



# Catholic Care for Children in Kenya: A Family for Every Child

## FINDINGS FROM A MIDTERM EVALUATION

Catholic Care for Children in Kenya:

A Family for Every Child

FINDINGS FROM A MIDTERM EVALUATION – May 2023



# Contents

**FOREWORD ..... 3**

**CCCK MID TERM EVALUATION ..... 4**

    BACKGROUND..... 4

        What is Catholic Care for Children Kenya? ..... 4

    KEY FINDINGS ..... 6

        What changes can be observed?..... 6

        What is driving the change? ..... 16

        What is challenging?..... 19

    LEARNINGS ..... 26

    RECOMMENDATIONS ..... 30

    SHARING OF EXPERIENCES BY CCCK MEMBERS ..... 33

        Experience shared by Children’s Home ..... 33

        Experience shared by Sisters supporting families to prevent institutionalization..... 36

        Experience shared by Foster Parents ..... 40

**AFTERWORD..... 42**

**Catholic Care for Children Locations ..... 43**

**Catholic Care for Children Charter ..... 44**

*Photo Cover Page: Grandparents taking care of their grandchildren*

All photos provided by Nyokabi Kahura



The Association of Sisterhoods of Kenya (AOSK) represents 167 religious congregations whose more than 7,000 members live and minister in Kenya. AOSK encourages collaboration, and it supports and empowers each religious congregation to live its unique charism within the church. AOSK implements Catholic Care for Children in Kenya.



GHR Foundation is a private foundation based in Minneapolis, Minnesota (USA). It exists to be of service to people and their limitless potential for good. It supports Catholic Care for Children in Kenya through its Children in Families initiative, which envisions a world where all children—especially those at risk of losing or without parent care—are living in safe, nurturing families.



Nicole Moran and Associates provide consultancy and facilitation services to nonprofit organizations, particularly in evaluation, experience capitalization, and strategy development. Participation, dialogue, respect, and mutual learning are central to their work. They especially value collaboration with religious congregations.

### **Abbreviations**

AMECEA	Association of Member Episcopal Conferences in Eastern Africa
AOSK	Association of Sisterhoods of Kenya
CCC	Catholic Care for Children
CCCK	Catholic Care for Children in Kenya
CCI	Childcare Institution
CCI/Ps	Childcare Institutions and Programmes
KCCB	Kenyan Conference of Catholic Bishops
NGOs	Non-governmental Organisations
SCRIPPIC	Sustainable Child Rights Protection and Post-Institutionalised Care

# FOREWORD

*Family is a nurturing and caring environment and is the ideal place in which to raise a child. Growing up in a family helps children to develop a sense of self-esteem, belonging, family values, and religious and cultural identity. Due to the nature of family care, children learn to interact better with the community and are better equipped to face life challenges than those placed in institutions. This is because most institutions are highly structured, controlled and operate according to strict routines.*

*AOSK-CCCK has adopted a highly participatory and consultative approach in the evaluation process, mindful of the success achieved through the broad support received from all stakeholders and other likeminded working groups, who will help the association achieve its main goal of holistic family and community-based care for children.*

*A lot of effort has gone into this evaluation, and it is hoped that the report will be of assistance to AOSK-CCCK, Religious Congregations, clergy, Childcare Institutions, the Catholic Care for Children family, and policymakers; and will contribute to improved service delivery for children. We hope this evaluation report will be useful to all - AOSK Sisters, CCI administrators, trainers and other organisations especially in ensuring children are raised in their families and communities. AOSK-CCCK is optimistic that the use of this report will promote effectiveness and accountability and consequently enhance the promotion of family-based care and protection of children.*

*The AOSK is looking forward to collaborating with other stakeholders in carrying out its mandate to help women and men religious congregations with the charism of care and all others with the goodwill for children to become champions of childcare reform and improving outcomes for children living outside of family care.*



Sr. Pasilisa Namikoye, LSOSF  
AOSK Executive Secretary

# CCCK MID TERM EVALUATION

Nicole Moran and Nyokabi Kahura

## BACKGROUND

This summary presents the key findings of an external mid-term evaluation of the **Catholic Care for Children in Kenya (CCCK)** programme commissioned by the Association of Sisterhoods in Kenya (AOSK). The objectives of the evaluation were to identify key changes as a result of the intervention, the factors and activities salient in affecting change as well as the challenges faced, key lessons learnt and actionable recommendations.

The evaluation team adopted a participatory approach, focusing on listening to the perspectives of different stakeholders. Core to the process was the visit to 31 childcare institutions and programmes (CCI/Ps)<sup>1</sup>, meeting relevant team members, children and duty bearers, and home visits to 29 families. A total of 212 persons (e.g., Superiors, CCI Administrators and different levels of CCI staff (e.g., house mothers/fathers; teachers, counsellors), scholars, families and children) participated in the evaluation. Also involved were other stakeholders such as government officials, religious leaders, staff from Catholic University of Eastern Africa, the AMECEA Social Communication department, technical partners and NGOs. In addition, monitoring data of CCCK and the participating CCI/Ps was analysed together with the data from surveys undertaken by CCCK in the past and from another more recent online survey administered to the scholars by the evaluation team.

## What is Catholic Care for Children Kenya?

The CCCK programme is an initiative of the **Association of Sisterhoods of Kenya (AOSK)** funded by the GHR Foundation. CCCK was started in 2018, inspired by the work of Catholic Care for Children Uganda and CCC Zambia. The overall goal of CCCK is to strengthen congregations of Catholic women and men religious to live their charism of care, and to do so in ways that help children grow up in safe, nurturing family or family-like environments.

There are now 48 Religious Congregations<sup>2</sup> engaged in the CCCK programme and a total of 145 childcare institutions and programmes. These include:

- 8 babies' homes and 39 children's homes
- 30 rehabilitation centres for children connected to streets
- 19 rehabilitation centres for children with disabilities
- 1 rehabilitation centre for children in conflict with the law
- 20 small homes
- 11 rescue centres
- 17 community-based programmes

---

<sup>1</sup> 5 Baby Homes; 9 Children's Home; 2 Small homes; 3 Rescue Centres; 6 Rehabilitation Centres for Children connected to streets; 4 Rehabilitation Centres for children living with a disability; 2 Community-Based Programmes.

<sup>2</sup> 36 Congregations of women religious; 12 Congregations of men religious (8 priests, 4 brothers)

These CCI/Ps are spread out across 33 counties in Kenya, coming under 25 Catholic dioceses.<sup>3</sup>  
The **key programme components and activities facilitated by CCCK** since 2019 are:

**1. Winning hearts and minds:**

- Awareness raising and sensitisation of superiors, congregation members and clergy about care reform.
- Supporting CCIs in sensitising parents, children, communities, duty bearers, and sisters and staff in other apostolates about care reform and child protection.

**2. Capacity Development:**

- Development of a one-year certificate university course: SCRIPPIC (Sustainable Child Rights, Protection and Post-Institutionalised Care) in collaboration with the Catholic University of Eastern Africa
- Scholarships for sisters to study for degrees, diplomas and certificates in Social Work and Psycho-Spiritual Counselling
- Training in Child Protection and Safeguarding, Care Reform, Case Management, Positive Parenting, Care of Children with Disabilities, Record Keeping / Database, Psycho-social Support, Resource Mobilisation, Repurposing of CCIs, and Communication for Religious and CCI staff

**3. Guidance and ongoing support in:**

- Developing and implementation of Child Protection Policies
- Renewal of CCI registration
- Implementation of Case Management
- Record Keeping / Data entry
- Resource Mobilisation

**4. Facilitating connection to and collaboration between:**

- Religious working on care reform through training, the CCCK Annual General Assembly and WhatsApp Groups
- CCIs through e.g. celebration of special days like the Day of the African Child
- CCIs and Government / duty bearers

**5. Financial and material support:**

- For the implementation of sensitisation activities
- Provision of laptops and internet bundles for some CCIs/ scholars
- During the COVID-19 pandemic

**6. Ongoing accompaniment and mentorship support**

- CCI support visits
- CCCK always accessible and ready to provide support

---

<sup>3</sup> Almost half of the 145 CCI/Ps are owned by women religious institutes (49%) and 71% are managed by women's religious. 11% of the CCI/Ps are owned and 10% managed by men religious institutes. 34% are owned and 15% managed by dioceses (Regional Portrait 2023: 26).

# KEY FINDINGS

## What changes can be observed?

### Winning Hearts and Minds

#### How Religious support the implementation of care reform

In Kenya the government has been pushing for care reform in CCIs for several years. Many of the Religious had heard about the change in thinking and practice regarding children in care. However, it was not clear to many what this meant in concrete terms and how they should implement the policies developed by the government in practice.

*„Care reform was not new for us, but we did not know how to go about it, to do it efficiently and in the best interests of the children.“*

*Superior*

AOSK was able to engage 47 Religious Congregations in the CCCK programme. Of the 145 CCI/Ps, 118 (81.4 %) are active participants so far. The Religious have embraced care reform more and more, and one can confidently say that those who are actively involved accept the idea 100%. So, today, the question is not so much anymore ‘Why care reform?’, but how to implement it, how to face the challenges of reintegration and ensure the safety of children.

#### Support and buy-in from the congregational leadership are key to change

##### **A Sister and Administrator at one CCI outlined it this way:**

*“The acceptance of the idea of care reform that CCCK is pushing – it went through our superiors and reached us, meaning that they embraced it. Support from General Superior and the Council. Without their support, there is nothing I could do. I can’t even organise the staff. Their support to me is key.”*



## More and more people understand the importance of growing up in a family

CCCK has facilitated the sensitisation and training of more than 5000 persons on care reform and child protection. These include AOSK Congregational Leaders, women and men religious, key public opinion leaders, community members and government officials, caregivers, parents, and many others.

### **Winning hearts and minds is a precondition for rolling out care reform**

Understanding the benefits of family care for children and the serious implications institutional care has on children and on their well-being as adults is a key precondition for reintegrating children back to families or placing them in alternative care.

