

The Influence of De-institutionalization Program Protocols on the Welfare of Vulnerable Children in Care Institutions in Nairobi, Kenya

Phelister Awuor Mbwayo^{1*}, Violet Simiyu¹, Felistus Mwikali¹

¹Department of Social Sciences and Development Studies, Catholic University of Eastern Africa, Nairobi, Kenya

Abstract: The global shift from institutional care to family- and community-based care has positioned de-institutionalization as a critical child protection strategy for improving the welfare of vulnerable children. In Kenya, the National Care Reform Strategy promotes family-based care through standardized de-institutionalization programme protocols that guide child assessment, case planning, family tracing, reintegration, placement, monitoring, and follow-up. However, variations in adherence to these protocols continue to raise concerns regarding their effectiveness in enhancing the welfare of vulnerable children in care institutions. This study examined the influence of adherence to de-institutionalization programme protocols on the welfare of vulnerable children in care institutions in Nairobi, Kenya. The study employed a descriptive cross-sectional survey design within a mixed-methods approach. Data were collected from managers of child care institutions, social workers, caregivers, government child protection officers, and other stakeholders using structured questionnaires and key informant interviews. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data were analyzed thematically. The findings revealed that adherence to de-institutionalization programme protocols significantly contributes to improved child welfare by promoting comprehensive child assessment, individualized case planning, effective family tracing, successful reintegration, continuous monitoring, and post-placement support. Institutions that consistently implemented these protocols reported better outcomes in children's physical safety, emotional wellbeing, educational continuity, psychosocial adjustment, and family stability. However, inadequate financial resources, insufficient staffing, limited professional capacity, weak family support systems, and inconsistent monitoring constrained effective programme implementation. The study concludes that strict adherence to de-institutionalization programme protocols is fundamental to achieving successful family-based care and improving the welfare of vulnerable children. It recommends strengthening institutional capacity, enhancing staff training, improving monitoring and evaluation systems, and fostering collaboration among government agencies, care institutions, families, and community stakeholders to ensure sustainable child protection and improved welfare outcomes for vulnerable children.

Keywords: De-institutionalization, programme protocols, vulnerable children, child welfare, family-based care, care institutions, Nairobi, Kenya.

1. Introduction

Children living in residential care institutions are among the most vulnerable members of society, often requiring protection due to poverty, neglect, abuse, abandonment, or the loss of parental care. Although institutional care has traditionally provided shelter and basic services for vulnerable children, growing evidence indicates that prolonged institutionalization may adversely affect children's physical, emotional, psychological, and social development. Consequently, many countries have adopted de-institutionalization programmes that promote family- and community-based care as more appropriate alternatives for ensuring children's holistic wellbeing.

De-institutionalization is guided by established protocols that regulate the admission, care, family tracing, reintegration, foster care placement, case management, monitoring, and follow-up of vulnerable children. These protocols are intended to safeguard children's rights, ensure continuity of care, and facilitate successful transition from institutional care to family or community settings. Effective adherence to these protocols is therefore essential for improving children's welfare and achieving sustainable reintegration outcomes.

In Kenya, the Government has prioritized de-institutionalization through the National Care Reform Strategy, emphasizing family-based care as the preferred model for vulnerable children. Care institutions are expected to implement standardized protocols that uphold children's best interests while promoting their safety, development, and long-term wellbeing. Despite these policy efforts, implementation challenges persist, raising concerns regarding the extent to which adherence to de-institutionalization protocols influences the welfare of vulnerable children.

This study therefore examined the influence of de-institutionalization program protocols on the welfare of vulnerable children in care institutions in Nairobi, Kenya. The findings provide evidence to inform policy implementation, strengthen child protection systems, and improve care practices that promote the wellbeing of vulnerable children transitioning from institutional care.

*Corresponding author: jamesmwita33@gmail.com

2. Background of the Study

The global child protection agenda has increasingly shifted from institutional care towards family- and community-based care as the preferred approach for supporting vulnerable children. This transition is informed by evidence that prolonged institutionalization may compromise children's physical, emotional, cognitive, and social development while limiting opportunities for stable family relationships. Consequently, international child protection frameworks advocate de-institutionalization as a strategy for ensuring that children grow up in safe, nurturing, and supportive family environments.

