

TERMS OF REFERENCE

Assessing the Impact of COVID-19 pandemic on Care Reform Program in Kisumu County, Kenya

Project Name	Changing the Way We Care (CTWWC)
Assignment Kickoff Date	17 th July 2020
Assignment Expiration Date	15 th August 2020
Contracting Authority	ICS SP

1.0 Background

1.1 About ICS

Investing in Children and their Societies (ICS SP) aims to create sustainable social and economic change in Africa in partnership with communities, CSOs and governments. We believe in the power of people around children and strive towards a better future for children. In order to create safe and nurturing environments for children to reach their full potential, we implement programs that build capacity of parents and other child caregivers and influence practices of stakeholders to promote family care for children.

1.2 Background of the Project

Changing the Way We Care (CTWWC) is a bold initiative designed to promote safe, nurturing family care for institutionalized children or children at risk of child-family separation. This includes strengthening family care and reforming national systems of care for children including family reunification/reintegration, alternative family care (in keeping with the United Nations Guidelines for the Alternative Care of Children), and adoption. Consortium members, Catholic Relief Services (CRS), Lumos and Maestral International, have joined efforts in order to effect these changes through CTWWC’s three main objectives: 1) Governments Promote Family Care through supporting and improving uptake of policies, workforce investment, and national and community systems strengthening; 2) Children Stay in or Return to Families through family strengthening that includes the voices of children, community engagement, as well as ongoing monitoring to ensure successful reintegration, and transitioning residential care centers to family support initiatives; and 3) Family Care Promoted Globally through global, regional and national advocacy to advance policies, best practices and redirection of resources by multi-lateral, bi-lateral, corporate, philanthropic, faith-based and secular organizations and individuals, increasing the demand from other countries to support family care. ICS SP has been sub-granted by CRS as a Local Implementing Partner for CTWWC initiative in Kisumu County, being one of the demonstration areas in Kenya.

CTWWC has the support of a public private partnership through USAID’s Global Development Alliance (GDA) to jointly advance activities to achieve these goals. In Kenya, CTWWC is involved in strengthening government coordination mechanisms and social service systems alongside developing strategic plans to implement existing guidelines, policies and legislation that promote safe, nurturing family care. In Kisumu County, CTWWC operates at community, family, and residential care institution levels to prevent the unnecessary separation of children as well as to reintegrate children from residential care institution into safe, nurturing families, small group homes, or independent living based on the best interests of the child. Evidence generated from the demonstration counties will be used by CTWWC to influence other countries, regional political bodies, and funders to build a global movement to change how the world cares for children. Through these and other efforts, CTWWC and the GDA will serve to complement existing efforts and catalyze a cohesive global movement to prevent unnecessary placement of children in residential care, and to eventually end the institutionalization of children already in unnecessary and harmful residential care centers.

As a Local Implementing Partner, ICS SP partners with Department of Children Services (DCS) in Kisumu County to strengthen the capacity of frontline social and case management workers, families and young people, community and religious institutions, to collectively prevent family separation, to reduce the perceived need for alternative care institutions, and to improve the reintegration of all groups of separated or abandoned children, those leaving residential care as well as strengthen families vulnerable to separation and where reunification has happened. We started working with 7 institutions and have since scaled up this to 17 institutions located spread across four sub counties of Kisumu East, West, Central and Nyakach. While our initial plan was to reintegrate 67 children into families, COVID-19 pandemic has disrupted our work and there is need to understand this situation before a revision of targets can be undertaken.

1.3 Project Goal: Children live in safe, nurturing families.

1.4 Project Strategic Objectives:

1. To support government to advocate for family-based care and the transition /closure of orphanages, and lead, organize, manage and fund related policies and programs in alignment with UN endorsed Guidelines on the Alternative Care for Children (Government promotes Family Care).
2. To ensure children/youth remain in or are reintegrated into safe and nurturing family care.

1.5 Problem Statement

The vicious cycle of poverty and the disintegration of social fabric are the leading causes of worldwide orphaned, abandoned and neglected children. It is a situation of deprivation, a denial of choices and opportunities, a lack of basic needs such as food, clean water, clothing and shelter. A family's standard of living is one of the crucial determinants of the deprivations that children experience. Children living in monetary poor households lack the necessary resources for optimal growth and development from their early years of life at the family, and routinely experience insufficient levels of access to quality services such as healthcare and education. Economically deprived parents struggle for the survival of their families. They are often unable to pay attention to their parental care responsibilities. In the worst case, parents even abandon their children into care institutions, thinking they will be better off growing up from those facilities. In fact, research shows that 80-90% of the children living in institutions have a living parent, many of whom want to care for their children if they have the resources they need. Children without parental care lack the protective environment and supervision that adult care normally provides. Children in large families may also lack parental attention and can become victims of neglect. Besides, inappropriate care and protection of children in some institutional care settings can lead to violations of children's rights, such as: lack of child participation; discrimination; poor nutrition; inadequate sanitation and hygiene; systematic physical and sexual abuse; and lack of education, health, birth registration and other basic services. Children are often not provided with the personal care, life skills and other services to prepare them for adulthood and life outside an institution. ¹Kenya has over 830 Children's Charitable Institutions, housing an estimated 40,000 to 42,000 children. The exact number is unknown and may be higher. While there are no reliable data, it is estimated that another 250,000 to 300,000 children live and work in the streets in Kenya. Most of them come from rural areas and from large families or single parents.