#### **Administrator at a Rehabilitation Centre for children living with a disability:**

*“I didn’t see why the child needed to be returned home. But now I understand a child living in a CCI doesn’t know many things. They miss out on a good social life in comparison to being at home where they will interact with many people in the village. A child staying at home is more responsible than one in the CCI where everything is done for them.”*

#### **Sub-county officer:**

*“I am so surprised – after the idea of care reform was introduced to us, we understood that the best place for a child to grow up is in a family/ community, not in an institution. In the community, you are taught about real life! Therefore, it is important that we reintegrate the children back into the communities so that they can learn how to survive on their own. After institutional life, you will be outside there alone. There won’t be anyone to guide.”*

#### **Catechist:**

*“In this institution apart from rehabilitation of the child, they also have sessions to educate the parents. I have been invited twice to come and talk to the parents. So those who are negligent start to slowly change and we have a resource centre that was opened a year ago in our Parish where we invite some of the parents and sensitize them and we see slow changes.”*

## **Religious Collaborate**

### Collaboration between Sisters / Religious

What was new for the sisters was that they came together as Religious and supported each other in this journey. Because they are organised as sisters under the AOSK, CCCK can speak on their behalf with one voice to the government, representing the sisters at the national level, with church leaders and any other relevant stakeholders in care reform.

In Kenya, this is the first time that religious working in care for children are interacting in an organised and ongoing way. During the trainings offered by AOSK-CCCK, they meet, share experiences and learn from each other, which is very motivating for all. During the Annual General Assemblies organised by AOSK-CCCK, all members of CCCK come together, listen and learn from good practice examples, network and plan jointly for the next year. This collaboration was highlighted as fruitful and beneficial by all religious that were met.

*„We are a group where we enlighten each other and share our experiences and learn from each other.“*

*Sister CCI Administrator and Scholar*

## Religious collaborating is substantial

Religious are organised under the umbrella of AOSK. They are agents and advocates for change and are evolving into a serious voice and champion in care reform. Without this coordination body and support structure, it would be very difficult for each CCI to manage the transition process on its own. This coordinated approach has created a sense of agency as well as increased effectiveness and efficiency by sharing resources as well as learnings within the group of religious.

### **Sister – Administrator, Baby Home:**

*“I was working as an individual. There wasn’t outside intelligence and nowhere to refer to. Now because of AOSK there is a lot of networking and if stranded, they can be called.”*

## Developing Capacities and changing practices

### The capacities of many have been developed:

Degree courses at University:

- **Social Work** Certificate, diplomas and degrees: 36 sisters
- **Sustainable Child Rights Protection and Post-Institutionalised Care (SCRIPPIC)** certificates: 37 sisters
- **Integrative Psycho-Spiritual Counselling** degrees: 24 sisters

Select trainings facilitated by CCK:

- **Child Protection and Care Reform:** 200 persons
- **Case Management** training: 150 persons
- **Caring for Children with Disabilities:** 120 persons

*„AOSK has really enlightened me. Before the training, I didn’t know anything much. I didn’t know about care reforms; didn’t know that institutions were not the best place for children. I didn’t see that reintegration was possible at all. Now I know that the best place for a child is home. Even when we talk about reintegration, I have reason why we need to reintegrate, and I can talk confidently about the shift. I didn’t have this kind of comparison in the past.”*

*Administrator Children’s Home*

## A significant investment in the professionalisation of those working with children

The increase in knowledge through the training of sisters ensures that those working on the ground have the necessary skills to care for children, work with parents and work in the best interest of the children during the care reform journey. Before CCK started its capacity development work, most of the Sisters who worked in the CCIs had Diplomas in various disciplines but most of these were unrelated to child protection or social work.

### **Scholars:**

*“The schooling opened my eyes. I am now able to do reintegration easily and confidently. When I arrive at a home, I can speak with confidence to a family and make them understand what we are trying to do.”*

The Sisters have benefited greatly from the capacity development activities of CCK. This has influenced their practice and the wider practice of everybody working in the CCIs:

- **Care reforms speeded up:** Through the trainings, participants became more aware of the new government directives including the Children’s Act 2022, what was expected of the CCIs, families etc., which government office is in charge and the processes to be done.
- **Change in admission of children to CCI – more gate keeping.**
- **Improvement in record keeping.**
- **Training in case management** which supports the process of reintegrating children.
- **Following the laws** of the country.
- **Change of personal attitudes** towards caring for children and care reforms.
- **Better psychosocial support** for the children and their families.
- **Soliciting funds and donations.**

Two areas are highlighted in more detail below as they were mentioned by everybody:

### 1. Gate keeping: Process of admitting children to CCIs

Besides involving government officials and having the proper documentation in place, it is ensured that the processes are followed and assessed if there is a real need for admission. Sometimes it is possible to find community-based solutions without admitting the child to the CCI or only letting him or her stay for a very short while and to then follow up with the child in the family. Thus, very often instead of taking more children into the CCI, CCIs have started helping the children when they are still within their families.

*„No longer allow admission when relative brings child. They must go through Child Officer. When we admit, we have to follow up first to ensure, if the girl has no family and nobody to care for her. Sometimes they say they have no family, but they actually do.”*

*Administrator/ Sister Children’s Home*



Empty Cots at Babies Home

## 2. Record Keeping

All CCI's visited confirmed that they have improved their record keeping, ensuring to have a file on each child from day one with all necessary information. Before, many either had no documents or if documents were available, they were not easily accessible. Besides filing the documents in a cabinet, CCI's have now also started to enter the information into an online database developed by CCK (prior to the pilot database format introduced by the Government). The database includes all necessary steps in the case management process. Although there are challenges around entering the data, all CCI's confirmed that they find it useful.

*„Before AOSK, I only had one big file for all the children. After training, I have known that to be effective, each child must have their own file. If I need a child's document, I go straight to their file instead of in past where I could look for a document the whole day. Everything that is now in paper is now recorded on the database.”*

*Administrator Children's Home*



*Manual Record Keeping and Database*



### **Changes in admission procedures and documentation are important**

Having proper documentation and everything in order are significant for a successful and timely case management process.

#### **As highlighted by one of the County Children Officers:**

*“For the ones who are successful, factors leading to their success: having proper documentation about the children, so that it is easier to do tracing. And even other forms of care, such as placement in foster care, work best when there is documentation. Which means there was proper procedure followed during admission. From there it is easy to follow up into other forms of care as opposed to when there is no documentation on admission.”*

## Reintegration of children

Since 2019 at least 2,322 children from 53 CCIs have been reintegrated with families:

- 143 from babies' homes
- 744 from children's homes
- 960 from rehabilitation centres for street-connected children
- 315 from rehabilitation centres for children with disabilities
- 160 from rescue centres

### Where children were placed:

- 66% reunited with their biological parents
- 11.5% placed in kinship care
- 17% went in guardianship
- 3% given for adoption
- 2% placed in foster care
- 0.5% are in independent living



*A couple who have adopted two children*

The process of reintegration is an enormous task with many challenges. For some CCIs, reintegration was new, and they started the process with the support of CCK. For those CCIs who were already reintegrating children before working with CCK, they are now doing so according to government guidelines and procedures. For example, they hold at least three meetings with parents before reintegration. Through these meetings, parents begin to understand their roles and responsibilities as caregivers, as well as the rights and responsibilities of the children. At the same time, these meetings allow the CCI teams to assess the likelihood that the parents or relatives will be committed to caring for the

*„The case management process ensures that these children are reintegrated successfully to a safe and nurturing environment. Before we didn't use to do monitoring and follow up. We never used to do case planning – which is important because each child is unique and by having the plan, you can identify the specific needs of the child. Most people think most important needs for child is food and education. Perhaps it goes deeper such as medical care. Children have more needs growing up.”*

*Sister, Children's Home*

child. It also allows for accountability, as the meetings are attended by the chief and other family members, so that the people with whom the child is reintegrated know that there are many witnesses or people to answer to. The findings also indicate that some of the CCIs did not do follow-ups before, but now they have started to do so. They have understood that reintegration is not a one-day event but a process and that preparation of both the family and the child is a must.

For many of the CCIs it was new to think of alternative placements for children other than tracing the biological family or kin. Possibilities of fostering and adoption were explored. Although this route bears its own challenges, these are opportunities that CCIs want to explore more and support the spreading of these ideas among communities.

CCIs now avoid keeping children in institutional care full-time. As a first step, they are arranging for children to go home during the school holidays. For those children with no family connection, efforts are in place to arrange foster families to host them for that period of time.

*„Children nowadays approach me to tell me that they miss their moms – they request me to call up the mother. Back then, the children would come here, and they had it in their heads that this is where they belonged, and they never thought much about their families. Now the children know that they belong to a family and parents need to come check on them. They call the parent on Saturday.”*

*Administrator of a Rescue Centre*

### **Starting the journey of reintegration from day one after admission is significant to ensure that more children grow up in families**

#### **As said by a Social Worker:**

*“Family is best for the child. When they come to us, as new as they are, we remind them that they will not be here forever. Eventually they will go home, no matter the situation at their homes. Better to bring up the child in a home than in a CCI. In a family/home there is an ‘I belong’. There is love – in CCI there is love – but in a family, they know where they belong. In a CCI, when the child turns 18, needs to get married etc... where will you get dowry etc.? We encourage the children to embrace the fact that they need to go back home. Thank God, they are taking it positively, though with challenges.”*

## **Stories of Reintegration**

*“I’m happy that William is back home, and I am also happy that he is able to do things for himself. It is wrong when parents completely abandon their children living with disabilities at rehabilitation centres or when some rehabilitation centres keep the children at centres without making sure that the children remain connected to their families.”*

*“Once the children receive whatever help they need at the centres, they should go back home. Parents need to learn and understand who their children are and should take up their parental responsibilities. The child is a gift to them from God. Children need to know where and to whom they belong. On the other hand, when the child is OK and goes back home, another child will get the chance for admission at the rehabilitation centre so that they can be helped with their disability.”*

*“It makes me happy when William tells us that he wants to continue studying, complete his studies, and can one day live on his own, somewhere nice. He gives me hope and I feel at peace when I see that he has big dreams despite his limitations.”*

*William’s parents*



*William now living with his parents after living in a rehabilitation centre for many years*



*Felistus visiting the Sisters*

*“When my sister and I used to be at the children’s home after our mother died, the Sisters made sure that a parent or a guardian were involved in taking care of us. The Sisters didn’t have to bear the whole burden. During the school holidays, they would send us to be with our uncle or our aunt. After the holidays, we had to come back with supplies such as soap, toilet paper and other items. It used to be difficult for my uncle to buy these things, but he would do his best using the money that he earns from his motorbike business. He is also taking care of his two sons after his wife left him.*”

