

**UNIVERSITY OF NAIROBI**

**FACULTY OF ARTS**

**DEPARTMENT OF SOCIOLOGY**

**THE EFFECTIVENESS OF CHILDCARE CENTERS IN  
PROVISION OF SUPPORT SERVICES FOR ABUSED  
CHILDREN IN NAIROBI'S MATHARE SLUMS**

**M.A PROJECT PAPER: CSO 693**

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SOCIOLOGY (RURAL SOCIOLOGY & COMMUNITY  
DEVELOPMENT)**

**BY:**

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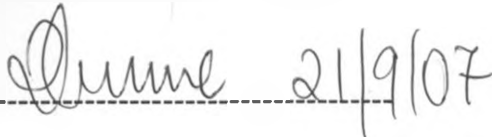
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**DECLARATION**


I declare that this project is my original work and has not been presented for any other award for a degree in any other University.

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## **DEDICATION**

To my Dearly Loved Parents, Major (Rtd.) and Mrs. David Muya Ndeti for their immeasurable love, support and utmost belief in my ability to achieve the very best and most in life.

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## ABSTRACT

Child abuse by all means is a huge problem in our Nation. The silence that has engulfed it over the years has perpetrated the continuance of the vice to alarming heights. One can understand much about how a society values its children by the laws and services it puts in place to protect them. The child protection system both reflects and shapes its community's values and expectations. As such, each part of the child protection system: families, the general community, community agencies, professionals working with children, police and Government have a significant role to play to ensure that children are kept safe and well.

The aim of this study was to examine the effectiveness of childcare centers in provision of support services for abused children in Mathare slums, Nairobi. Specifically the researcher sought to find out if the presence of childcare centers has any positive function in society and whether the staff and children in the centers and community in general deems it that way.

This study was guided by the Social Structure and Anomie theory. This theory states that anomie or (normlessness) occurs when societies become unstable as a result of there being exceptionally strong emphasis upon specific goals without the corresponding emphasis upon the socially structured capacities of members of the group to act in accordance with them. Child abuse in urban slums has been propagated by poverty and the appalling situations families are subjected to, in order to survive every day. Childcare centers step in to remedy the problems of abused children by providing substitute care for some infinite period. Through institutional care, abused children are removed from further maltreatment and potentially harmful situations and are provided with alternative social, emotional and physical care. Another theory that guided this study is formal rationality where one of its characteristics is that it involves 'means-end' calculation and this calculation occurs within the universally applied rules, laws and regulations. In formal rationality, there is great concern when ensuring predictability or uniformity so

that things operate in the same way from one time or place to another. Childcare centers are managed differently depending on the available resources and personnel. When all the factors are considered in child protection, they are to ensure that the child is rightfully placed thus avoiding placement that may be detrimental to their growth and development.

The researcher sampled five childcare centers in Mathare slums. Data from the field was collected by use of key informant interviews that were administered to the center managers; social workers, volunteers, teachers, housemothers and subordinate staff. Questionnaires were also used for the personal interviews with the children. An observation checklist was used to record physical infrastructure, equipment in use and the general atmosphere in the centers. Due to the descriptive nature of the data, data analysis was mainly qualitative.

The study revealed that many childcare centers were started by individuals driven by compassion for the numerous needy children in Mathare slums. It deems most of the founders as philanthropists rather than entrepreneurs. Most of the centers came into being with the main objective of protecting, rescuing and providing basic needs (food, shelter, clothing, accommodation and education) for needy children in Mathare slums.

Ownership has a direct influence on the management structure and the leadership style. The staff qualifications are not standardized and therefore there are differences in the management of various childcare centers and quality of service provided. Volunteerism is the paramount labour force and contributes a large percentage in the running of the centers. Furthermore, the location and surroundings of a childcare center determines its accessibility and the type of services provided.

The study established that there are several factors that determine the stay of abused children at the centers. It greatly depends on the severity of their condition, their background, the level of risk of abuse and the economic status of the parents or guardians. Where the living conditions of the child's family do not improve or a child is an orphan and is vulnerable to abuse, he is allowed to stay at the center to avoid any recurrence of the abuse or neglect. The overall academic performance of the children and

the availability of sponsors also determines the duration of their stay. The centers endeavor to periodically monitor the progress of each individual child's emotional, physical and psychological healing and restoration.

Findings from this study indicated that most of the centers partner with other organizations such as local churches, international NGO's and the Government to alleviate child abuse. They also partner so as to learn and share ideas with each other in order to improve their services for the children. This study also established that the centers work with the children's parents and guardians in their bid to care for the abused children.

The study found out that the major expectation by the centers is that the children, especially those that have been abused, would attain emotional healing to the extent of forgiving the perpetrators and be reconciled with their families and relatives. Furthermore, that the children would become empowered through acquiring education, vocational training and life skills.

Some of the major problems that were cited by childcare centers include in the course of their work include; insufficient resources (both financial and material) to cater for all the needs of the center, limited space to adequately accommodate the children and their general activities, relapses by some of the children, where some run away and return to their former lifestyles, various reported cases of sexual abuse amongst the children, parents who take advantage of the goodwill of the centers by refusing to cooperate with the center's policies and expensive legal procedures that hinder the centers from following up cases involving orphans who are entitled to property from their late parents.