In Kisumu County, poverty compounded by the upsurge of HIV/AIDS especially among adolescents and the weakening community structures has exposed children into vulnerability that is manifested in food shortage and other forms of insecurity, lack of shelter, lack of medical care, high school drop-out, malnutrition, high mortality rate, and peer pressures to conform to particular cultural and gender norms. At the family level, children are also exposed to increasing intimate partner violence (IPV) which add to the experience of violence against themselves. This life situation pushes families to view charitable children institutions as a better option of environment to raise their children. Currently

¹ Guidelines for the Alternative Family Care of Children in Kenya

there are 1435 children living in 33 institutions in Kisumu County²; and 12,133 OVC living in households receiving Cash Transfer.³

2.0 Purpose and Rationale of the assessment

COVID-19 pandemic is the latest most disruptive occurrence in the world today. Public health measures put in place by the Kenyan government to prevent the spread of the virus has had immediate and may have long term effects on families and children in particular. In Kenya a March 17 directive from the Ministry of Labor and Social Protection to officers managing institutions to release children in their care in an “orderly manner” aiming to reduce exposure to COVID-19.⁴ Anecdotal reports from Kenya and other countries suggest many children’s institutions are being abruptly closed due to this directive, founders and donors facing unforeseen financial difficulties. This has meant children being sent to community without proper consideration as to where it is best for them to go, where they will reside after the closures, how their transition will be supported and whether their safety and wellbeing will be monitored. These effects may interfere with the already realized and the initially anticipated outcomes of the CTWWC initiative. The effects of partial lockdown “stay at home” advice as well as suffering from the infection itself could be profound, and may result in: earning losses, unemployment, increased gender-based violence, child abuse and neglect and economic hardship in families. Early estimates from government reports show an unprecedented economic shock and surveys suggest food insecurity has also increased, driven by income loss and disruptions in the food supply. While the government and development agencies are intervening to mitigate immediate shocks, there are still gaps in provision and service delivery likely to cause further financial hardship for families. Prolonged spells of hardship can and will affect the interventions early laid down to promote family reintegration and prevent new cases of family separation. Additionally, to decrease the risk of transmitting the virus to either families, children and other social workers, the *COVID-19* pandemic has and will dramatically change how case management and *social* services are delivered to families and Child Care Institutions. Currently, case and social workers have deferred visits to families, children and care institutions due to public health restrictions.

Lately, DCS and CTWWC have been involved in institutional and child-level data collection where the latter is meant to help understand the status of wellbeing of individual children and how they and their families are coping with the harsh reality of the pandemic. This includes the current immediate needs of children currently in care institutions and those who have moved back in the families.

In Kisumu County, out of the 1435 (male 817; female 618) children in institutions, 1007 (70%) (male 568; female 439) were released from the institutions following the said government directive in response to COVID-19 pandemic. These children are placed under various care options including Kinship – 440; Foster Care -19; Biological parent – 381; Guardianship – 164 while 3 children are in other forms of care; leaving 428 children remaining in institutions. Out of the 1007 children released from institutions, 676 (67%) are currently living in Kisumu county². This information is important to help us facilitate the emergency support needed for children, families and care institutions. However, to offer relevant and sustainable response to family needs and the child protection concerns faced by children who are at risk of separation or in alternative care post COVID-19 pandemic, it will be vital, therefore, to begin collecting and analyzing additional data on how best we can strengthen families, and prevent family separation and the transformation of institutions in the longer term. We believe planning should begin immediately on how we will facilitate the care and protection of children after public health measures are lifted. To therefore ensure that children sustainably remain in family care post COVID 19, recovery and long-term plans must be adequately informed. The purpose of this survey is therefore to not only understand how families and children have been affected but investigate the

² Kisumu County Child Level data dashboard

³ Kisumu County OVC Cash Transfer beneficiary database

⁴ [Ministry of Labor and Social Protection, State Department for the Social Protection, Office of the Principal Secretary, ML&SP/SP/1/32/(5), March 17, 2020].

best ways to provide sustainable support and services for children including those in at-risk families, those undergoing reintegration and those still in care institutions; with the ultimate aim of retaining children in families after the pandemic.