*I’m happy that the Sisters allowed our blood relatives to be part of our lives and to contribute to bringing us up. By having that connection, we stay in touch with life on the outside. When you are just fully in a children’s home, you don’t know the reality of life as it is beyond the children’s home – you don’t learn how to struggle and to be street smart. It’s not nice how some children’s homes do not trace a child’s relatives. Then again, when you live in a children’s home, your character doesn’t develop as well as it should. So, because of how the Sisters handled it, I can face the world.”*

Felistus (21). She was 8 years old when she was admitted into a children’s home with her sister. She and her sister now live on their own in a rented house after many years living in a children's home

*“One day, I received a call by someone who told me that they had found my grandson Mohamed. He had been found in the streets of Nairobi. He had run away because there was so much suffering at home – his mother died during an operation when he was being born.*

*They invited me to go and see him. I went there, saw him, they talked to me and also did some counselling for me. Before they sent him back home, they called and invited me again to the centre. They talked to me about the possibility of living with Mohamed and how he could be helped so that he could live well with the children who were at home. They also visited my home to determine whether it was OK to bring him back home.*

*Finally, they brought him home and when they did, they also informed the chief and the village elders so that they too could make sure that when Mohamed was back home, he would continue growing up in a good environment. They did a lot of follow up. I’m very happy that they sent Mohamed back home and the great thing is that they sent him back after rehabilitating him. He is a changed boy. He is so much better.”*

Lucy, Grandmother



*Mohamed who is now living with his grandmother Lucy*

*“I left home when grandma wasn’t at home. I met some boys, and they asked me to go with them. We went to downtown Nairobi and once there, after sniffing glue for the first time, you feel high and that everything is OK. Then it felt great to be a part of a group of boys who would support each other in comparison to how it was at home where there were so many problems.*

*Life on the streets was tough... police harassment, murders, no food... a lot. Street life was horrible. I would not wish for anyone to live there. One day, a policeman gave me a bus fare and asked me to go home, but I didn’t. I simply stayed out of sight. Then one time, the children’s home had come to the streets to register anybody who wanted to leave the streets – I registered.*

*The children’s home rehabilitated me and taught me carpentry and also paid for me to study welding. Now I can fabricate a door, a window... whatever! When I was at the children’s home, they counselled me a lot. I’m now a responsible person. I know that I should wake up at a specific time and do different kinds of work to help my grandmother for example digging the garden, fetching water, and so on. After helping me to change into a better person for some time, they took me back home. I was happy to be reunited with my relatives. My people.”*

Mohamed, 17 years old

## Supporting children in their families

Childcare institution staff have shared that, when possible, they have tried to support children when they are still living with their family rather than taking more children into institutional care. The concern for the welfare of children has gone beyond caring for them in the CCI. Sisters use the knowledge learned in the CCK programme to work with the families, raising awareness and helping them meet their responsibilities for their children, such as paying their school fees or exploring ways to increase their income.

*„AOSK-CCK really helped to us to involve the community in taking care of the children. For us that was a big success because we were supporting children, but we were never successful. You support the children, then you support their kids and continue supporting. But when we started doing it properly, we improved the success rate by almost 70%. We have some failures, but not as high as they used to be.” Superior and Administrator*

### **Supporting children in their families is important to ensure that they are safe and well Strengthening families is important for a sustainable integration**

Both measures are key to reduce the number of children being institutionalised (primary separation) as well as to prevent secondary separation, i.e. that a child returns to an institution after reintegration.

**Grandmother** (granddaughter is supported while living at home with a mother who is gravely sick):  
*“Important for the child to be with his or her people. At the end of a school day, a child is happy to go back to family members. The child is happy to see their mother whether she is rich or poor. When a child is in an institution, he hardly gets to know his people and even if he is sent back home, it will be difficult for the child to fit in. It is problematic to reintegrate a child who has become used to living a very comfortable life in a children’s home yet his or her family may be very poor and unable to afford what the children’s home could afford. There are children who live in poor families, yet life is still going on for them. Staying with one’s own family is extremely important.”*

#### **Social Worker from a Community-Based Programme:**

*“As we look at changing from institutional care to home based care, I think that we must first acknowledge the knowledge gap. Lack of knowledge on financial management, food production, nutrition and other issues. Families and or institutions assume that it is the work of the CCI to take care of the children. The families have needy children, but they don’t put in much effort in finding a solution. Instead, they run to us or other childcare institution for help. So, before we even think of taking these children back home, we need to empower the families with knowledge. We may have a lot of money and give them but without knowledge they are just going to squander it. What can they be able to do with the limited resources that they have? We need to be able to let the children and their families know that it is easier to take care of one child within that family than caring for ten of them in an institution. This is possible by empowering families through income-generating activities for the families. If you give a family a pair of chickens, in a period of six months, they will lay eggs. The family can sell those eggs to buy any other food. They can also eat those eggs to support the nutritional need of the family. “*



Sister supporting a child (standing to her left) while he is living with his family

## What is driving the change?

A key driver for change is that the government of Kenya has put care reforms high on their agenda and have passed the relevant legislation. The Government policy and law are powerful tools to convince congregations, CCIs and communities that the journey towards family and community-based care is mandatory, as this is the law, and every child has the right to parental care.

Besides national and international laws that are framing and driving care reforms, there are specific drivers / enablers that were highlighted by those participating in the evaluation.

### Most frequently mentioned enablers:

1. AOSK-CCCK (100%)
2. New knowledge gained through trainings (90%)
3. Collaborations (90%)
4. Teamwork (75%)

## The AOSK-CCCK Team

A lot of appreciation was expressed for the AOSK-CCCK team's relentless efforts by the CCI/Ps visited. They have stressed how very good the relationship with the AOSK-CCCK team is with timely communication and a collaborative approach. The AOSK-CCCK team is patient, listens to the different needs of the CCI/Ps, and is always accessible and ready to offer help or advice. They follow up with phone calls, ask about progress, and involve CCI/Ps in decision making by asking for suggestions rather than imposing their own ideas.

The accompaniment and mentoring of the AOSK-CCCK is a key enabler for CCIs to keep motivated on their journey, to receive support and guidance and for not feeling alone.

*„They will always receive your call. I have never called and was asked to wait. They are ready to offer their advice or to help where needed.“*

*Administrator CCI*

*„AOSK is there any time to support us, to give us ideas, to guide us and to show us the way. We are not left out and we know we are not alone.“*

*Superior*

## Capacity Development / Trainings

Training is rated as a key enabler by the CCIs interviewed, and also when they were asked what they liked best about the programme, the knowledge they had gained got the highest score.

*„They have given us a way to help us go beyond where we are.”*

Closely linked to trainings, is the sensitisation and awareness building activities that were implemented. Training on positive parenting was mentioned by almost everybody and how successfully they were able to apply it to their work with parents. Also highlighted was the support AOSK-CCCK provided for the Day of the African Child and Universal Children’s Day. It was seen as an important opportunity to create awareness and at the same time the children could showcase their talents through plays and song and enjoy interacting with others.

*„If they hadn’t introduced sensitisation, we could not have reached where we are today.”*  
*Sister at CCI*

## Collaborations and Relationships

Working as a team in the CCI/Ps was highlighted as beneficial and an enabler.

The collaboration as Religious across congregations, CCIs and programmes, the exchange of ideas and experiences as well as learning from each other were found to be very supportive and motivating.

*„We cannot do it on our own.”*

Also of fundamental importance is the collaboration with the government at all levels. There is the cooperation on the national level (e.g. National Council for Children’s Services) through the AOSK-CCCK, which represents the concerns of the CCIs, especially when it comes to the renewal of registration of the CCIs, but also to stay informed about the latest policies and guidelines of the government. At the county and community level, CCIs are directly collaborating with government officials (e.g. sub county children’s officers, chiefs, village elders) during the admission and reintegration processes. In some counties, government officials are also supporting CCIs in their sensitisation activities, which is helpful because parents or CCI staff take messages from government officials much more seriously.



*Sister meeting government officials*

*„We are happy that the government supports the same idea. The government is there to support us, to talk to the relatives that this child needs to be at home. They need a family environment to grow and to fit into our society. If they stay in the homes with the sisters, they will never grow and they will never fit into society, so we are happy that the government is supporting this.”*

*Administrator*

A good relationship with the community is necessary to establish a circle of protection around the child, through contacts with teachers, local administrators and religious leaders, community volunteers, neighbours, etc., who can support the children and families and report on the child’s well-being in the family.

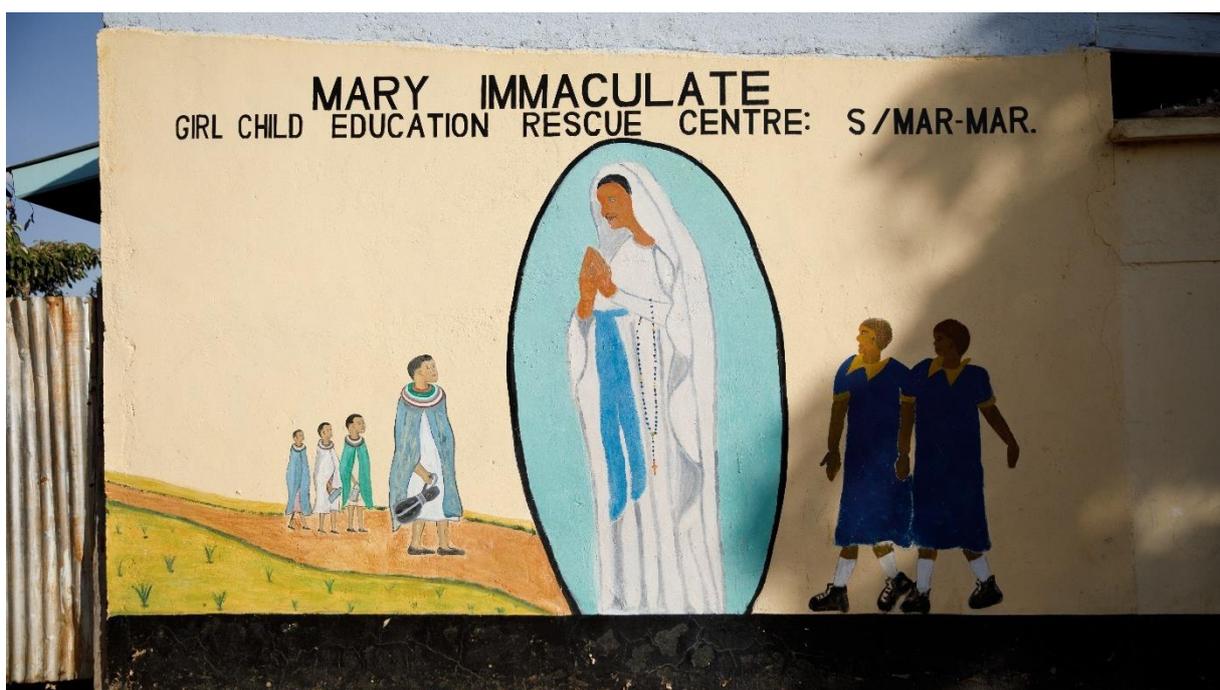
Collaboration with like-minded organisations that can support AOSK-CCCK and their members to reach their goals. This includes the Kenyan Catholic Conference of Bishops (KCCB) and the Association of Member Episcopal Conferences in Eastern Africa (AMECEA) who are influential in winning hearts and minds of religious leaders, the clergy and organisations linked to the church. They can play a critical role in spreading awareness and support for care reform across communities.