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## ABBREVIATIONS

CDX	Children's Data Exchange
CEDC	Children in Especially Difficult Circumstances
CLAN	Children's Legal Action Network
CPS	Child Protection Services
KAACR	Kenya Alliance for the Advancement of Children
MEFAG	Men Fighting Against AIDS Children's Center
NCCAN	National Center on Child Abuse and Neglect
NCCS	National Council for Children's Services
NGOs	Non-Governmental Organizations
PLCC	Pangani Lutheran Children's Center
SWOT	Strengths, Weakness, Opportunity and Threats
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

## CHAPTER ONE: INTRODUCTION

### 1.1 Background

According to Axmaker (1999), the term "child abuse" can be defined as any behavior directed toward a child by a parent, guardian, caregiver, other family member, or other adult, that endangers or impairs a child's physical or emotional health and development. The concepts of child abuse and neglect have been defined and redefined throughout history and have evolved rapidly from the identification of the "battered-child syndrome" Kempe (1962). The first survey of abuse in the United States concluded that 7,000 children in the US were abused annually (Gil, 1967-68). Fifteen years later, the United States National Center for Child Abuse and Neglect (NCCAN), established in 1974, reported nearly a million cases of child abuse annually. Most societies do not approve of battering children; therefore these two concepts of child abuse and neglect have been wed in the last three decades into a powerful single notion with increased awareness of the issues by both the public and professionals.

Society is slowly changing from viewing children as property, subject to the whims of the family and society, to the recognition that children have rights of their own. Social change has also brought about a change of roles in the family. Many homes are being managed or headed by single parents who work tirelessly for the sake of their children and rarely spend time with them (Daily Nation, Feb 2004). Socialization of the family is therefore changing as the pressure to prove oneself as a capable parent mounts. These pressures give rise to increased stress that may manifest as anger directed at loved ones.

Consequently, the family is a major site of violence. Ironically, the term 'domestic' implies a domain of safety; a pillar of peace away from the pressures of the outside world.

It is the cradle of nurture for children and a place where they expect love, kindness and happiness. However, it can also be the cradle of violence as depicted in the review of domestic violence in Kenya (COVAW 2002). Grimes (2000), explains that people do not try to become bad parents. Very few people actually set out to abuse or neglect their children, yet it happens all too often. Abusive parents are not necessarily criminals or terrible people. In most cases, they are people who crossed the line, due to stressors and/or lack of coping skills.

Children are traditionally a voiceless segment in our society. They are expected to do as they are told and "be seen, but not heard" (ANPPCAN, 2001). Consequently, their problems have also been voiceless. Many aspects of child abuse, exploitation and neglect, such as child labour, street children, Female Genital Mutilation (FGM), early marriages, corporal punishment and unequal access to education, have almost been taken for granted, as if they require no explanation.

Children form their relationship with society in their early years at home. This is because the first critical years that produce the base of a child's development occur at home where affiliation and commitment are personal and strong. At this time, the children expect many qualities from their parents including: safety, protection and help in times of

danger, physical necessities, love and affection, support for development, and self-respect. Society also gets an opportunity to shape its own future in that, the socialization process children go through moulds them in the image of the society in which they are raised. According to John (1996), this socialization occurs because “Society constructs the children it needs”.

As Amnesty International (2000) correctly pointed out that “Children are uniquely dependent, both physically and emotionally on their parents and other adult carers and are thus extremely susceptible to vicarious torture or ill treatment. The effect on a child, of watching their mother or father arrested, tortured or killed, or of having a parent or sibling disappear without trace will be of psychological torture that may last a lifetime”. The consequences of abusive and neglectful behavior sometimes end up in media headlines and on the news. More often than not, the abused children become emotionally damaged human beings who continue to abuse themselves and others in a variety of ways.

The protection of children from abuse and neglect is a community-wide concern. Child support services ought to be provided as an integral component of a larger array of child welfare services designed to enhance the well being of children, and of an even broader continuum of human services designed to help meet the needs of children and families. These child support services entail temporarily removing children from situations of immediate danger and strengthening families so that children can remain within or be returned to their families (Bersharov, 1988; Kaddu, 1988). In extreme cases of abuse and

neglect, childcare centers pursue the termination of parental rights and assure the child permanency in a substitute family.

This study has therefore endeavored to shed more light on the effectiveness of childcare centers, otherwise known as "*Charitable Children's Institutions*" who are key players in children's work, especially in provision of support services for abused children in Mathare slums.

## **1.2 Problem Statement**

There is a deep misunderstanding in the Western and Africanist perception of child abuse. In African languages for instance, there is no such phrase as "child abuse," and for a very long time, statistics on child abuse have been very low, (Bersharov 1988 and Kadu, 1988). Only recently, do we find atrocious cases of child abuse highlighted by the media. It is possible that child abuse might not be increasing but might just be reported more often as advocacy for the rights of children increases and more people become aware of their individual and collective responsibility to safeguard the rights and welfare of children.