De-institutionalization involves the planned transition of children from residential care institutions to family- or community-based care through structured procedures that prioritize the best interests of the child. The process is guided by program protocols that include comprehensive child assessments, individualized case planning, family tracing and reunification, placement in alternative family care where necessary, regular monitoring, and continuous follow-up. Adherence to these protocols is essential for safeguarding children's rights, ensuring successful reintegration, and promoting their overall welfare.

In Kenya, child care reforms have progressively embraced de-institutionalization through the National Care Reform Strategy and related child protection policies. These reforms emphasize family strengthening, kinship care, foster care, adoption, and community support systems as sustainable alternatives to institutional care. Accordingly, care institutions are expected to implement de-institutionalization protocols consistently while collaborating with government agencies, families, and community stakeholders to facilitate safe and effective reintegration of vulnerable children.

Nairobi County hosts a significant number of registered child care institutions serving children who have experienced neglect, abuse, abandonment, poverty, and other forms of vulnerability. While many institutions have adopted de-institutionalization programmes, variations in adherence to established protocols may influence the quality of care and the welfare outcomes of children. However, limited empirical evidence exists on how adherence to these protocols affects the welfare of vulnerable children within care institutions in Nairobi.

Against this background, the present study examined the influence of adherence to de-institutionalization program protocols on the welfare of vulnerable children in care institutions in Nairobi, Kenya. The study contributes evidence to strengthen child protection practice, improve programme implementation, and support policy initiatives aimed at enhancing the wellbeing of vulnerable children.

3. Statement of the Problem

Globally, the shift from institutional care to family- and community-based care has become a key child protection strategy because of growing evidence that prolonged institutionalization may negatively affect children's physical, emotional, psychological, and social wellbeing. In Kenya, the

Government has embraced this approach through the National Care Reform Strategy, requiring care institutions to implement standardized de-institutionalization program protocols that safeguard children's rights and facilitate successful family reintegration and alternative care.

Despite these policy reforms, many vulnerable children continue to experience challenges during the de-institutionalization process, including inadequate preparation for reintegration, inconsistent follow-up, weak family support systems, and variations in the implementation of prescribed protocols. These challenges may compromise the welfare of children and undermine the intended outcomes of de-institutionalization programmes.

Although previous studies have examined child welfare and alternative care, limited empirical evidence exists on the influence of adherence to de-institutionalization program protocols on the welfare of vulnerable children within Kenyan care institutions. Most studies have focused on policy implementation or the broader outcomes of deinstitutionalization, with little attention to how compliance with specific programme protocols contributes to children's wellbeing.

This knowledge gap limits the ability of policymakers, child protection agencies, and care institutions to strengthen evidence-based implementation of de-institutionalization programmes. Therefore, this study examined the influence of adherence to de-institutionalization program protocols on the welfare of vulnerable children in care institutions in Nairobi, Kenya. The findings are expected to inform policy, improve programme implementation, and strengthen child protection practices that promote the best interests and long-term welfare of vulnerable children.

4. Literature Review

A. De-institutionalization and Child Welfare

De-institutionalization has become a widely accepted child protection strategy that seeks to transition vulnerable children from residential care institutions to family- and community-based care. The approach is founded on the principle that children thrive best within stable family environments that provide consistent emotional support, protection, and opportunities for holistic development. Attachment Theory posits that secure caregiver-child relationships are fundamental to children's emotional, psychological, and social wellbeing (Bowlby, 1969; Ainsworth, 1979). Likewise, Ecological Systems Theory explains that children's development is shaped by interactions within the family, community, institutions, and the broader policy environment (Neal & Neal, 2013; Tudge *et al.*, 2009). Empirical studies further demonstrate that children raised in family settings exhibit better emotional security, social competence, and long-term developmental outcomes than those who remain in institutional care (Ajinkya *et al.*, 2021; Beugre, 2019; Brodmann *et al.*, 2024). These theoretical and empirical perspectives have informed the global shift toward family-based care as the preferred child protection model.