## Living the Charism

Underlying the life of the Religious is their charism. The charism of the congregations – as shared by those being visited and interviewed – is their pathfinder and crucial enabler. Although the charism remains the same, how it is lived is changing with the times. The calls that sisters of different congregations hear through their different charisms are closely related and encourages them to care for children outside institutions, for example, *compassionate love* which encourages reintegration of children with the families; *reach out to the needy even in the hardest to reach places; working with the vulnerable and marginalised, do good always, etc.*

*“It is an enabler. It is allowing us to adapt according to the signs of time. For this reason, we are able to empower those who uplift the children - their families.”*

*Sister in CCI*



# What is challenging?

Limited funds was mentioned by all CCIs visited as the biggest constraint to their work, followed by insufficient support by government in some areas as well as limited cooperation by families/ guardians/ care-givers of children.

## Most frequently mentioned challenges:

1. Funding / Financial Constraints (100%)
2. Limited cooperation by families (75%)
3. Insufficient support of and collaboration with government / duty bearers in some areas (75%)

## CCIs are facing financial constraints

### Financial situation:

- ⇒ Limited funds in general in CCIs
- ⇒ Very little social protection by government
- ⇒ Transition of children back home or to alternative care is costly

### Where do CCIs get their funding from?

Some CCIs receive financial support from national donors (e.g. corporate social responsibility projects of companies) and international donors, especially those CCIs that are linked to international religious congregations. Financial and in-kind support also comes from the communities. CCIs that are not registered find it especially difficult as they are not able to apply for external funding. Many CCIs also have different income streams such as schools, dispensaries, tailoring units, farming although only some CCIs gain serious income out of these. The Kenyan Government provides support to a very limited number of families through mechanisms such as Cash Transfer for Orphans and Vulnerable Children (CT-OVC). The last time children were registered for CT-OVC was however in 2018. Funding is also received from the National Fund for the Disabled of Kenya and the Presidential Bursaries. For strengthening families, CCI/Ps have to use their own funds or try to collaborate with other organisations on the ground providing such services.

### Impact of not having sufficient funding

In general, all CCIs are short on funding, and many are seriously short, which has impacted the well-being of children in the CCI but especially children on their journey home. Most CCIs struggle for funds to employ sufficient staff to care for the children and manage the transition process, to facilitate bonding between parents and children, to follow up on children (no vehicle or no money for fuel or public transport, long distances to travel and not enough time to visit), no financial means to start family strengthening activities. So they do undertake some of these activities, but it has strained their capacities to a great degree beyond what they can afford.



## Some lack capacities in mobilising resources and some donors are not yet convinced of care reform

Many CCIs face challenges in applying for funds or finding donors, which is understandable, because they are juggling this with many other tasks<sup>4</sup>. Also, specific skills are needed for raising funds. Many also wish to become more self-sustainable and start their own income generating activities. While some have had success, others need more guidance and support. And to cap it all, some donors are not yet convinced of the need for care reform. They have to be sensitised. Some CCIs have lost donors because of this.

*„Donors – most want to see the children in the children’s homes. To convince them that we can still take care of the children when they are at home is a big thing and it’s difficult for them to accept. We have already informed donors, and they are discussing about it.”*

*Sister in Children’s Home*

### **Funding is required for various areas:**

**For running of the CCI to ensure minimum standards are met.**

**For the transitioning process to ensure that standard operating procedures for reintegration can be followed and to ensure that children have a smooth and safe journey home.**

**For the support of children at home to prevent that they are sent to institutions (primary separation) and to ensure that the reintegration is sustainable (prevention of secondary separation).**

#### **Administrator (Father) in Children’s Home**

*“Boys are from far, yet you have to first visit to understand the situation on the ground – trace the home and do family analysis. Then we have to go for family conferencing before the proper reunion. In the conferencing you might have to give something to the people in the meeting. Then you have to do shopping with the boy to ensure that he is not a burden in the first few days – new clothes, shoes, school materials, school uniform, etc. That makes reunions very expensive.”*

#### **Sister in Rescue Center:**

*“You call them to check how they are doing; you hear them out. There are issues, but then you have nothing to offer. You cannot help. So sometimes you fear calling. If they tell you, they have slept hungry – what shall you do?”*



*Father with income generating activities at the Children's Home*



<sup>4</sup> Fundraising also affected by external factors such as COVID19 and the war in Ukraine.

## Limited parental/community awareness of & support for care reform

Often families are not taking up their responsibility or do not cooperate. And on top expectations are high by the parents and communities towards the CCI/Ps. Many people still think that children should be in CCIs for education, food, health care.

*„Parents / community members - many not yet aware of care reform and that it is the best interest of a child to stay with a family or family like environment. There is the mentality that children should be in CCIs so that they are provided with everything they need: food, health care and education. Many have a wrong image of a CCI, the building makes them think that is a rich people's place, there is no understanding about the struggles that we face.“*  
Sister in Children's Home

The ongoing sensitisation efforts as well as the positive parenting training sessions are having a positive influence. However, the challenge is that there are still so many to be reached and to make them aware of care reform. This means continuous sensitisation is required as for many parents / guardians it is very difficult to change their behaviours and mindset that caused the separation in the first place.

*„What surprised me was that after the second training, there was a positive reception of the reforms including positive parenting. Parents stood up and gave their positive testimonies about their journey.“*  
Administrator

## Insufficient support of & collaboration with duty bearers

Many CCIs have the feeling that they are playing their part in care reform, but that the majority of government offices are not. Some of the points mentioned:

- Some government officials lack expertise on care reform, only those tackling children's issues have the knowledge, and the rest have limited understanding. This can lead to incoherent decisions within the administration.

*„There's a lot of misunderstanding about what they should do. They need to all be on board on the care reforms: the police, the chief, and even the health sector, and education. I think all of the duty-bearers need to be sensitised on issues of care reforms so that we are all on the same page.“*  
Children's Officer

- Government officials on the ground, responsible for children services lack the funds to support care reform, e.g. have no transport and if they have transport, they may have no funds for fuel, so they are not able to visit families, communities, etc. The government has to still allocate resources to the departments.

*„As an office, I am zero. Things are bad. We have to liaise with the police so that they can provide a vehicle – they may agree to help or not. Once the children have been brought to my office, I cannot abandon them, and neither can I take them home. I have to solve the issue even if it means that I use my own money.“*  
Sub-County Children's Officer

- There are also unwilling duty bearers especially chiefs and children’s officers who will admit children rather forcefully to a CCI without the necessary documentation.

*„Some Child Officers bring kids with poor documentation therefore making reintegration difficult.” Baby Home*

**All three points mentioned—lack of funding, government cooperation and parental support—makes it very difficult to sustainably reintegrate children in ways that ensure their safety.**

## Specific challenges related to the reintegration process

Additional specific and related challenges linked to the reintegration process were highlighted and are outlined below.

### Root causes of family separation are not being dealt with sufficiently

A lot of reintegration is being done without solving the core issues that caused the separation. This is understandable, as many of the root causes are so complex and difficult to address. Many can also not be addressed by one CCI alone. There is a need to work with different stakeholders, to do advocacy, lots of sensitisation, counselling, etc.

Sometimes children don’t want to go back to their homes, and it takes time till they open up and reveal the truths about their background and situation.

*„Superiors and the whole community fully support de-institutionalisation. If it were not for the complex nature of the child cases, all the children would be at home.”*

*CCI Administrator/ Sister*



### Reasons for children living in CCIs and issues impacting families and children in Kenya:

- Dysfunctional families caused by drug and alcohol abuse, high divorce rates and lack of reconciliation services, single parents, old grandparents in care, young mothers
- Parental death
- Little or no access to information and medical services: high maternal mortality
- Harmful traditional practices such as FGM or child marriage, incest problems
- Family poverty because of drought and lack of knowledge about e.g., financial management, food production, nutrition, and other issues
- Stigmatisation: e.g., children living with HIV having to take medicine and not wanting anybody to know of their disease
- Many children with disabilities for whom little is being done

## Leaving no child behind: Limited perspectives for some children

In some cases, it is very difficult to find an opportunity for a child to live in a family. This is especially the case for children with a disability as well as for older children (especially boys). The “unwanted children” are often rejected and neglected. Not many families are prepared to take them back home.

*„AOSK, Government insisting on re-integration by 2032: Difficult for children living with HIV, total orphans etc. There is no clear rule about this. They are not giving alternatives. Those children who you surely cannot reintegrate. There is no way out for some children.”*

*Children’s Home*

## Alternative Care is not yet widely known beyond kinship care and processes can be complicated

Fostering and adoption are not yet very common as alternative care options. And besides several obstacles lie in the way, e.g. the older the children become, the more difficult it is to find foster or adoptive families. The younger they are, they easier they also bond with a new family. But the adoption process is time consuming and can be costly.