With the current socio-economic changes in Kenya, cases and typologies of child abuse and neglect have increased. Many families are going through difficult economic times and although Nairobi has expanded, it is still congested with an influx of people from rural areas. Living conditions are tough and demoralizing and there are increased occurrences of child abuse and neglect probably due to apparent frustration (Daily



Nation, Aug, 2004). Given such tremendous increase in the frequency of child abuse and neglect, correctional and supportive services are invaluable. Child abuse and neglect are serious national problems and only firm and effective interventions can protect children from serious injury or even death. Unfortunately, deciding to intervene is relatively easy when the child has already suffered serious physical or mental injury (ANPPCAN 1991:14).

Studies done in the past show that Nairobi leads in the list of towns in Kenya with the most abandoned, neglected and delinquent children (ANPPCAN, 1991:14). The number of both abused and parentless children in many childcare centers in Nairobi and those abandoned elsewhere suggests that many of them come from the slums of Nairobi.

In the recent past, there has been tremendous reporting of child abuse and neglect. A study compiled by ANPPCAN Kenya (2001) dubbed, "When children make the news; A preliminary study of print media coverage of children's issues" brought to light numerous reports on child abuse and other related issues previously featured in two of Kenya's prominent and reliable local dailies; the *Daily Nation* and the *East African Standard*. This study aimed at stimulating an informed discussion on the role of the media, and ultimately of every one of us in the campaign to have children's rights become more prominent in the greater struggle for social justice in Kenya. A shocking revelation by the Daily Nation Newspaper on September 14 2006 by UNICEF indicates that commercial sex tourism is gaining acceptance among children at the Coast. The study

points out that the extent of sexual exploitation of children is such that 35.5 % of the girls and boys interviewed said that *they had unprotected sex when their clients demanded it*.

Unfortunately, in most instances of reported child abuse cases, people normally wait until a child is seriously injured before taking action. The purpose of supportive intervention is to protect the child from *future injury*. Children who have already been abused or neglected are in clear danger of further maltreatment and so are their siblings. Bersharov and Kaddu (1988) observe that when reporting cases of child abuse it must be relatively recent. Bersharov and Kaddu (1988) further state that child supportive services/interventions should be integrated only if the parent has seriously harmed the child or engaged in behavior capable of seriously harming the child, whether or not this resulted in serious actual harm and if the parent is suffering from severe mental disability that *demonstrably* prevents the parent from adequately caring for the child. They add that the latter condition requires specific assessment of parental functioning and the risk to the child.

According to Giovannoni and Becerra (1979), intervention after a case of abuse and neglect has been reported should be limited to situations of serious harm or threatened harm to the child. This limitation is meant to protect the rights of parents/guardians to exercise their best judgment about how to raise children and to protect regional, religious, cultural, and ethnic differences in such beliefs. However, there has been much confusion about the concept of sufficient "*seriousness*," as it is not restricted to life-threatening situations.

Child protection is a multi-stage process of intervention, ascending in accordance with the child's need for protection. In Kenya generally, most childcare centers do not have specific and widely accepted guidelines that can help ensure uniform and more appropriate reporting and case disposition. Another major debilitating factor is lack of funding and physical resources in many children's homes. This has greatly inhibited the ability and consistency of the institutions to offer protective care to abused and neglected children. Similarly, not all reports to childcare centers are reports of suspected child abuse and neglect. Because of the volume of reports that they receive and the need to limit unnecessary investigations, childcare centers have an obligation to determine whether a report is appropriate for investigation. Lack of qualified personnel (CPS workers) to handle such cases has been a major setback towards appropriate intervention and effectiveness. Usually, most centers recruit untrained volunteers who in many instances have failed to execute sophisticated and appropriate judgment about the child's need for protection.

Evidence of child maltreatment is hard to obtain and may not be uncovered when agencies lack the time to complete thorough investigations or when inaccurate information is given to the investigators. Other cases may be unattended to when there are no services to help the family, while some other cases may be closed, mainly because the child or the family cannot be located. Resource limitations have also greatly impeded the ability of childcare centers to address the numerous reports of child abuse and neglect

and, consequently, some cases are never investigated and the children continue to silently suffer abuse and neglect in their own homes.

### **1.3 Research Questions**

1. In what ways are childcare centers responsive to the abused children's needs?
2. What are the problems faced by childcare institutions in the provision of social, economic and psychological needs of abused children?

### **1.4 Broad Objective**

The main objective of this study is to examine the effectiveness of childcare centers in provision of support services for abused children in Nairobi's Mathare slums.

#### **Specific Objectives**

1. To ascertain the specific goals and objectives of childcare centers.
2. To study the structure and management of the childcare centers in Mathare slums.
3. To identify the approaches/strategies used by childcare centers and assess their relevance to program goals.
4. To analyse the effectiveness of project activities in addressing the needs of abused children.

### **1.5 Rationale of the Study**

This study contributes to the development of sociological studies on the child abuse phenomenon. Studies done previously on the issue of child abuse and neglect have tended to focus on the types of child abuse rather than its identification and prevention.

In their booklet, *Child Abuse*, SNV-Street Children Programme (2004), conducted a study on child abuse pointing out the causes, forms, identification and effects of child abuse but very minimally on its prevention. Similarly, the Kenya Alliance for the Advancement of Children (KAACR, 2003) conducted a study on Defilement and Rape covering the types, taking precaution, defense tactics incase of attack, the doctors' examination, reporting to the law and dealing with the courts. Although these studies are quite comprehensive, they do not fully examine prevention of these vices. This study therefore makes an invaluable contribution to the discourse of child welfare.

