexual abuse including defilement (46.7%), dysfunctional families (41.3%), hostile family environment (38%), absentee parents (36.4%), physical abuse (37.0%), cruelty (34.8%), terminal illness (31.5%), divorce (31.5%), imprisoned parents (31.5%), attempted defilement (29.9%), drug abuse (29.3%), children sired by different fathers (28.8%), truancy (27.7%), disability (27.2%), early pregnancy (21.7%) and peer pressure (20.1%). Managers also reported on the factors such as: abandonment (73.0%), orphanhood (72.5%) neglect (69.7%), absentee mothers or parents (62.4%), hunger (56.7%), sexual abuse and defilement (54.5%), cruelty (48.3%), terminal illness (46.1%), dysfunctional families (45.5%), hostility at home (44.4%), physical abuse (43.8%), absentee parents (38.8%), imprisoned parents (34.3%), children sired by different fathers (33.7%), attempted defilement (32.6%), truancy (31.5%), disability (29.2%), peer pressure (29.2%), child labour (26.4%), early pregnancy (25.3%) and peer pressure (23.0%).

On how to ascertain children who needed care and protection, various modes of assessment were used by the caregivers. Specifically, social workers mainly assessed vulnerability through placement by children officers (75.0%), orphanhood (70.7%), referrals by local administration (58.7%), referral by police (57.1%), religious leaders (47.8%), community (44.6%), guardians (44.6%), identification on the streets (33.7%), referral by the council of elders (30.4%) and civil society organization (22.8%). Managers, on the other hand, ascertained children in need of care and protection through: placement by the children officers (74.6%), orphanhood (65.0%), referral by local administration (68.4%), police (53.1%), religious leaders (49.2%), community (49.2%), council of elders (43.5%), guardians (41.2%), education support (39.5%), civil society (24.9%), children presenting themselves
(23.7%), identification on the streets (31.1%), community sporting (19.8%), referral by other children (18.6%), court orders (8.5%) and referrals from other CCIs (2.3%).

1.1.2 Status of Child Protection at the CCIs

Findings from the study showed that CCIs mainly endeavored to accomplish their objectives through rescue or hosting needy children (85.8%), rehabilitation (38.6%), resettlement of street children (26.7%), provide basic needs (23.9%) and conduct corporate social responsibility (16.5%).

Activities children were involved in at the CCIs included: education (81.8%), personal hygiene (76.3%), spiritual nourishment (76.6%), recreation (70.4%), life-skill acquisition (56.1%), community work (43.0%) and guidance and counseling (0.6%). Most of the social workers cited mainly adaptive programmes to include: health care and medication (85.0%), guidance and counseling (81.0%), spiritual nourishment (78.0%), health education (66.0%), providing shelter (63.0%), physical development (57.0%), mentorship (psycho-social support) (57.0%), creative art (56.0%), reconciliation and forgiveness with parents (50.0%) and connection with the family through holiday visitations (49.0%). The institutional managers’ responses affirmed social workers’ responses on child adaptive programmes. They indicated main programmes to include: health care and medication (76.0%), guidance and counseling (84.0%), health education (69.0%), mentorship (66.0%), physical development (63.0%), creative arts (62.0%), connecting children to education sponsors (61.0%), life skills (60.0%), reconciliation (55.0%) and linking children with families or guardians during holidays (55.0%).

In regard to how rights of children are guaranteed at the CCIs, the findings were as follows. Children stated that their rights were guaranteed mainly by: provision of shelter (99.0%), food (98.7%), clothing (97.3%), education (97.1%), spiritual nourishment (96.8%), socialization (87.0%) and health care and medication (82.8%). They also expressed satisfaction on the following programmes: going to school (76.3%), games (65.5%), friends (58.5%), delicious food (57.5%), going to church or mosque (55.4%), shelter (50.1%), entertainment (43.6%), and clothes (41.7%). Social workers indicated that they guaranteed the children’s rights by: provision of food (90.2%), health care (84.7%), dialogue with children (82.6%), spiritual nourishment (78.1%), shelter (62.8%), guardianship (58.2%), physical development (57.4%), mentorship (56.8%), creative arts (55.7%), life skills (54.6), reporting mechanism (53.8%), objective punishment (53.3%), reconciliation (49.7%), holiday visits (49.2%), education (48.6%), education sponsors (48.6%) and child rights sensitization (3.8%). Institutional managers respondents also reported that they guaranteed the children rights by: provision of food (89.8%), education (89.8%), dialogue with children (81.3%), police hotline number (64.8%), health care (67.6%), guardianship (61.9%), complaints mechanism (55.1%), objective punishment (46.6%) and sensitization on children rights (42.6%).