*„Problem is that most people are willing only to take younger children. Many don’t want older children. They want children that they can later on adopt or children that they can mould. Older children are mostly re-integrated into their extended families.”* Sub-County Children’s Officer



*A woman (L) who is fostering two children with a disability. The younger children visiting from the neighbourhood.*

## Ensuring children are safe in the CCI, during the transition process and in their (new) home is a concerning challenge

From the feedback received from the staff in CCIs as well as from observations in four CCIs, there remains a strong need to further develop the capacities on child protection. There are still some staff who have never been trained. Then there are those who may have been trained, but still require additional guidance, so that they are able to apply the knowledge in their day to day working with children with confidence.

Due to the lack of funds, many CCIs claim that they have challenges in doing proper follow up of children in their families. Also there is a need to ensure proper preparation as well as involving all relevant stakeholders and linking up with all available resource systems. CCIs need to know the good practices that are used by others to facilitate a safe journey home and sustainable reintegration.

*„Right now I am just reading the Child Protection books and I only have little information about Child Protection from another Sister who did a very short training for us. People expect me to solve issues, yet I am not aware of the issues, and neither am I trained. In summary: we have an issue with Child Protection, and I don't know whether the congregation has solved these. We have documents on child safeguarding and child protection that apply to the whole congregation. However, having it, knowing it and implementing it, are different things. Solution is the training for everybody who works here.”*

*Administrator, Rehabilitation Centre for children with disabilities*

## Challenges related to the operation of CCIs and Programmes

Other challenges highlighted that are directly linked to the operation of the CCIs and Programmes:

### Unregistered CCIs and delay in getting registrations renewed



*Children's Home Registration Certificate*

For those CCIs who are not registered the situation is very difficult. Not only are they operating outside the legal framework, but it is also not possible to apply for funding without having a valid registration. This is a challenge as especially during this transition phase towards family and community-based care when CCIs require a good amount of funding.

Furthermore, only those CCIs who were registered in the past can get a renewal. However, the process of renewal is slow and there are delays from the side of the government. So far CCKK has supported 28 CCIs in getting their renewal. There are still 23 waiting for a renewal.

And then there are 50 CCIs who have never registered. Their only option is to register as a community-based organisation, this means, they will have to apply after they have completed the reintegration process.

## Team dynamics and staffing at CCIs

It was observed that the staffing is thin in most CCIs, especially the administrator having to manage often several roles, social work, fundraising, supervision, administration, attending meetings or trainings, and some studying ... which has led to burn-out as was shared by two administrators. Further it was highlighted that how well a team works together has an impact on everyone's work. If there is a lack of cooperation between sisters in a congregation or between staff, this will have a negative impact on their work and on their interactions with children and communities.



*Sisters and a child at the Babies Home*

## Applying the knowledge gained

It is expected that when a person is trained by AOSK-CCCK they return to their institution / programme and share their learnings and new knowledge with their teams. This does not work in all settings. One reason given was time, everybody is busy on what they are doing and there is not the time provided to sit down and share and learn. Another challenge mentioned, was the transfer of sisters by their congregations, especially the transfer of those who have been scholars in social work or spiritual counselling. Currently, 48.7% of those who have been scholars are working in a CCI or programme.

*„Too much information is given to one person. I'm the only one that has been trained – no other staff member. For me, I prefer the staff to be trained because the workload for me is too much plus I have also tasks to complete for the congregation.”*

*“The training lifted me up and through this I could guide the rest. In fact, if they want to transfer me, I will ask them to give me more time here. But I'm not sure my request would be granted – if they think that you are able to handle another job, they will transfer you anyway. .... The problem is that in the congregation, there is a lot of misplacement of skills. Trained in one thing but sent to do another very different thing. This is mainly because we are few....”*

*Sister at CCI*

## Not taking the opportunity for complementing each other

Catholic Relief Services (CRS) is supporting the implementation of care reform in three pilot counties. As CRS is an international NGO working with the Catholic Church, and AOSK being part of the Church implementing care reforms with CCIs with Catholic identity in different counties, the findings indicate that there is some “duplication” as mentioned by two CCIs based in those counties because of lack of coordination.

*„Sometimes AOSK and CRS require us at the same time and so we miss out on what AOSK is offering.”*

*Sister at a CCI*

## COVID has added challenges in implementation of care reforms

The CCIs faced many challenges during the COVID-19 pandemic. The Government's directive to return children to their families was difficult as no proper assessment, preparation and follow up was possible. And two CCIs shared their experiences that care of children was often not adequate and some children had to be returned confirming the need to follow the proper procedures of re-integration.

At the same time, the government sent abandoned children or children connected to the streets to the CCIs; and thus, many of the CCIs stayed with the children during the pandemic. The CCIs faced challenges with reduced income due to e.g. closure of their schools and reduced charitable giving in cash or in kind as people lost jobs and the means to donate. Also some of the donors died of COVID.

Due to the pandemic, the scholars of the CCK programme also had to attend their classes online, as well as many of the trainings and meetings facilitated by AOSK-CCK had to take place online. Many CCIs were challenged by poor internet connectivity, and many had to learn how to use a computer. In general, everybody had to learn online interaction and communication.

## LEARNINGS

The stakeholders met shared many of their learnings that can guide the future work of AOSK-CCK and its members, as well as other CCIs and congregations who plan to start or are on the journey towards family and community-based care:

### *For all who are still hesitant to start the journey of care reform*

#### **Embrace care reform – it is possible to care for children while they are at home**

- Accept the reality of care reform.
- Accept that family is the best place for a child. If you care for the child as a child – as long as a child is safe, let him or her be at home with a family.

*„We also had to learn it before we loved it.“*

### *For all those Childcare Institutions who are on the journey*

#### **De-institutionalisation / Care reform is a process, a journey – don't rush**

- Make sure everybody understands that care reform is a process, it takes time, and different steps have to be taken.
- Care reform is not about immediate closure of childcare institutions, but it is about finding the best solution for each child.

#### **Work as a team and have regular team meetings**

- Work as a team with all staff at the CCIs, because it will help you very much.

*„During weekly staff meetings, we discuss a lot, and we follow up on what we did the previous week and plan the week ahead. It is an opportunity to share and learn, which motivates us and strengthens our work.“*

## Collaboration – Networking – Benchmarking as CCIs and congregations

- Network as much as possible, because sometimes other CCIs may already have a solution to a challenge you are facing.
- Benchmarking can be very helpful: visit other childcare institutions and programmes to see how things can be done differently.

*„In case you reintegrate a child into its family that lives far away, if you have a good network, you could call the social worker of another CCI there to check on the child so that you don't have to travel.“*

## Work with the government – they will help you but sometimes you have to insist

- Work hand in hand with the government to support the children.
- Be persistent if you require external intervention. And if someone is not doing his or her job and supporting the process, report to their superior, otherwise you will be stuck.

## Gate Keeping

- Find out the background of children to understand whether they really need to be admitted or whether there is a family to live with instead of bringing them into the institution.
- When you take in a child, think about how to transition the child, don't keep the child in the CCI for long; think about the future of the child.
- During admission, if the family is known, they should be made aware that the child is living in the CCI for a specific period of time, and they should be visiting their child so that the bond is formed and remains.

## Community education plays a big role

- It is important to work with the community. When they accept or adopt change, it is easier to do to things with them.
- Even if it is difficult, get them on board and start changing the community one step at a time.

## Involve the children and listen to them

- Listen to what the children are saying. From this, you can learn what may be going wrong in their homes. And you may also better understand the needs of the child.
- Don't generalise about children. Understand each and every child and understand how to best solve their individual problems.
- Work always in the best interests of the child.

## *For all those who are reintegrating or placing children in families*

### Ensure social workers are trained

- Social workers have to be trained on reintegration because a lot is required in order to do correct and successful reintegration.

### Reintegration has to be prepared for

- **Do home visits:** Make sure you understand what challenges the families are facing. Talk among yourselves about the issues and ensure that the reasons for separation are understood completely, especially when a child prefers not to live with the family (e.g. risk of once again being abused), otherwise problems can arise after you reintegrate the children.

- **Ensure that it is a good match:** If this is not checked, there is the possibility of sexual abuse (e.g., that a girl is not sent to live with her single uncle). Make sure, especially that physically challenged and orphans will be okay wherever they will be settled and that they can be fully supported (e.g. for grandmothers it can be a very big burden financially, mentally, physically).
- **Try to create a bond** between the child and the family it will be reintegrated to, while the child is in the CCI.
- **Don't do it all at once.** Don't send the children home at one go – make sure that the child is stable and that the parent or guardian is stable. Do a trial period e.g. for a weekend or school holidays.
- **Empower the families first** so that when the children go back home, they are safe and supported. It is especially important to ensure that once reintegration is done, that access to education will be possible for the child. This is a critical way of ensuring that the child survives and has a better future.
- **Ensure that you have the skills or link up with someone who has the skills** to address some of the issues found in the homes where children are to be reintegrated to, for example rehab services for alcohol and drug abuse.
- **Ensure to include the chief and other family members** in the preparation process.

**All parties involved including staff at the CCI, the parents or guardians, and the children need to be prepared psychologically for the transition.**

### **Once reintegrated, you have to do continuous follow ups**

- **Have continuous follow ups** and make sure that the child is well settled and then you can reduce the follow ups to avoid dependency. However, ensure that the child knows where to get help in case of anything. Upon reintegrating children living with HIV it is important to do follow-ups until a later stage in their lives when they are better able to understand the importance of adherence to taking the medication.
- **Leave your doors open** as a CCI after reintegration so that the child can visit you. Welcome the parents in case they may have questions to ask the CCI that has hosted a child for a long period of time and have had the chance to understand the child's character: they know how to identify when the child is sick, when the child is depressed, etc.

### **Setbacks happen**

- When you take children back home, some will come back. In case this happens, have a plan.

### **Alternative Care: Fostering and Adoption**

- It is important to do counselling for prospective foster and adoptive parents so they understand what they are getting into and what possibilities may lie ahead (e.g. a child wanting to trace their biological roots, the reaction of the child when they find out that they were adopted, etc.).
- Self-representation during the adoption process is possible within the Kenyan Court system, which drastically reduces adoption costs and therefore makes it possible for more families to adopt.
- There are support groups (e.g. on Facebook and WhatsApp) for prospective adoptive parents and parents who have already adopted.
- Fostering and adoption are very sensitive and delicate, always ensure the best interests of the child. It is important to do due diligence before authorizing the adoption of older children, especially girls to avoid that they are at risk.