A thorough literature review revealed that there are few studies that have been done on child abuse in Nairobi, especially those featuring institutions of rescue. This study sheds more light on interventions by various childcare centers that have a positive impact on child welfare with a view of protecting victims of child abuse, in accordance with the Children's Act.

In addition to enlightening the reader on the importance of child protection, this study provides necessary information for the Government, International Organizations, Non-Governmental Organizations (NGOs), the Civil Society and individuals who are concerned about and have the plight of abused children at heart. Furthermore, it encourages these groups and individuals to mobilize resources for supporting children in childcare centers.

No empirical research has previously been done and/or been published on this aspect. Unless empirical and reliable information is offered, the role of childcare centers in effective provision of support services for abused children will remain an untapped mystery and a wasted resource.

Lastly, the study is useful for contributing to and improving policies on child abuse and neglect. It assesses and provides information on the effectiveness of the criterion used and the pitfalls of support services availed for abused children by childcare centers.

#### **1.6 Scope and Limitations of the Study**

- 1 This study was limited to the analysis of the nature of supportive services offered to victims of child abuse by the sampled institutions. The study therefore included but did not elaborate on other services/activities, taking place at the childcare centers.
- 2 This study assessed the adequacy of supportive services performed by childcare institutions for the victims of child abuse. In this regard, the study was confined to analyze the curative and preventive functions performed by the institutions.
- 3 This study was limited to the total number of cases of victims of child abuse handled by each institution and was assessed as a fraction of the total number of other cases reported to that very institution. This established the prevalence and the reporting rates of child abuse in the area.

4 Finally, the study examined all constraints within and without the childcare centers, as they struggle to offer support services to victims of child abuse.

### 1.7 Definition of Key Terms

**Child** – According to Article 1 in the United Nations Convention on the Rights of the Child (UNCRC), is any human being under 18 years.

**Guardian** – In relation to a person under eighteen years of age includes anyone who has charge or control over that person.

**Child Abuse** – refers to any behavior directed toward a child by a parent, guardian, caregiver, other family member, or other adult, that endangers or impairs a child's physical or emotional health and development.

**Child Abuse Victim** – In this study, is the child who is a casualty of child abuse, as stated above.

**Children's Act** – Is a law enacted to promote the well being of children in Kenya. The Act addresses the rights a child is entitled to and the role of both the Government and parents in protecting these rights. These rights are contained in the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, which the Government has committed itself to.

**Childcare Center** – A home or institution, which has been established by a person, corporate or unincorporated body or a religious organization that has been granted approval by the National Council for Children's Services (NCCS) to manage a programme for care, protection, rehabilitation or control of children (Children's Act, 2001).

**Institutionalization** – This refers to the act of committing a child to the care and supervised routine of a home for childcare. A child who lives in such a home is therefore referred to as an institutionalized child.

**Effectiveness** – refers to whether or not the inputs and outputs of the project/program satisfy the intended impacts and are relevant to what was expected.

**Support Services** – These refer to programmes set up by the childcare agencies that are geared towards maintaining abused children. In this study, these are all the interventions that are set up to protect children from further abuse. The number of child abuse cases handled in the centers will be deemed directly proportional to the increase or decrease of the vice.

**Adequacy** – will be used to mean, the services provided as a fraction of the total need/demand for the services.



*Parent related difficulties* – these are the difficulties related to the family such as: - broken homes, prostitution, single parenthood, divorce, abandonment, abuse, parental sickness and poverty.

*Child related difficulties* – these include the difficulties that stem from the child such as: delinquency, physical disabilities of children, school dropouts and child sickness.

## 2.1 Introduction

In Traditional African Societies, children were viewed as gifts from God, as hope for the future and continuity of families to posterity (Were, 1992:9). Consequently, children were allowed to lead peaceful lives and enjoyed their natural right to life to the highest extent. Nowadays, hardly a week passes without the local press reports of savage attacks against children by adults. Sadly, these figures could be higher if other cases not carried in the press were included.

Child physical abuse occurs when an adult or more powerful person acts in a way that causes a child to be injured. It is part of the overall pattern of violence that exists within families in our society. Finkelhor (1990), states that,

*Abuse tends to gravitate toward the relationship of greatest power differential; abusive acts seem to be acts carried out by abusers to compensate for their perceived lack or loss of power."*

There are many cruel practices against children's lives in many communities in Kenya. These include tossing of children to and from their maternal and paternal homes when their parents have differed (separated/divorced) hence turning the children into victims of the disagreements between parents. Sometimes, children are viciously attacked by either or both parents for very minor offences for which a verbal warning or counseling would

have been appropriate: just because the parent(s) believe in the dictum, "*spare the rod and spoil the child*" (Caffey et al 1972).