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However, children expressed displeasure mainly on the following which they felt infringed on their rights: harassment by other children and staff (56.4%), food (15.9%), discrimination from care givers (11.0%) and general punishment (10.6%).

Regarding the offences and crimes committed to children at the CCIs, children respondents mainly reported that they were mainly caned (27.1%) and pinched (14.1%). The social workers mainly reported: defilement (51.6%), emotional abuse (49.5%), battering (44.1%), child labour (40.9%), assault (38.7%), sexual assault (35.5%) and sexual inducement by workers (35.5%). Institutional managers mainly reported: defilement (60.2%), emotional abuse (50.2%), battering (45.5%), child labour (38.6%), assault (46.6%), sexual inducement by workers (29.5%) and sexual assault (13.6%).

This study also established that children committed crimes and offences while at the CCIs. The social workers mainly reported delinquent behaviours such as stealing (60.6%), affray or fighting (56.5%), use of vulgar language (45.5%), truancy (37.1%), drug abuse (13.5%) and defamation (12.0%). Institutional managers highlighted delinquent behaviors such as: stealing (72.0%), affray (64.4%), use of vulgar or abusive language (56.8%), truancy (40.2%) and drug abuse (21.2%).

In regard to complaint reporting mechanism, the children preferred reporting to: house parents (43.9%), managers (30.9%) and social workers (28.0%). Children preferred reporting to these people because they were caring (45.5%), trustworthy (17.2%), readily available (15.5%) and the reporting procedure was friendly (12.0%).

Regarding ways how children were punished or corrected when they committed an offense or a crime, child respondents indicated that it was mainly by: reprimanding or warning (66.6%), (caning, beating and slapping) (60.7%), guidance and counseling (59.8%), extra duties (53.1%) and pinching (35.9%). In correcting children, social workers indicated that they mainly provided guidance and counseling (90.9%), warning (77.4%), consultation with children (67.1%), inculcating trust and brotherhood (50.6%), extra duties (48.2%), building bondage (44.5%), suspending support (17.1%), rehabilitation (15.9%) and referral to the police (14.6%). Most of the managers indicated similar corrective measures as those reported by social workers to include: providing guidance and counseling (91.4%), warning (67.5%), inculcating trust and brotherhood (58.3%), holding meetings and discussion with children (56.6%), building bondage (45.0%), extra duties (44.4%), referral to police (20.5%), referral to rehabilitation centers (15.2%) and suspension of support (13.9%).

1.1.3 Operational Capacity of CCIs
The study considered the number of children (population) in each CCIs, human capital, budget, and infrastructure. The findings showed that the population of children in most CCIs was below 100 (88.6%) with most CCIs having a total population of children less than 20 (97.9%).
The study sought to find out the academic and professional qualifications of staff and the staffing levels. Findings showed the following on male staff: with degrees (13.3%); diplomas (12.6%); certificates (13.9%); and those without formal qualifications (10.6%). On female staff: with degrees (10.9%); diplomas (13.9%); certificates (14.5%); and those without formal qualifications (10.1%).

Regarding expenditure at the CCIs, the annual expenditure of most CCIs was: Ksh. 1-5 million (56.2%), and Ksh. 6-10m (18.3%), with the exception of a few (17.8%) that spent below Ksh. 1 million and (3.0%) that spent above Ksh. 21m. Further, social workers reported daily expenditure per child of mainly Ksh. 101-250 (42.5%) and Ksh. 251-500 (34.8%). Noticeably, there were CCIs that spent above Ksh. 1001 per child (2.8%) and below Ksh. 100 per child (1.75%). Similarly, managers reported daily expenditure per child of Ksh. 101-250 (45.2%) and Ksh. 251-500 (33.3%) with an exception of (5.7%) that spent above Ksh. 1001 and (4.0%) below Ksh. 100.