## Children with disabilities

- For some of the children living with disability, when proper care is given, including physiotherapy, speech therapy etc., it is possible to help the children to become more independent and therefore have a better chance to thrive after they are reintegrated into their homes.
- It is important to link families taking care of children living with disabilities to existing services or special schools that cater to children who are e.g. mentally challenged or visually impaired.

## Specifically for congregational leaders

### Put transfers on hold for trained sisters and ensure proper handover

- Sisters trained should not be transferred but to be kept at least for a period of five years to ensure they can apply and transfer the knowledge gained. If transfers are necessary, it is suggested by both CCI staff and duty bearers to ensure a proper hand over and that all are trained in the CCI before the sister is transferred.

*„It is good that when we start this process, at least leave a sister for five years so that after training you can implement what you have been trained on. This will really help. When changed yearly, you will learn and then another person will have to implement yet will not have the knowledge. This will be fruitless. Avoiding transfer is possible.“*

### Create awareness within the congregation

- Create awareness within the congregation about alternative care, about Kenya's 2022 Children's Act and that within the next ten years, things should change.
- To win the hearts and minds and transfer knowledge to sisters who have been in their roles for many years, one superior shared, that the most effective way is to engage somebody from the outside, as it is easier for religious to listen to outsiders.

*„We thank God we had a meeting where we shared with fellow sisters who are in Pastoral etc. about what we have learned about care reforms and what changes there are.“*

### Care reform has financial implications at least in the mid-term: Be prepared

- **Consider building your fundraising capacity as a congregation:** One possibility would be to have a specific person or team (e.g. development office) within the congregation assigned for fundraising, grant management and donor relations which bundles the expertise and relieves the CCI Administrators from some of their many duties.
- **Try to be as self-sustainable as possible:** It is good to be self-sufficient if you can, as this will put you on a different level in terms of your activities. Funds can never be enough. Donors will not always be there. Find alternative means to earn an income.

*„Find a way to help the parents in home-based care – don't rely on donors. For example, we raised chickens here and donated them to the families. You can help the parents using what you can get from income generating activities.“*  
*Administrator in CCI*

### Start envisioning the future of your childcare institution and start preparations

- Do early preparation: What shall your home be transformed to? It may no longer be an accommodation or boarding place, but it can still be offering services to the community.
- The sooner you have a vision and a plan, the easier it will be for everybody involved.

## Be aware that transitioning is stressful especially for the CCI teams and offer support

- Don't leave the sisters alone, have constant interest in the work they are doing, and encourage their work. Listen to the feedback of those working in the CCI/Ps, be involved so that you are aware of issues and can give support.
- Offer opportunities for CCI staff to share their experiences, provide counselling support and ensure that CCI teams have opportunities to be strengthened as a team.
- Empower superiors – they need to have an idea about the work that needs to be done. Don't only train the sisters doing the implementation.

*„We need also to be counselled because often we face burn out – especially when you are dealing with families that aren't in good terms.“*

*„Our Superior is sitting right here with us. She works with us and understands our pains and lets us know that we shall make it.“*  
Sister at CCI

And a final recommendation made to congregation leaders and CCI teams is:

**„Don't give up despite challenges.“**

## RECOMMENDATIONS

Besides the Learnings shared by the participants of the evaluation, the following paragraphs highlight key recommendations to ensure that the journey continues and is able to reach the next level i.e. **winning more hearts and minds, developing more capacities, securing necessary resources and forging partnerships** so more children are able to grow up in families.

### Enhance sensitisation using different channels

There is one key area to be strengthened and continued which was highlighted by all stakeholders met: Sensitisation and awareness raising, with the aim of increasing the preparedness of families and communities to take care of children and to ensure their safety – to change the common perspective where institutional care is a norm.

*„In our home, most of the children are abandoned – the community needs to be educated. Family values need to be re-awakened and re-instilled in the community. The community needs to understand that a child is their responsibility. Maybe then abandonment can be minimised.“*

*Sister at Baby Home*

- Focus on the **sensitisation of communities about care reform**, about what is in the best interests of children, about positive parenting, on the role the community can play in ensuring that children are safe, on alternative care of children like fostering and adoption.
- Enlighten about harmful practices that lead to institutionalisation or make reintegration difficult (e.g. drug and substance abuse, child marriage, FGM, the stigma of persons living with disabilities).
- Ensure that especially the rural and marginalised areas are included and also make sure to involve men.

- Complement activities – depending on the audience – with radio spots (especially on mainstream media, e.g. parenting education), specialised awareness and sensitisation for the marginalised areas (e.g. audiovisuals and use of local language), reinforcement through SMS and WhatsApp messages and outreach to places where a broad participation of people, especially parents, is expected.

## Forging partnerships

### for strengthened sensitisation and service delivery

Collaboration and forging partnerships are key for sensitisation as well as service delivery. The further spread and sustainable implementation of care reform will depend on how far stakeholders collaborate, complement each other, the government drives it, and the Catholic Church is using its position and demonstrating leadership from the top, the Bishops, down to the to the small Christian communities.

To increase success and reach, different channels have to be (re)-activated / re-inforced and **collaboration with different stakeholders will be key for success:**

#### Catholic Church:

The Catholic Church could play a much stronger role as a catalyst by promoting care reform across all its different entities and organisations.

- Various organisations linked to the Catholic Church are effective conveyors of messages and can extend the reach: Small Christian communities, Catholic women associations, etc.
- The Diocesan offices with their programmes can complement the work of the religious in working with families.
- Need for a strong support from the highest level – through the Bishops – so that all Catholic Institutions and Catholics speak the same language of care reform. AOSK-CCCK is to continue to engage with the Bishops so that they can bring in the important leadership support.

*„Need for Catholic institutions to be speaking from the same point of view: Not all Catholic institutions have embraced care reform. Need at the Apex level, a directive – need to have everybody engaged in the Catholic Church – that they walk the same journey.“*

*Government Official*

#### Government:

Continue to undertake sensitisation of communities with the government – the presence of the government reinforces the messages. Also continue to advocate with the government to release funding for families.

AOSK-CCCK can at the same time support the government by reaching out to CCIs who are still resistant to change and by sensitising much more duty bearers especially on the lower tiers such as the chiefs or village elders.

*„We have to change society first. We are living in a very tough situation for the family set up – we need family empowerment with the cash transfers through the children’s department and also to make sensitisation.“*

*Administrator Baby Home*

### Other stakeholders close to the communities:

Map key stakeholders in the respective areas the CCI are working and explore possibilities for collaborating in sensitisation as well as service delivery. For example:

- Collaborating with other religious denominations, sensitising them if necessary and involving them in sensitisation activities.
- Collaborating with other community-based organisations and NGOs offering services to families especially in the area of family strengthening, tackling mental health issues, counselling and rehabilitation services.

The tasks of reintegration and prevention of institutionalisation in the first place are too huge to be dealt with by the CCI alone.

There is a need to explore possibilities for AOSK-CCCK and CRS to collaborate and to ensure that they are complementing each other, duplication is avoided, and the Sisters retain their agency in care reform.

## Continuous Capacity Development

Continuous capacity development is required for all staff working in CCI. The main reason is that there is a constant turnover of staff, there are still staff members who have for example never attended a training on child protection, and there is need of those trained in the past to get refresher trainings, to deepen their knowledge and mentoring them during implementation.

Besides training, it is recommended to increase the opportunities where CCI can learn from other CCI who are already doing something that is working. Especially those CCI who are working in remote areas need special attention and support so that they can implement care reform in their environment.

### Key areas for capacity development

- 1) Child Protection and Safeguarding
- 2) Case Management
- 3) Family Strengthening
- 4) Resource Mobilisation

## Accompaniment and Mentorship by CCCK

CCCK is urged to continue accompanying and supporting the member congregations in the programme and their CCI as much as possible. All CCI staff members met as well as Superiors asked that CCCK continues to visit and guide them in their work.

To ensure close mentorship and support for all of the CCI especially also those who face challenges and require more support, it is recommended to consider increasing the number of AOSK-CCCK staff.<sup>5</sup>

*„It is good that you don't assume that things on the ground are still running. Come to see that we are implementing what you are teaching us. Let us exchange and share ideas.“*

*Sister Administrator CCI*

<sup>5</sup> Currently there are three full time staff members in the CCCK Programme- Project Manager, Case Manager, and Project Officer – partially supported by AOSK Executive Secretary, MEAL Officer, Data Manager, Finance Dept. and a Driver.

# SHARING OF EXPERIENCES BY CCCK MEMBERS

## Experience shared by Children's Home



***Familia ya Ufariji Children's Home*** has been in existence since 1998 (25 years) and is located in Kahawa West, a suburb settlement spanning the Kiambu County and Nairobi County borders. It lies approximately 18.6 kilometres from Nairobi City Centre. Fr. Julius Gichure explains, ***"Familia ya Ufariji Children's Home*** was founded by the Consolata Missionaries who wanted to give the children they were helping, the very best in everything but with this, they forgot something - life skills."

As in many other children's homes, everything was done for the boys, so at one point the carers realized, they had created people who were not mature and independent. "It was very difficult for them to leave this children's home and live an independent life in society. To be honest, they had no life skills. The majority were unable to hold on to the jobs that we helped them to get. They were used to a certain routine and were used to getting everything that they needed. For example, they were used to getting their tea at 10 a.m. and so when they were at their workplaces, at 10 a.m. they would sit down, lost, waiting for their tea. So before reuniting them, we have to teach them life skills including how to make their bed, how to clean a compound, how to clean the rooms, how to do farming, how to rear rabbits etc."

***"Before reuniting them, we have to teach them life skills."***

### Care reforms and tracing the families

Social worker Immaculate Njiru tells, "We started tracing the families around 2012/2013 of both the old boys and of the new intakes. We got some families and started reuniting them. Most of the boys either don't know where they come from, don't remember the names of their family members or they may not give us sufficient information to trace their families. When you trace the families, you might also find broken families. Depending on the background of a child and the situation of their lives and

or family, they may be forced to stay at the children’s home for a long period as we try to find a solution.”