One of the forms of child abuse that was endemic in ancient times is Infanticide. In 1978, Laila Williamson, an anthropologist of the American Museum of Natural History, summarized the data she had collected on the prevalence of infanticide among tribal and civilized societies from a variety of sources in the scientific and historical literature (Milner, 1998). Her conclusion was startlingly blunt:

*"Infanticide has been practiced on every continent and by people on every level of cultural complexity, from hunters and gatherers to high civilization, including our own ancestors. Infanticide has pervaded almost every society of mankind from the Golden Age of Greece to the splendor of the Persian Empire. While there are many diverse reasons for this wanton destruction, two of the most statistically important are poverty and population control. Since prehistoric times, the supply of food has been a constant check on human population growth. One way to control the lethal effects of starvation was to restrict the number of children allowed to survive to adulthood. Darwin believed that infanticide, (especially of female infants) was the most important restraint on the proliferation of early man".*

*(Laila Williamson, 1978)*

Milner (1998) continues to say that while female infanticide has at times been necessary for survival of the community-at-large, there have also been instances where it has been

related to the general societal prejudice against females which characterizes most male-dominated cultures.

Closer home, according to a report by the National Center on Child Abuse and Neglect (NCCAN, 1997), many people have difficulty understanding why any person would hurt a child. Although child rearing is an intensely personal and intimate matter, it is based on culturally defined values. The NSW Child Protection has historically been considered to be part of parents' rights to control their children. In fact, parents were warned not to "*spare the rod*". Wauchope and Straus (1990) found that children face an increased risk of being abused if their caregivers use physical punishment. It must be recognized that most physical abuse is just a magnified version of the normal discipline that a more powerful person applies when they physically punish a child.

The public assumes that people, who severely discipline and consequently abuse children, suffer from mental disorders; but less than 10% of abusers have mental illnesses. Most abusers love their children but tend to have less patience and less mature personalities than other parents. These traits make it difficult to cope with the demands of their children and increase the likelihood of physical and emotional abuse (Wauchope and Straus, 1990). Child abuse is also not correlated with socioeconomic status. It is important to note that one cannot assume that a child is not abused just because they come from a well-to-do family.

Thurston (2006), states that different levels of prevention are required to safeguard children, and while prevention of abuse is the ideal, the next best thing is its early detection and intervention.

### **2.1.1 Causes of Child Abuse**

According to NSW Child Protection Council (1994), there are many interrelated reasons for family violence. Nonetheless, it can be very dangerous to focus on reasons. Reasons can become excuses. Respect for cultural differences and the rights of the more powerful members of society (adults) must never be allowed to jeopardize a child's right to safety. No one factor accounts for child abuse. Even though the problem of child abuse affects all segments of society and knows no socio-economic, cultural or religious boundaries, there are certain factors that are commonly cited as contributing to child abuse and neglect. They include:

***Economic difficulties:*** financial pressures and the inability to provide for the needs of the family can cause parents to feel overwhelmed and unable to cope. Unemployment, homelessness and poverty lead children to be particularly vulnerable to abuse and neglect. Research by the National Center on Child Abuse and Neglect {NCCAN (1992)} indicates that child abuse is more likely to occur in poor homes where the effects of poverty appear to interact with other risk factors (such as depression, isolation, substance abuse) to increase the likelihood of abuse or neglect.

Another cause for child abuse is *Social Isolation*. Chambliss (1993) says that, frequently, those who abuse or neglect their children are socially isolated. They have poor ties with extended family or neighbours, small social networks, relatively high frequencies of negative interactions with helping agencies and low participation in community organizations. Lack of social support systems in the community contributes to the isolation and stress often associated with abusive and neglectful parents.

A growing weight of evidence shows clear links between *Domestic Violence* and child abuse. Stark & Flitcraft, (1998) found nearly two thirds of abused children were being parented by women who were themselves, victims of domestic violence. Men who use violence with their partners are more likely to also be violent with their children. In addition, families in which either the husband or wife dominates in making important decisions; such as where and what jobs to take, when to have children and how much money to spend on basic amenities such as food and housing, have higher rates of child abuse than families in which parents share responsibility for these decisions.

*Lack of Parenting Skills* can also greatly contribute to incidences of child abuse. This is largely due to immaturity, the absence of parenting preparation and skills, coupled with a lack of knowledge of child development and appropriate discipline techniques. The overall pressure of raising children can be particularly overwhelming for young, adolescent mothers. Studies have shown that children of single parents are at a higher risk of physical abuse and all types of neglect (Sedlack 1996).

A major contributing factor to the prevalence of child abuse is the problem of *Alcohol and Substance Abuse*. Recent research by Prevent Child Abuse America (2001) indicates that among confirmed cases of child abuse, 40% involve the use of drugs and alcohol. The risk to the child increases in single parent households where there is no supporting adult to diffuse parental stress and protect the child from the effects of the parent's alcohol and substance abuse problem.

***Emotional Problems.*** In her research, English (1998) found that there is a significant association between parents or caregivers suffering from depression and the incidence of child abuse and neglect. In addition, individual attributes, such as low self-esteem, poor impulse control, aggressiveness, and anxiety have also been found to characterize abusive parents or caregivers.

***High Risk Children.*** Various studies by Chambliss (1993) and English (1998) suggest that some children are at a higher risk of child abuse and neglect than others; that is, younger children, children with irritable temperaments, and children with special needs (premature infants, children with developmental disabilities). Girls are more likely to suffer sexual abuse than boys while boys are at greater risk of serious physical injury than girls. Research by the NCCAN (1992); show that children in large families (those with four or more children) are more likely to be educationally and physically neglected than families with two or three children.