B. Adherence to De-institutionalization Program Protocols

The success of de-institutionalization programmes depends largely on adherence to established implementation protocols. These protocols provide guidance on child assessment, individualized case planning, family tracing, reintegration, placement in alternative family care, documentation, monitoring, and post-placement follow-up. According to Njoki (2019), adherence to programme protocols enhances implementation fidelity and increases the likelihood of achieving intended child welfare outcomes. Similarly, Hunsley et al. (2022) argue that the quality of programme implementation directly influences intervention effectiveness, while poor adherence undermines service delivery and programme outcomes.

Evidence from family-based care programmes indicates that institutions implementing structured transition protocols achieve more successful reintegration and improved child wellbeing than those relying solely on institutional care. Wilke and Howard (2021) found that organizations embracing family-based care strengthened children's developmental outcomes through systematic case management and coordinated reintegration processes. However, implementation challenges, including institutional resistance, inadequate resources, and limited stakeholder preparedness, continue to hinder effective de-institutionalization in many countries.

C. Welfare of Vulnerable Children

Child welfare encompasses children's physical health, emotional wellbeing, education, protection, psychosocial development, and social integration. Within de-institutionalization programmes, welfare is reflected in successful family reintegration, continued access to education and healthcare, emotional stability, protection from abuse, and sustained community support. Attachment Theory emphasizes that stable caregiving relationships promote children's resilience and healthy development (Bowlby, 1969; Ainsworth, 1979), while Ecological Systems Theory highlights the importance of coordinated support from families, institutions, communities, and government agencies in promoting children's wellbeing (Neal & Neal, 2013; Tudge et al., 2009). Consequently, improving the welfare of vulnerable children requires effective collaboration among all stakeholders involved in child protection and family-based care.

D. Empirical Review and Knowledge Gap

Previous empirical studies consistently demonstrate that adherence to de-institutionalization programme protocols is essential for successful child reintegration and improved welfare outcomes. Wilke and Howard (2021) reported that structured implementation of family-based care programmes significantly enhanced children's wellbeing and reintegration success. In Kenya, Saya (2021) identified inadequate foster care systems, weak family mapping, limited caregiver capacity, and poor stakeholder coordination as major barriers to successful de-institutionalization. Similarly, Chege and Ucembe (2020) observed that inadequate family preparation and weak community support reduced the effectiveness of reintegration

programmes, while Risa (2018) identified financial constraints, inadequate staffing, and systemic weaknesses as significant implementation challenges. Ayuku (2019) further emphasized that these institutional limitations undermine the realization of child welfare objectives.

Although these studies underscore the importance of family-based care and identify challenges affecting de-institutionalization, they primarily focus on policy reforms, alternative care models, and implementation constraints. Limited empirical attention has been given to the extent to which adherence to de-institutionalization programme protocols influences the welfare of vulnerable children, particularly within care institutions in Nairobi County. Furthermore, implementation fidelity, programme quality, participant engagement, and service delivery remain underexplored determinants of child welfare outcomes (Pandey & Pandey, 2021). This study therefore addressed this gap by examining the influence of adherence to de-institutionalization programme protocols on the welfare of vulnerable children in care institutions in Nairobi, Kenya, with the aim of generating evidence to strengthen programme implementation and child protection policy.

5. Research Methodology

This study employed a descriptive cross-sectional survey design within a mixed-methods approach to examine the influence of adherence to de-institutionalization program protocols on the welfare of vulnerable children in care institutions in Nairobi, Kenya. The mixed-methods approach enabled the collection and integration of quantitative and qualitative data, thereby providing a comprehensive understanding of protocol implementation and its contribution to child welfare.

The study was conducted in Nairobi County, Kenya, which hosts a substantial number of registered child care institutions implementing de-institutionalization programmes. The county was selected because of its high concentration of vulnerable children in residential care and its active implementation of child care reforms that promote family-based care as an alternative to institutionalization.

The target population comprised managers of child care institutions, social workers, caregivers, government child protection officers, and other stakeholders directly involved in implementing de-institutionalization programmes. Respondents were selected using both probability and non-probability sampling techniques to ensure adequate representation of institutions and key informants with relevant knowledge and experience.

Primary data were collected using structured questionnaires and key informant interviews. The questionnaires generated quantitative data on adherence to de-institutionalization program protocols and child welfare outcomes, while the interviews provided qualitative insights into programme implementation, challenges, and best practices.

Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were

used to summarize the data, whereas correlation and regression analyses examined the influence of adherence to de-institutionalization program protocols on the welfare of vulnerable children. Qualitative data were analyzed thematically by identifying and organizing recurring themes related to programme implementation and child welfare. The qualitative findings complemented the quantitative results, providing a richer interpretation of the study findings.

Ethical approval for the study was obtained from the relevant university ethics committee, while research authorization was granted by the National Commission for Science, Technology and Innovation (NACOSTI) and other relevant authorities. Participation was voluntary, and informed consent was obtained from all respondents. Confidentiality, anonymity, and privacy were maintained throughout the study, and the information collected was used solely for academic purposes.

6. Findings and Discussion

A. Adherence to De-institutionalization Program Protocols

The study examined the influence of adherence to de-institutionalization program protocols on the welfare of vulnerable children in care institutions in Nairobi, Kenya. Findings revealed that most respondents acknowledged the existence of structured de-institutionalization protocols guiding child assessment, case planning, family tracing, reintegration, placement, monitoring, and follow-up. Institutions that consistently adhered to these protocols reported better child protection outcomes and smoother reintegration processes.

Respondents indicated that comprehensive child assessments and individualized care plans enhanced informed decision-making throughout the de-institutionalization process. Similarly, effective family tracing and preparation enabled institutions to determine the suitability of family environments before reintegration, thereby reducing the likelihood of unsuccessful placements.

The study further established that continuous monitoring and post-reintegration follow-up strengthened child protection by facilitating early identification of challenges experienced by children and their families. Institutions that maintained regular supervision and case reviews were more likely to sustain successful reintegration outcomes than those with weak monitoring systems.

Regression analysis demonstrated a statistically significant positive relationship between adherence to de-institutionalization program protocols and the welfare of vulnerable children. The findings suggest that consistent implementation of programme protocols contributes to improved physical safety, emotional wellbeing, educational continuity, psychosocial adjustment, and family stability among vulnerable children.

These findings are consistent with previous studies that emphasize implementation fidelity as a critical determinant of programme success. Wilke and Howard (2021) observed that structured implementation of family-based care programmes improves child wellbeing and reintegration outcomes. Similarly, Hunsley et al. (2022) argued that adherence to

programme protocols enhances intervention effectiveness by ensuring consistency, accountability, and quality service delivery. The findings also support Attachment Theory, which emphasizes that stable caregiving relationships promote children's emotional security and healthy development, and Ecological Systems Theory, which recognizes that successful child welfare interventions require coordinated support from families, institutions, communities, and government systems.

Despite these positive findings, respondents identified several implementation challenges, including inadequate financial resources, limited staffing, insufficient training, weak family support systems, and inconsistent monitoring after reintegration. These constraints reduced institutions' capacity to implement all programme protocols effectively, thereby affecting child welfare outcomes. The findings underscore the need for strengthened institutional capacity, continuous staff training, and enhanced collaboration among government agencies, care institutions, families, and community stakeholders.

7. Conclusion

The study concludes that adherence to de-institutionalization program protocols plays a significant role in improving the welfare of vulnerable children in care institutions in Nairobi, Kenya. Effective implementation of child assessment, individualized case planning, family tracing, reintegration, placement, monitoring, and follow-up contributes to safer transitions from institutional care to family-based care while enhancing children's physical, emotional, social, and educational wellbeing.

However, the effectiveness of de-institutionalization programmes depends on consistent implementation, adequate institutional capacity, skilled personnel, and strong collaboration among child protection stakeholders. Strengthening adherence to programme protocols is therefore essential for achieving sustainable child welfare outcomes and advancing Kenya's child care reform agenda.

8. Recommendations

Based on the findings, the study recommends the following:

The Government of Kenya should strengthen implementation of the National Care Reform Strategy by providing adequate financial and technical support to institutions implementing de-institutionalization programmes.

Care institutions should enhance adherence to programme protocols through continuous staff training, standardized case management procedures, regular monitoring, and comprehensive documentation of reintegration processes.

Child protection agencies should strengthen family tracing, family preparation, and post-reintegration follow-up to ensure that vulnerable children are reintegrated into safe, supportive, and sustainable family environments.