2.1 Study Objectives

1. To examine the support and services that families undergoing reintegration, those at risk of separation and those in independent living need after public health measures and restrictions have been lifted and Post COVID-19 pandemic.
2. To establish the basic immediate health and safety needs and capacity gaps for care institutions in ensuring the safety and wellbeing of children during and post COVID-19 pandemic.
3. To identify the most appropriate mechanisms to protect, support and equip case and social workers to continue providing essential services through case management during and post COVID-19 pandemic.
4. To analyze how the various community care options have been affected; needed mechanisms to strengthen them to prevent entry and re-entry into care institutions and promote family and community-based care despite the pressures caused by the pandemic.

3.0 Scope of work

The consultant will be required to undertake the following tasks:

- Design a methodology for conducting the study;
- Hold inception meeting with the program team, conduct a desk review of key relevant documents and understand the project design and contextual framework;
- Design tools for data collection;
- Recruit and train research assistants;
- Implement and supervise field data collection and data entry;
- Analyze and synthesize data;
- Prepare and submit draft report for feedback; and,
- Incorporate, compile and submit final report.

The geographical scope of the study will be 6 sub-counties of Kisumu County namely: Kisumu Central, East, West, Nyando, Muhoroni and Nyakach.

3.1 Methodology

In order to conduct the assessment, the consultant will be expected to utilize a mixed-methods approach to research for quantitative and qualitative data. The methodology envisages both desk and field researches. The desk research will be the first step for the consultant to: 1) understand the project design and context and 2) assess the progress by reviewing various project documentation. The consultant will be expected to undertake a detailed and focused desk review, outlining current good practices to prevent child-family separations as well as achieving sustainable reintegration.

The field research will include; appropriate and representative face to face administration of questionnaires, focus group discussions (FGD) and key informant interviews (KII) with the project beneficiaries, project staff and relevant stakeholders. In the proposal, the consultant should provide a detailed breakdown of how these different methods will be executed, which documents will be reviewed, sampling method and how the questionnaires will be administered, which Key Informants will be interviewed and who will be targeted for the FGDs. During the inception meeting, ICS CP and the consultant will agree on final methodology including the final sample frame, size, respondents and ethical standards during the assessment.

Considering the COVID-19 situation, the consultant should highlight ethical processes that would be put in place to protect data collection team and the respondents from harm and how the methodologies proposed will take this into consideration.

3.2 Key deliverables

1. An acceptable inception report
2. An acceptable draft and final assessment reports with the following key content:
 - The support and services that families undergoing reintegration, those at risk of separation and those in independent living need after public health measures and restrictions have been lifted and Post COVID-19 pandemic.
 - The basic immediate health and safety needs and capacity gaps for care institutions in ensuring the safety and wellbeing of children during and post COVID-19 pandemic.
 - The most appropriate mechanisms to protect, support and equip case and social workers to continue providing essential services through case management during and post COVID-19 pandemic.
 - The various community care options and how they have been affected; needed mechanisms to strengthen them to prevent entry and re-entry into care institutions and promote family and community-based care despite the pressures caused by the pandemic.
 - Implications of COVID-19 pandemic on CTWWC initiative including its design, delivery approaches and the care reform agenda.
 - Recommendations for program design and delivery improvement

4.0 Qualifications of the Consultant

- The consultant must have a background in child protection, social sciences or related field with at least a basic degree or its equivalent.
- He/she should have particular expertise and experience in use of participatory approaches in conducting assessments for specific projects including experience in the formulation, monitoring and evaluation of child protection programs.
- The consultant must have working experience in Kenya and is familiar with the cultural background of the target communities of Kisumu County; demonstrated experience with community development approaches; participatory methodologies, inclusion and participation of children.

5.0 Duration

This assignment should be conducted within a period not exceeding 20 days. The consultant should propose an implementation plan with clear timelines for delivery of the stated outputs.

6.0 Application requirements and procedure

Interested consultants are invited to submit an Expression of Interest (EOI) with details of EOI that include:

- Interpretation of the ToR and proposed methodology.
- Clear work plan including outputs/deliverables.
- Detailed budget in Kenya Shilling.
- CV of the consultant(s), contact information for 3 professional references.
- Consulting firm profile with at least 2 relevant research/studies previously conducted.

EOIs are to be submitted through to the Head of Programs through the following email address: icsro@icsafrica.org. Please include the title of the consultancy in the headline. The deadline for submission is 12th July 2020.