### 2.1.2 Forms of Child Abuse

The term "child abuse" is defined as the infliction of physical or psychological injury, cruelty, neglect, sexual abuse, misuse or exploitation of a child by a parent, guardian, caregiver, other family member, or other adult, that endangers or impairs a child's physical or emotional health and development. It is also broadly taken to mean the commission or omission of any acts detrimental to the health and well being of the child. There are four major categories of child abuse, which may occur separately, but often occur in combination. They include physical abuse, emotional abuse, sexual abuse, and neglect.

*Physical Abuse:* is non-accidental physical injury or pattern of injuries inflicted upon a child (person under the age of 18 years) that may include severe beatings, burns, bites, bruises, fractures, shaking, or other physical harm. Physical abuse accounts for about one in four substantiated cases of child abuse. It may be defined as any act that results in a non-accidental trauma or physical injury. Inflicted physical injury most often represents unreasonable, severe corporal punishment or unjustifiable punishment. This usually happens when a frustrated or angry parent strikes, shakes, or throws a child. Physical abuse injuries result from punching, beating, kicking, biting, burning, or otherwise harming a child. While any of these injuries can occur accidentally when a child is at play, physical abuse should be suspected if the explanations do not fit the injury or if a pattern of frequency is apparent. The longer the abuse continues, the more serious the injuries to the child and the more difficult it is to eliminate the abusive behavior.



**Sexual Abuse:** exploitation of a child for sexual gratification by an adult that may range from non-touching offenses, such child pornography, to fondling, penetration, incest, and child prostitution. Child sexual abuse is any misuse of a child for sexual pleasure or gratification. Often, sexually victimized children experience severe emotional disturbances from their own feelings of guilt and shame, as well as the feelings which society imposes on them. For this reason and because of their devastating effects, exhibitionism, fondling, and any other sexual contact with children are also considered sexually abusive. At the extreme end of the spectrum, sexual abuse includes sexual intercourse and/or its deviations. These behaviors may be the final acts in a worsening pattern of sexual abuse.

**Emotional abuse:** acts or omissions by the parents or caregivers that can cause serious behavioral, cognitive, emotional, or mental disorders in a child. This form of maltreatment includes verbal abuse, placing unreasonable demands on a child to perform above his/her capabilities, as well as the withholding of positive emotional support. Emotional abuse is commonly defined as the systematic emotional tearing down of another human being. It is considered a pattern of behavior that can seriously interfere with a child's positive development. Emotional abuse is probably the least understood of all child abuse, yet it can be the cruelest and most destructive of all types of abuse. Children who are constantly shamed, humiliated, terrorized, or rejected suffer at least as much, if not more, than if they had been physically assaulted. An infant who is being severely deprived of basic emotional nurturing, even though physically well cared for, can fail to thrive and even die. Less severe forms of early emotional deprivation may

produce babies who grow into anxious and insecure children who are slow to develop or who might have low self-esteem.

**Neglect:** lack of adequate supervision or failure to provide for a child's basic physical needs (food, clothing, shelter), emotional, social, educational or medical needs. Child neglect constitutes more than half of all substantiated cases of child abuse. It is the most common form of child maltreatment reported to child protective services. It is defined as a "type of maltreatment that refers to the failure to provide needed age-appropriate care," such as shelter, food, clothing, education, supervision, medical care, and other basic necessities needed for development of physical, intellectual, and emotional capacities. Unlike physical and sexual abuse, neglect is usually typified by an ongoing pattern of inadequate care and is readily observed by individuals in close contact with the child.

**Child Labour:** is another common phenomenon among societies in Kenya. Although there has been the re-introduction of Free Primary Education, many children have been forced out of school because many of their parents have been unable to bear many of the financial commitments required to keep the children in school. The 'school drop-out children' are forced to seek employment at very tender ages. Many end up taking odd jobs such as barmaids, house helps/maids or *shamba* (farm) boys, which have little or no prospects of advancement within the employment (Were, 1992).

### 2.1.3 Advocacy and Provision of Child Rights

More than fifteen years ago, on September 30, 1989, the United Nations Convention on the Rights of the Child (UNCRC) was adopted by the United Nations General Assembly.

The UNCRC is a comprehensive, legally binding International agreement on the rights of under-18s. Kenya formally ratified the convention in 1990. This committed our Government – and each one of us – to respect the rights set out in the convention and to do everything within our means to make these rights available to the children of Kenya.

Children have specific and special rights by the very virtue of them being children; and it is important to respect and protect these rights. The UNCRC consists of 41 articles that define the full scope of the children's human rights. These rights are presented in the Children's Legal Action Network – CLAN (2002) handbook and include:

***Right to Life and Survival*** – All children as well as adults have a right to life. They must be protected from things that can end their precious and God-given life. This protection must be given to them at all times. Children deserve good medical care, nutritious food, descent shelter and adequate clothing. Lack of these four things will expose them to high chances of death.

***Right to Development*** – All children have a right to development of the mind, the body and the soul. That is to say, children deserve to develop intellectually, physically, morally, emotionally and socially. A child's development rights are the following: - rights to education, play and leisure, access to information, social security and parental love.