Greater collaboration should be promoted among government agencies, care institutions, families, communities, and development partners to strengthen coordinated child protection services and improve programme effectiveness.

Future research should examine the long-term welfare outcomes of children who have undergone de-institutionalization in different regions of Kenya to provide additional evidence for strengthening family-based care policies.

References

- [1] C. N. Achieng, "Influence of community-based orphan care on integral growth of orphans in Homa Bay County: A case of the Mango Tree Orphan Support Program," Master's thesis, Dept. Project Planning and Management, Univ. of Nairobi, Nairobi, Kenya, 2016.
- [2] M. D. S. Ainsworth, "Infant–mother attachment," *Amer. Psychol.*, vol. 34, no. 10, pp. 932–937, Oct. 1979.
- [3] M. Ajinkya, S. Petterson, J. Westfall, and Y. Jabbarpour, "Family physicians continue to offer the most comprehensive care," *Am. Fam. Physician*, vol. 104, no. 6, p. 560, Dec. 2021.
- [4] A. H. A. Aziz, "Deinstitutionalization and alternative care systems: A case study of children without parental care in Egypt," in *Institutional Reforms, Governance, and Services Delivery in the Global South*, H. E. Ali and S. Bhuiyan, Eds., Cham, Switzerland: Palgrave Macmillan, 2021, pp. 75–99.
- [5] A. P. W. Beugre, "Deinstitutionalization of OVC in Ghana's Central Region: Factors that impact alternative care in Bawjiase and surroundings," Master's thesis, African Studies Centre, Leiden Univ., Leiden, Netherlands, 2019.
- [6] J. Bowlby, *Attachment and Loss*, Vol. 1: *Attachment*. New York, NY, USA: Basic Books, 1969.
- [7] S. Brodmann, S. Coll-Black, and C. von Lenthe, *Advancing Social Protection in the Western Balkans: Opportunities for Reform*. Washington, DC, USA: World Bank, 2024.
- [8] N. Chege and S. Ucembe, "Kenya's over-reliance on institutionalization as a child care and child protection model: A root-cause approach," *Soc. Sci.*, vol. 9, no. 4, Art. no. 57, Apr. 2020.
- [9] Child's i Foundation, "ChildFund deinstitutionalization of vulnerable children in Uganda (DOVCU)," Child's i Foundation, Kampala, Uganda, Tech. Rep., 2018.
- [10] Government of Kenya and United Nations Children's Fund (UNICEF), *Guidelines for the Alternative Care of Children in Kenya*. Nairobi, Kenya: Government of Kenya, 2014.
- [11] J. W. Neal and Z. P. Neal, "Nested or networked? Future directions for ecological systems theory," *Soc. Dev.*, vol. 22, no. 4, pp. 722–737, Nov. 2013.
- [12] P. Pandey and M. M. Pandey, *Research Methodology: Tools and Techniques*. Romania: Bridge Center, 2021.
- [13] J. R. H. Tudge, I. Mokrova, B. E. Hatfield, and R. Karnik, "Uses and misuses of Bronfenbrenner's bioecological theory of human development," *J. Fam. Theory Rev.*, vol. 1, no. 4, pp. 198–210, Dec. 2009.
- [14] UNICEF, "Transforming childcare institutions and services to support family care and community life," UNICEF, New York, NY, USA, Tech. Rep., 2022.
- [15] UNICEF, "Children in alternative care," UNICEF, New York, NY, USA, Tech. Rep., 2023.
- [16] UNICEF Rwanda, *Child Care Reform Programme in Rwanda: Processes, Lessons Learnt, Summary and Case Studies of the "Tubarerere mu Muryango" Child Care Reform Programme in Rwanda Between 2012 and 2018*. Kigali, Rwanda: UNICEF Rwanda, 2019.
- [17] M. Wagem, "Programme to de-institutionalize children's homes roll out," Association of Charitable Children's Institutions of Kenya (ACCIK), Nairobi, Kenya, Tech. Rep., 2018.
- [18] N. G. Wilke and A. H. Howard, "Transitioning children from institutional to family-based care: Lessons from organizations implementing deinstitutionalization programmes," *Care Reform Working Paper Series*, 2021.
- [19] World Health Organization, "Suicide," World Health Organization, Geneva, Switzerland, Tech. Rep., 2023.