The findings showed that CCIs financed their operations or sourced funds mostly from: well-wishers (121.0%), donors (102.0%), income generating activities (80.0%), friends (78.0%), G.o.K (35.0%), grants (22.0%), partnerships (20.0%), corporate (18.0%) and pledges (12.0%).

The findings on the state of infrastructure and facilities at the CCIs largely revealed that hostels were good (75.6%) and the washrooms were good (75.6%). Most of the institutions had several (56.7%) physical buildings with only (10.0%) lacking permanent structures. It was also noted that only (12.2%) had several temporary structures while (46.0%) did not have temporary structures. Surprisingly, only (10.6%) had a sufficient water supply implying that most CCIs had water challenges.

Most (74.4%) of the CCIs had secure doors and windows. The study also established that most (76.7%) of the CCIs had sufficient beds and beddings.

Observations also revealed that (47.8%) of the institutions had enough emergency exits while (33.3%) had none. Further only (51.7%) had fire extinguishers available while (35.0%) lacked extinguishers. The study also established that only (51.7%) of CCIs had installed an alarm system while (36.7%) had none.

Regarding the compound, the condition was good (71.1%). Most (70.0%) of the CCIs had a secure fence whereas (13.3%) had insecure fence. In regards to playgrounds, (58.3%) of the CCIs had playgrounds while (30.0%) had none. At least 23.9% had health facilities but in most (63.3%) CCIs health facilities were not available.

Food stores in most CCIs was available (81.7%). Dining halls were mostly available (75.6%) and those without (not available) accounted for 13.3% of the CCIs. Only (25.5%) had ramps available and in several (55.0%) CCIs, ramps were not available.
1.1.4 Childcare Reforms for CCIs
Regarding childcare reforms for CCIs, majority (77.9%) of the children preferred spending time at the CCIs with only (14.7%) preferring home.

Social workers preferred care reforms that mostly focused on: empowering parents to be responsible (94.4%), mentorship (61.7%) and reviewing and alignment of legal framework (16.1%). Managers’ priority care reforms were mostly empowering parents to be responsible (93.4%), mentorship (61.8%) and reviewing and aligning conflicting legal framework (22.5%).

Regarding preparation of children for alternative life, social workers indicated: sponsoring of college education (80.9%), spiritual nourishment (73.8%), vocational skills (67.8%), assessment of home environment prior to reintegration (60.7%), connecting children to job opportunities (49.2%) and linking with agencies for reintegration (35.5%). Managers equally reported: sponsoring of college education (81.0%), spiritual nourishment (69.0%), vocational skills (73.0%), assessment of home environment (59.0%), connect children to job opportunities (54.0%) and connect with agencies for reintegration (46.0%).

Concerning suggested reforms on de-institutionalization of children, social workers mostly preferred: empowering parents to be responsible (94.4%), mentorship (61.7%) and reviewing and alignment of legal framework (16.1%). Correspondingly, managers prioritized: empowering parents to be responsible (93.4%), mentorship (61.8%) and reviewing and alignment of legal framework (22.5%).

On the best practice in the management of CCIs, managers stated that they mostly employed professional staff (60.5%), income-generating activities (55.8%), construction of good buildings (54.1%), consultative and strategic planning (52.9%), risk assessment (48.3%) and regulating registration of CCIs (41.3%).

1.1.5 Challenges experienced in the provision of childcare and protection
Children respondents complained mostly about: missing home (55.0%), denied permission out of the institutions (29.0%), corporal punishment (23.0%) and health complications (14.0%). Complaints received by social workers from children mainly concerned: harassment by other children (74.0%), non-visitation by parents (46.0%), unfair punishment (26.0%), health complications (26.0%) and discrimination by teachers or pupils (26.0%). Managers’ reporting corroborated those of social workers. They indicated to have received complaints from children such as: harassment by other children and care givers (70.0%), non-visitation by parents (46.0%), unfair punishment (27.0%), discrimination by teachers or pupils (24.0%) and insufficient supply of basic needs (12.0%).

Generally, challenges cited by social workers were mostly inadequate funding (72.2%), difficulty in tracing parents or relatives (59.3%), requirement for special health care (47.2%),
lack of follow ups (38.0%), children sneaking out of the CCIs (36.1%), delay in dispensation of children matters in court (28.7%) and lack of infrastructure (25.0%). Managers reported on the following challenges: inadequate funding (79.4%), difficulty in tracing parents or relatives (55.9%), requirement for special health care (46.1%), lack of follow ups (40.2%), delay in dispensation of children matters in court (28.2%), children sneaking out of CCIs (25.5%), lack of infrastructure (24.5%) and conflict in legal framework (18.6%).