As Fr. Julius says, AOSK started training the staff members about care reforms around 2019. “Whatever they were training us on went hand in hand with government policies. We are now following the rules.” Before the care reforms there were living up to 98 boys in *Familia ya Ufariji Children’s Home*, but right now they have only 17 left, and most of them had been growing up in the children’s home.

“We are now following the government rules.”



Empty dormitories at *Familia ya Ufariji Children’s Home*

### Preparing reintegration – Family Conferencing including different entities

When a case has reached the point of reintegration, the best interests of a child are discussed in family conferencing. This involves several entities including duty bearers responsible for the area where the child will be settled, including the chief, *nyumba kumi* leader, church leaders, the Children’s Officer, and also extended family members.

Fr. Julius explains why this is so important, “Each discusses their contribution to the well-being of the child after reintegration has been done. Through this forum, we get to know whether the child will be accepted into a family and a community or would be rejected. This is important because we don’t force a child into a family. In case negotiation and reconciliation are not done on behalf of the child, there is a risk that the child would return to the streets after being rejected by the community. Leaders take the responsibility of overseeing the wellness of the reintegrated boy including ensuring that the boy remains at home and goes to school. If you work with all these mentioned people, reintegration works out very well and the boy remains at home in a safe environment.”

### Explaining changes in caring for children to the congregation and donors

Another challenge was to communicate the changes to the community and also to long-time donors. “I had to explain the care reforms and the changes in how we were caring for the children to members of the congregation, which took a lot of time,” Father Julius recalls. “The Superior General in Rome also asked us what was happening, but eventually they understood that the way to care for children in need had changed. As a Congregation, when we look at our experience, we accept wholeheartedly that surely care reforms are certainly the right thing to do.”

“The other problem is that donors who were supporting the children knew them by name. Some of them had been supporting this institution since 1998 and had been sponsoring children since some were only four years old. When we exited most of the children, we started sending new names to the donors. Some were not too happy with the changes. The main donor, an association that does fundraising, finally said that they would not continue funding us. We have now gone one year without their support.”

*“It took a lot of time to explain care reforms to the congregation and to donors.”*

### Sensitisation and support so that children remain in a family environment

Fr. Julius “There are parents who, because of poverty or other reasons, think that they can bring their children to the children’s home - they are now rethinking this. We are doing our best to make them understand that the best place for a child to grow up is at home, and if help is needed, then it can still be offered or given when the child is still at home. We also empower the parents with for example entrepreneurial skills so that they can start a business that will earn them an income to support their family. This brings stability.”

“Also, we are doing a lot of sensitizations through workshops and seminars in order to avoid unnecessary separation of families. We teach the parents about good parenting, children’s rights and responsibilities, entrepreneurial skills, good communication among other topics.”

*“Our aim is to teach parents about good parenting so that they are better able to handle their families, so that the children don’t end up living on the streets.”*

**The experience of the Familia ya Ufariji Children’s Home is significant** because it shows that care reform is possible, even after years of running an institution. It highlights the value of children growing up in families and being equipped with essential life skills to face life’s challenges. It shows the importance of preparing for a child’s return to their family to ensure that their best interests are met. Winning the hearts and minds of congregation members and donors is a crucial aspect of this transformative process. It requires open, patient, and thorough discussions to educate them about the changes in caring for children and the importance of care reform. The same applies to raising awareness among staff, children, parents and the community as a whole.

# Experience shared by Sisters supporting families to prevent institutionalisation

**Sister Florence Muia, Founder of ASN Upendo Village, an HIV and Aids project in Kenya, shares her years of experience that eventually led to her mission to prevent institutionalisation of children.**

“My first posting as a young Sister was to work with hearing-impaired children and because of their situation, they were institutionalized from nursery school. Specialized schools were very few and for me, dealing with children from nursery school to class seven while in boarding school, was just something... I could see the yearning for these children to be with a parent. And we started wondering, ‘What are we doing by putting the children into an institution for so long?’ When I went into a boarding school for 350 girls from class 1-7, I was again like, ‘Wait a minute, what are we doing to these children? No! Parents need to take responsibility for raising their children. Children should be raised in a loving environment.’ You could see the children really need the attention of a mother. We were just a few employees who could give them attention. It's not possible to share yourself with so many children and give them the emotional love they need, to give them a sense of belonging, and a sense of identity. These are the experiences that taught me that institutionalised care has challenges.”

*“We started wondering, ‘What are we doing by putting the children into an institution for so long?’”*

## How it started

Sr. Florence goes on, “In 2002, I shared with the leadership of my congregation my dream of helping children and their families who were infected and affected by HIV. There was great fear in the congregation when I presented this idea to them. I was also met with a lot of resistance. They thought that I was going to collect all these people and put them into an institution. However, my experience with very young children in boarding schools taught me that institutionalising was not a good solution at all. My concepts and dreams were different. If it was only the institution doing all the work, then it would be as if it was only one person caring or taking responsibility. By engaging the family, we would share responsibilities. We would provide what we could as an institution including counselling, nutrition, food, and or medicine and the families would play their part.”

*“My idea was to incorporate the families and the society in the care so that it would not become a one-man show.”*

Right now, 14,000 people in total are being supported by *Upendo Village* - including adults or children living with HIV, an education programme for vulnerable children, a nutrition programme, a grandmothers’ project for elderly women who take care of orphaned children and a Prevention of Mother to Child Transmission of HIV unit to ensure mothers living with HIV don’t infect their children during birth and breastfeeding.



### Supporting people with loans for income generating activities

“We realized that we need to empower the people to wean the dependency syndrome. And that's why we came up with income-generating programmes to empower them. We offer interest-free loans, payable within a specified period of time. Of course, we have had defaulters. People go and mismanage the money, but generally, we focus on success. The loans allow, for example, grandmothers to start businesses, and with these businesses, they can raise up the children without so much of a struggle.”

*“We have seen grandmothers caring for children receiving HIV medications do wonders with the loans, more so than the younger generation because they are more serious.”*



### The ‘Upendo’ goats and chickens

Felista Wachira, who is responsible for the income-generating activities at Upendo Village, explains, “We also give out items, for example, dairy goats whose milk is very nutritious. In one month, we can donate 10-15 goats to the families. They are usually known as the ‘Upendo’ goats because they are a specific strong breed. Right now, 652 families have benefited... one goat for each family. And we also give two chickens, whose number can increase and then be sold. The families also sell the eggs, that way they can sustain themselves. On the other hand, there are homes that don't have electricity and so we donate solar lamps to them. These are especially beneficial to school-going children.”



### Cash transfers to families for food, education, health

Samuel Maina, a child protection officer at Upendo, shares that bank cash transfers are also made for some of the children they are sponsoring. “The total number of children who have benefited from the sponsorship is 331. The cash is primarily used for three things: One is to provide food for the sponsored child and their entire family, secondly to pay for education, and third, to pay for their medical bills. Apart from that we also do school visits to check on how the children are progressing in their studies. And every time they are on their school holiday, they must come here for a medical checkup at the Upendo Village Health Facility.”

### Preparing sisters, staff, parents and children psychologically for care reform

According to Sr. Florence, there is a lot of resistance to these care reforms particularly from certain homes, because people have been used to having those children at the institutions. Therefore she says, “Let's deal with the inside fear of the administrators and the managers and all the caregivers because there is going to be a time of grieving very seriously because of the departures. We must prepare people psychologically. We need to prepare the children, because they will be grieving. It's not an easy thing for all of us. The institutions need to understand that when all the children go home, they can exist in a different way and give service in a different way. I don't see these reforms being reversed because it's an international move. So we better embrace it earlier than later. Let us find donors who are going to buy into the idea of transitioning these children permanently instead of keeping or supporting them continuously in an institution.”

*“There is grief in letting go and people need help so that they can slowly detach for the benefit of this child.”*

Brigid, Head of the Social Welfare Department of Upendo village, and employed there for 20 years, believes that “As the government and charitable institutions look at changing from institutional care to home-based care, I think that we must first acknowledge the knowledge gap. Lack of knowledge about financial management, food production, nutrition, and other issues. The families have needy children, but they don't put much effort into finding a solution, instead, they run to childcare institutions for help. So, before we even think of taking these

*“We need to empower the families with knowledge.”*

children back home, we need to empower the families with knowledge. We may have a lot of money and sometimes give it to them, but without knowledge, they are just going to squander it.”

Assistant Social Worker Sr. Ann admits that they have made mistakes, by “going, with the solution, to the community, rather than allowing the community to give us the solution or tell us how we can help them. So they sit back and expect us to give them everything. But the community is very resourceful as long as we use the right approach. We only need to open up, be willing to let go our insecurities, be able to utilize the resources that are available, all in the interests of the child not necessarily for today, but also for the future.”

*“Allowing the community to tell us how we can help them.”*

**AOSK/CCCK – CATHOLIC CARE FOR CHILDREN KENYA PROGRAM**

Brigid and Samuel both say, “After the work that we have been doing over the years, partnering with AOSK has empowered us even more. For example, the training from AOSK/CCCK on case management was very beneficial, especially the toolkit for collecting and storing information about the children that we support. The toolkit has among other things, a child assessment folder, there's family assessment, case plan, and case closure. Everything about a child is well-documented and organised. Now we are using a system that is going to be adopted by all the institutions. We've embraced this because it's manageable and it is even easier to follow up.”

**The experience of Upendo village and Sister Florence is significant** because it shows that it is possible to support families and their children in their communities, to be by their side and to provide the necessary support. The Upendo experience also highlights the importance of letting communities share their needs, resources, and ideas and, of supporting them not only with material or financial aid, but above all with knowledge. The experience also highlights the importance of preparing everyone psychologically for care reform, as many will be fearful of change and grieving – sisters, staff, children, parents.

## Experience shared by Foster Parents

**George and Eunice are foster parents to a 16-year-old boy. They are now raising their foster son and three biological sons together. In Kenya, it is very difficult to find adoptive and or foster parents for older children, especially boys.**

With the childcare reforms that are taking shape in Kenya, the government is encouraging institutions to help children while living at home with biological parents, extended family, foster or adoptive parents. In some cases, the biological parents or relatives of the children are unknown and cannot be traced. In such cases, the CCIs seek foster parents who can host older children and may choose to host them until they enter adulthood or to fully legally adopt them.