***Right to Protection*** – In most countries and societies, children are very important, as they are its future. However, there are many ills that children are exposed to which are not good for their well-being: - abuse, neglect, discrimination, cruelty

etc. It is therefore everyone's duty in society to offer protection to children from all forms of bad treatment. Children should thus be protected from all forms of exploitation, disasters, discrimination, sexual abuse, and neglect. Children in refugee camps should be particularly given special attention, as they are most vulnerable.

***Right to Participation*** – All children have a right to participation, that is, to be part of, take part in, speak and be heard. As such, children have a right to freedom of expression and a say in matters that affect their lives.

However, more than a decade after the UNCRC was adopted by the International Community and thirteen years after it was ratified by Kenya, the rights of the Kenyan child have been more abused than ever. Fueled by deepening poverty and social dislocation, the sexual, physical and emotional abuse of children is at epidemic levels. Hundreds of thousands of children, many as young as four or five, live on the streets, and tens of thousands others are exploited as farm and factory labourers or as house helps. The sexual exploitation of children, mostly teenage girls, is growing in both numbers and visibility in most towns and rural areas alike ANPPCAN (2001).

To say that 'children's rights are human rights' is an undeniable truism. It is a truism worth repeating because individuals and institutions, even those who are supposed to be primary protectors of these rights, trample the rights of children. A look at the Kenyan press reveals stories of children killed, injured, maimed, burnt, forced into early marriages, taken through harmful traditional practices, abandoned, denied access to

school, sold, trafficked, held in illegal custody, denied food and health care, sexually abused, exploitive labour, discriminated against ad infinitum.<sup>1</sup>

According to the United Nations Children's Fund {UNICEF}, (2001) daily violations of children's rights are staggering. They range from acts of omission – such as failure to register births or provide access to health-care services and primary school – to deliberate abuse.<sup>2</sup> To those concerned with the protection of children, the violations raise questions about the deteriorating sense of responsibility of the society towards children.

This is more serious, given that children are one big sub-set of the vulnerable in our society from whichever angle one looks at it be it age, physical level of development, dependence on adults for their livelihood, reliance on the state for provisions of their development needs, family environments, etc. This is why it becomes imperative to reiterate that children are part of the human society and therefore owners of human rights like any other human being.

In our society, we expect the law to control and penalize people who physically assault others. There is a general consensus that it is not acceptable to assault a stranger. We know that we will be held accountable for the consequences of our actions but somehow; these community standards and expectations seem to shift if the assault occurs between members of a family.

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<sup>1,2</sup> Clay Muganda, "Still a Long Way to Go", Daily Nation, June 16, 2004.

When a parent assaults a child we suddenly qualify our condemnation. We are distracted many a time with wondering: was it really assault or was the child *being disciplined*? Were the disciplinarians' *intentions honorable*? Does the person have *legitimate authority* over the child and they *did not mean* to harm to inflict major injury? Sadly, as a society, we have been more concerned with *why* the assault occurred, rather than *what effect it has* on the child both now and in the future.

#### **2.1.4 The African Situation**

In a combined annual report by COALITION, ISPCAN, ANPPCAN, (1999) a critical issue raised as posing a challenge to children in Africa is the changes in policies such as *cost sharing*, instituted by donor agencies. According to recent studies, up to 40% of the populations in Africa in some situations live below the poverty line. Yet, the same people are expected to meet the costs of their children's health and education. Consequently, there has been an increase in the school drop out rate and a decrease in enrolment levels. The prohibitive costs of health services has resulted in high infant mortality rates and these challenges must be addressed if children are to be protected constantly (COALITION, ISPCAN, ANPPCAN, 1999). There is therefore an added challenge for African Governments and Non-Governmental Organizations (NGOs) to forge collaborative working relationships in tackling children's issues; where programmes must address household incomes and how these need to be increased to lessen the occurrence of child abuse.

### 2.1.5 Reporting Child Abuse – Media Responsibility

Against the background of children's and young people's rights, (ANPPCAN 2001) rightly say that the media have a vital role to play in informing the public about the problems facing under 18s in Kenya. In particular, the media have a responsibility not simply to report on these problems but also to explain and critique them.

As the famous American investigative reporter Carl Bernstein argues, "*The role of journalists is to challenge people, not merely to amuse them.*" Their most important job is to help the consumers of news – the citizenry – to *understand* news events.

Journalism's most noble purpose and solemn responsibility as one newspaper editor put it, is to "*shine the light of public awareness on injustice and inequality*". People rely on the media for information about their world. We believe this gives the media certain social responsibilities. Although media organizations have many responsibilities, including making a profit for their shareholders, one of their key responsibilities is to enlighten the public about the underlying issues affecting vulnerable groups, such as children. Media players have often acknowledged this responsibility themselves. It would be unreasonable to expect every story on children's issues to address the causes of the event or analyze the underlying child rights problem due to time and space considerations. The media is therefore one of the most important channels for shedding light on society's problems and working towards solutions.