### 1.2 Policy Recommendations

From the findings of the study, the following are the recommendations.

1. **The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes** to implement the National standards and Best Practices for CCIs in Kenya.

   These guidelines provide for requirements for a CCI registration and license to operate and the way caregivers in the CCIs should handle children. The study identified some gaps in the provision of care and protection of children such as violation of children’s rights in some CCIs, the facilities in some CCIs were in a deplorable state while others experienced congestion of children. There is a need for regular inspection and spot-check on all institutions to ensure that all CCIs comply with the guidelines and standard operation procedures.

2. **The National Council for Children Services** should regulate the registration of mushrooming of CCIs as a matter of concern, develop a standardized risk assessment tool and set up a child assessment team to vet and place children who need care and protection in the CCIs.

   There is urgent need for the State Department of Children Services and the National Council for Children Services to ensure that all charitable children’s institutions are properly identified and comply with government regulations on the provision of care and protection to vulnerable children. The CCIs should comply with legislative provisions under section 119 of the Children Act, 2001 (Rev.2012) that spells out criteria and qualifications in ascertaining a child in need of care and protection for placement into the CCIs unlike happenings in some CCIs which use diverse methods such as children presenting themselves in a CCI or through other children referrals, referrals from the community and local administration among other unprocedural methods.

   The risk assessment tool will enable CCIs to be able to identify the unique needs of children to appropriately place them in relevant adaptive programs. This standardized tool and system of ascertaining children in need of care and protection will ensure only children who are vulnerable are admitted in the CCIs.
Further, the Directorate of Children Services should petition the parliament to amend section 63 and 120 of the Children Act, 2001 to establish a multi-agency assessment committee comprising psychologists, family relations specialists, social protection officers, civil society, spiritual leaders, representatives of men and women organizations, marriage encounter mediators, health practitioners, Charitable Children Institution representatives, law enforcement agencies and local administration leadership at various levels of society.

3. The government should ensure that CCIs fully implement guidelines provided by the Public Service, Gender, Senior Citizens Affairs and Special Programmes on exit and reintegration of children.

CCIs care services should be temporal and host children for not more than three years. However, this has not been achieved in many CCIs and children stay in those CCIs for a prolonged period of time.

This study established that under the care reforms, most social workers and managers did not prioritize the reintegration of children. Further, it was also found out that one of the challenges encountered by children in the CCIs is being refused to visit home or re-integrate. This contravenes the guidelines and calls for action from the government. The reason for the lack of priority for re-integration for the CCIs was not clear. This may need to be followed up and resolved.

4. The government to strengthen aftercare programmes within the CCIs through the Ministry of Labour and Social Protection.

This study found out that some of the CCIs take care of children who are above 18 years of age. This is against the guidelines of the CCIs and thus such children should be reintegrated. It is possible that some of these children have not been adequately prepared to stay outside the CCI and are thus heavily dependent on support from these institutions. Good aftercare programs, supported by the government will attract children to move out of the CCIs and settle in the community. Effective re-integration and de-institutionalization of children will only take place if aftercare programmes are well established.

5. The State Department of Children Services in conjunction with other security agencies screens foreign children in order to prevent or address possibilities of child trafficking in the CCIs.

This study established that there were children of foreign nationalities within Kenya’s local charitable children’s institutions. Investigations were not done to establish how these children landed in the CCIs. In addition, this study did not seek to establish whether these children had known parents living in Kenya. Therefore, an
investigation of the whereabouts of these children is likely to shed light and accord these children the needed care and protection. Moreover, if it is a case of trafficking, then such children would be repatriated and reunited with their families after the family tracing exercise.

6. The National Government to entrench, strengthen and champion a value-based society in families and all institutions as contained in Article 45(1) of the Constitution of Kenya 2010 with the intended purpose of inculcating responsible citizenship and parenting.

This study established that the main causes of institutionalization of children included orphanhood, dysfunctional families, and absentee parents. This calls for the promotion of family values and appropriate parenting skills. Community awareness initiatives will be helpful to support parents know the importance of children living in families and associated positive outcomes.