Eunice recalls, “George and I faced many challenges growing up. I was raised by my grandmother because my mother, a single mother, was always away, somewhere, looking for money. Since we understood the struggle, we always had it in our hearts that we would one day like to help someone out of their struggle. In my small Christian community at church, we normally donate money and sometimes we donate it to *Familia ya Ufariji Children’s Home*. So when George told me about fostering the boy, we talked about it and came to an agreement.”

George tells that initially he had not expected to foster a child. He had come to *Familia ya Ufariji Children’s Home* because he wanted to volunteer and help a child who would still be living in the home. “They introduced me to one of the boys, he was about 6 years old when he was rescued off the streets of Nairobi. I would give my cash donation which was used to pay his school fees. After some time, they requested my wife and I to be his foster parents. It is a challenge to foster a child who has been brought up in a children’s home where everything is always available. They don’t understand what it feels like to lack something in their life, and they always expect new things... new clothes, new shoes. However, they are really good at doing chores like washing the house, doing the dishes, and doing the laundry. They are better at chores than children who have been brought up by their parents or guardians.”



*George and Eunice - Foster Parents*

George also supports childcare reforms in Kenya. “When a child grows up in an institution, they become fully dependent on other people. I don’t even know how they handle marriage. They are not self-dependent, proactive individuals. It is much better when a child grows up in a family set up right from when they are young. The government sometimes holds sessions for foster parents which gives us a chance to share our experiences and help each other think through the challenges that we face. We also get to realize that whatever challenges are presented by the fostered children are the same challenges some parents face with their biological children. These sessions give us strength to keep us going.”

*“Whatever challenges are presented by the fostered children are the same challenges some parents face with their biological children.”*

“One day when walking on a street, my foster son and other son were talking about cars. Then my foster son called me ‘dad’ as he was about to ask a question. Through his reaction, I saw that he was confused and didn’t know whether he had done the right thing. At that point, I realized that the names ‘dad and ‘mum’ mean a lot, and not everyone has someone whom they call these names. I know that many people are scared but it is possible to overcome the challenges. Hopefully, this will be a life lesson and our actions will be a good example to our sons so that in the future, they too will help someone in need – that they too will foster or adopt children in need.”

*“We would encourage anyone to do fostering even if there are many challenges.”*

**The experience of George and Eunice is significant** because it shows that there is hope for every child-hope that they can grow up in a family set up. Though most people may not be willing to adopt older children, sensitisation can still be done in the communities through for example, Small Christian Communities in order to demystify and promote foster care. As foster care is promoted and support structures are put in place, couples or families can be able to take in older children until one day there are no longer older children in institutions who no longer have families where they can be reintegrated or adopted into. After foster care, some families may decide to fully legally adopt the children in their care.

**Acknowledgements**

*We sincerely thank AOSK-CCCK and all its member congregations for facilitating and actively participating in the evaluation. We are grateful to all stakeholders and partners of CCCK, staff at the childcare institutions and programmes, scholars, families, community members as well as government officials met, for generously taking the time to share their views and experiences.*

Evaluation Team: Nicole Moran & Nyokabi Kahura; Photos: Nyokabi Kahura  
[moran@mailbox.org](mailto:moran@mailbox.org); [nyokabi@africanvisuals.tv](mailto:nyokabi@africanvisuals.tv)

May 2023

# AFTERWORD

*Catholic Care for Children in Kenya is part of a growing movement, led by women religious, to see all children growing up in safe, nurturing families. AOSK/CCCK is a member of a vibrant network that includes Catholic Care for Children in Uganda, a project of the Association of Religious in Uganda, Catholic Care for Children in Zambia, a project of the Zambia Association of Sisterhoods, Catholic Care for Children in Malawi, a project of the Association of Women Religious in Malawi and Catholic Care for Children in Sri Lanka, a project of a network of five congregations in Sri Lanka.*

*Inspired by the efforts of religious women and men in Uganda, Zambia, and Kenya, the International Union of Superiors General launched Catholic Care for Children International (CCCI) in 2020. CCCI is a global network of religious committed to reducing recourse to institutional care and encouraging family- and community-based care for children.*

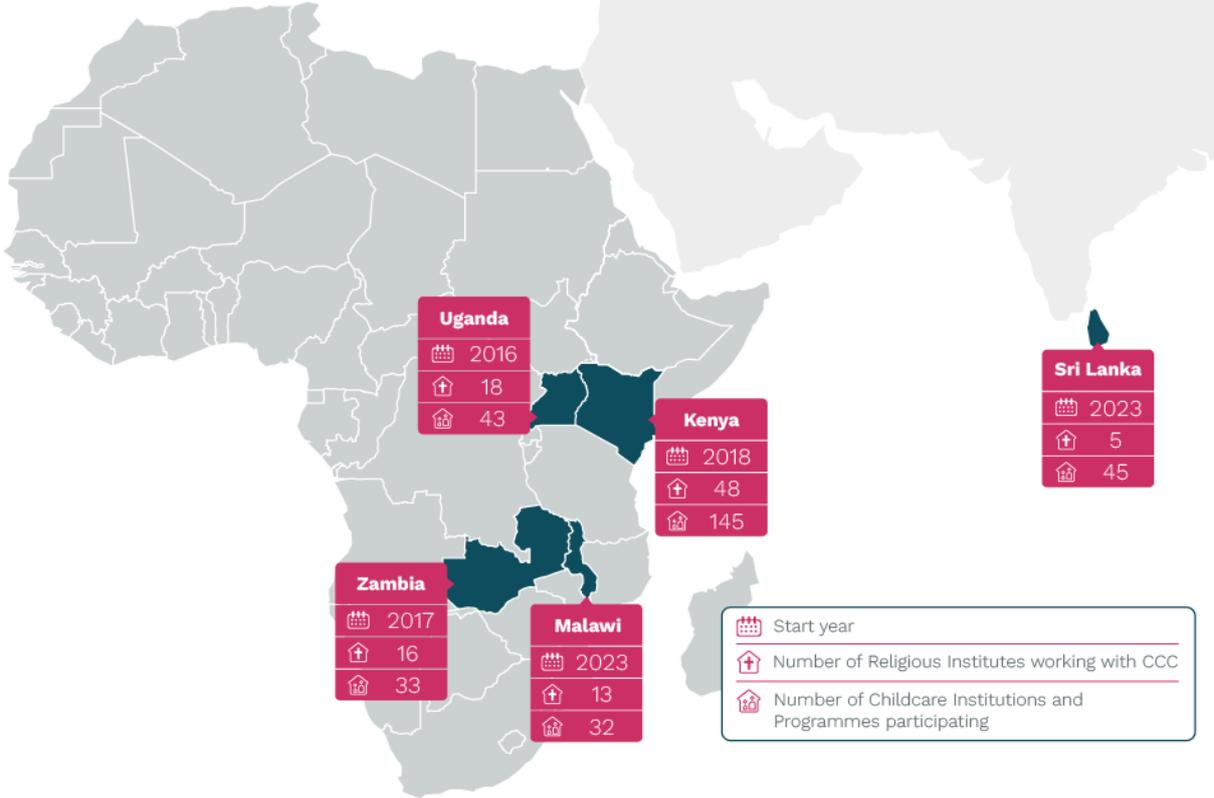
*In 2020 representatives from CCCI, CCCU, CCCZ, and CCCK developed the CCC charter that guides the movement (see below). CCCI invites religious institutes, particularly those with a charism for care, to consider participating in this global movement of care reform.*

*In 2023, the Regional Portrait, a foundational study of Catholic-sponsored care for children in Eastern Africa was launched. The regional portrait is a collaborative effort between Catholic Care for Children International, a project of the International Union of Superiors General, the four national associations of religious in Eastern Africa that sponsor Catholic Care for Children programmes, the Association of Member Episcopal Conferences in Eastern Africa (AMECEA), and the GHR Foundation. The Regional Portrait offers data and information on care reform and the significant shifts and progress led by Catholic sisters in Kenya, Malawi, Uganda and Zambia. To download and read the Regional Portrait:*

*<https://catholiccareforchildren.org/catholic-care-for-children-in-eastern-africa/>*

*To learn more about, support, or participate in Catholic Care for Children, please contact Sister Niluka Perera, RGS, coordinator for Catholic Care for Children International; [ccci@uisg.org](mailto:ccci@uisg.org) and visit the website [www.catholiccareforchildren.org](http://www.catholiccareforchildren.org)*

# Catholic Care for Children Locations



# Catholic Care for Children Charter

**Catholic Care for Children** is a sister-led, charism-driven movement to ensure children grow up in safe, loving families.

Through the **International Union of Superiors General**, national associations of religious, and other appropriate groups, **CCC** is building capacity to express a charism of care for children in today's world, to reduce recourse to institutional care, and to encourage family- and community-based care for children.

**Catholic Care for Children** is animated by the charism of care expressed by religious women and men whose leadership and service have often embodied the best of the Christian mandate to care for those in need.

## Our pillars

### **Catholic Care for Children is:**

Rooted in touchstones of the Catholic faith, especially

- Biblical mandates to care for children and other vulnerable persons and
- Principles of Catholic social teaching, especially those emphasizing the dignity of each person, a preferential option for the poor, and the right of each person to participate fully in family and community

Informed by social sciences that are clear about the

- Importance of nurturing family bonds for wholistic, healthy development across life span and
- Risks associated with separation from family care, especially in institutional settings

Aligned with the United Nations Convention on the Rights of the Child that spells out

- The child's right to a family and
- Guidelines for alternative care of children who are separated from their families.

Grounded in these pillars. Catholic Care for Children is committed to a **continuum of care** pertaining to the **best interests of the child**:

- If families are in distress, provide support to prevent separation of children.
- If separation occurs, see that children are re-united with families or placed in permanent family like settings.
- If alternative residential care is necessary, ensure care is of the highest quality and shortest duration possible.

**Catholic Care for Children** is respectful of national legal frameworks and local cultures and contributes to sustainable development. It recognizes the importance of collaboration and welcomes partnerships within church communities and beyond to realize the best possible outcomes for children and their families.



Association of Sisterhoods of Kenya  
P.O. Box 21068 – 00505, NAIROBI – KENYA  
Telephone 0721264450, 0708663399  
Email: [aoskccck@aoskenya.org](mailto:aoskccck@aoskenya.org) | [aosksec@gmail.com](mailto:aosksec@gmail.com)  
Website: [www.aoskenya.org](http://www.aoskenya.org)