7. The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes encourage alternative care that utilizes foster care, kinship, and guardianship which allow children to grow within their communities hence giving them a sense of belonging in the society to fulfill their future needs through local support initiatives.

This study established that most children in the CCI had a known parent or relative. A tracing initiative and empowering of these families to support children will provide them with opportunities to bond with the family members and the community. The government should support families that live in extreme poverty to allow such families take care of their children without releasing them to the CCIs. The National Government together with the county governments to consider expanding the current social protection safety net programme that involves cash transfers to orphaned and vulnerable children (OVCs), the elderly persons, widows or widowers, persons living with disabilities and those identified as vulnerable.

8. The Directorate of Children Services should monitor CCIs to ensure that they operate within their operational capacity and regularly assess the facilities to ensure they that meet safety requirements and providing quality care and protection to the children. Further, CCIs’ management should build strong internal systems that strengthen and guarantee the rights of children to prevent or eliminate any form of abuse.

This study established that some of the CCIs were operating beyond their capacity. The CCIs management should improve their current infrastructures to meet the requirements of child friendly structures to guarantee safety of children through emergency exits, security alarms, secure doors and windows, construction of ramps and suitable facilities to cater for children with physical disabilities.
9. The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes in collaboration with the Ministry of Interior and Coordination of National Government should take stern action against all those who violate the rights of children in the CCIs.

This study established that children’s rights are violated while in the CCIs, either by the caregivers or other children. Therefore, the government should enforce the necessary actions against all those who violate children’s right to foster the safety of the children in CCIs.

10. Psychosocial support should be provided to the children in CCIs. CCIs should hold regular guidance and counseling sessions this is in addition to weekly child conferencing. This will aid the children with the necessary support in making good decisions, problem-solving, and inculcating the right attitudes, self-esteem, good behaviors and good moral values. This is very critical during these children’s formative years of development.

11. The CCIs should screen children for any underlying health conditions and link CCIs to accredited medical facilities or appropriate service providers within the county.

This study established that one of the major challenges experienced by children in CCIs was poor health. Notably, most of the CCIs did not have a health facility within their premises. This pauses a major risk to the children. There, should be a requirement for CCIs to establish a health facility or have a partnership with one for easy access to medical care services for the wellness of the children. The government should consider extending universal health care services to all children placed in the CCIs.

12. The National Government in conjunction with county governments to consider constructing statutory children institution in every county.

13. There is a need for CCIs to recruit professional staff who have skills in child care and protection, and to train the current caregivers to enable them fully understand the needs of children and be properly equipped to render appropriate services. This study established that some of the CCIs staff did not have relevant professional training. The managers, in addition, indicated that one of the best practices for CCIs would be to have professionally trained staff.

14. The CCIs should employ alternative forms of discipline for children who commit offences.

This study established that there were crimes and offences committed by children while at the CCIs. It was also established that the caregivers use some extreme punitive
measures including spanking, pinching, denial of privileges and starving. These actions violate children’s rights and safety. They should consider positive disciplinary measures such as guidance and counseling, appropriate rehabilitation, referral to clinical psychologists or persons with expertise to handle such child offenders.

15. The National Council for Children Services (NCCS) to oversight the management of the CCIs ensuring compliance, prudent utilization of funds received for the intended purpose and demonstrate good stewardship.

16. The National Government, CCIs management, and funding agencies to commit to supporting children by giving sufficient notice of at least five (5) years of their intention to withdraw funding when such a case may arise. CCIs to diversify their sources of income and avoid over-reliance on well-wishers and donor agencies. The management of CCIs should also embrace collaborations, partnerships, and strategic planning of the institutions to ensure sustainability. The National Government Constituencies Development Fund (NGCDF) to make a provision in the budget to fund vulnerable children in the CCIs in each constituency.


18. The National Council on Administration of Justice (NCAJ) and the State Department of Interior and Citizen participation should ensure that the courts and criminal justice agencies are advised to prioritize dispensation of child-related matters. The local administration should enhance their vigilance and report any cases of abuse and neglect or malpractices within families and CCIs institutions in their areas of jurisdiction.

19. The CCIs should identify role models among the caregivers who play the role of a father and mother to nurture, guide, and mentor the children for healthy growth and development.