### **2.1.6 Institutionalization of Abused Children**

In Africa, the extended family system provided for primary group care for orphaned, neglected or deprived children who took up the responsibility for rearing of all children in the clan such that there was no such thing as an 'orphan' (Njagu 1995). Although the extended family traditionally played the role of caring for the children, there has been a decline in performance of this role (Onyango, 1984). Njagu (1995) states that urbanization has disintegrated the family and as a result, the most abandoned, neglected and abused children are found in urban areas. Consequently, today, some of the family roles have been taken over by institutions due to disintegration of the extended family resulting from urbanization and rural-urban migration.

Certain scholars among them Kadushin (1980) and Sjolund (1978) view institutional care as a remedy for problems that beset children in the family setting and in society in general. Institutional care is appropriate in many of the situations in which an abused child must be removed from his own home and be placed under substitute care for some infinite period. Such a drastic change is necessary when the child's own home presents deficiencies so serious that it cannot provide the child with the minimally adequate social, emotional and physical care. It involves, not only temporary total separation of the child from his/her own family and adjustment to a new home, but also change of location, change of school and change of peer and sibling group (Kadushin, 1980:318). If in their previous environments the children suffered certain deprivations, which they are able to get within the institutions, then to such children, institutional care will be a relief and a solution to some of their previous problems. If this is so, then it can be asserted that



institutionalization enhances the well-being of the children who come from poor parental backgrounds.

In 1963, a study in America was conducted whereby several interviews were held with institutionalized children. The interviews concluded that the principal reasons for institutionalization fell into two main groups: -

1. Child-related difficulties
2. Parent-related difficulties

The largest percentage of children required institutionalization because of parent-related difficulties. These parent-related difficulties identified by scholars in America, included broken homes (Burt, 1947). Burt defined a broken home as one in which one or both parents are absent owing to death, desertion, separation, divorce or commitment to a career. Therefore, a complete family that consists of a father, mother and their children is vital for development of a socially adjusted individual (Goode, 1964:62).

Njagu (1995), quoting (Onyango, 1984) and (ANPPCAN, 1999) states that in Kenya, studies done indicate that child abuse and neglect caused by early parenthood, unemployment, large families and poverty are the major reasons for substitute care for children. He adds that children who live in the streets have been found to come from large families.

A study carried out in 1961 published a report, called "*A Survey of Problems of Child Welfare in Kenya*". This report was the outcome of the efforts of various organizations

especially those interested in child welfare activities. The report suggested that institutions should be established for children who are abused, orphaned and neglected. The survey also found out that the principal causes of child abuse and neglect were “increasing lack of understanding by parents of the needy children in a situation of rapid social change and especially in the decline of authority and responsibility of traditional institutions such as the clan, poverty, dislocation of family life and parental control, broken homes, divorce, prostitution and increase of unmarried mothers” (Onyango and Kayongo 1987:16).

The survey made the following recommendations: -

- Build more special institutions in urban areas to provide for physical care for orphans.
- Build more places of safety throughout Kenya (Government of Kenya, 1961:54).

This particular recommendation has had considerable influence on the increase of residential institutions for childcare in Nairobi from 1961 to present day.

The report also called for more training centers, hostels, clubs, equipment, more health workers and children’s officers, and a closer coordination for all who are working in the area of childcare. It is from this background that residential institutions for childcare have been established in Kenya and mostly in Nairobi.

The Undugu Society of Kenya (2002), observe that there are current regulations issued by the Children’s Department that are intended for institutions offering residential care to disadvantaged/abused children. The issues include: land and physical requirements

(shelter and sanitation), water, food, beds and beddings. This may however be unrealistic given Kenya's present economic circumstances. Kenya is currently wrangling in so many issues politically, socially and economically. If the regulations are to be followed closely, this would mean that residential homes that do not meet the stated standards risk closure, and consequently, this may pose a more critical condition than the already existing one.

Childcare centers/institutions have been seen to remedy the problems that beset abused children in the family setting and in society in general by providing substitute care for some infinite period. Ideally, through institutional care, children ought to be provided with adequate social, emotional and physical care. In Kenya, many of the childcare centers in operation are either owned or run by individuals or religious organizations (churches, mosques and temples). Ownership has a direct influence on the management structure in terms of there being a Board of Directors or an Individual to manage it and it also reflects on the leadership style; either top down or bottom up. The personnel/staff is appointed by the senior management team that runs the affairs of the center. The staff qualifications are not standardized and therefore there are differences in the management of various childcare centers and quality of service provided. Furthermore, the location and surroundings of a childcare center determines its accessibility and the type of services provided. Location entails the structural setup of the center, which is directly proportional to its capacity (number of children to be accommodated). The work ethic in a childcare center is critical as it is tied to the center's vision, goals and objectives, the code of conduct and the different types of activities/interventions taking place.

Unfortunately, there are many barriers that inhibit childcare centers in service provision for child abuse victims. For instance, conflicting organizational policies, categorical funding in which agencies receive funding for very specific services and therefore cannot redirect them to any other activities and sometimes, there is competition for resources from donors by other childcare centers. In extreme cases, the childcare centers absolutely lack funding/donors to support them.

In Kenya, many childcare centers lack professional staff who are skilled to handle the cases of child abuse which are usually extremely sensitive. For many childcare centers, the coordination of support services is a problem and the majority have ended up running parallel programmes. Sadly, this leads to wastage of the limited resources available, sharing of experiences is restricted and very often, the effective programmes do not gain ground elsewhere.

## **2.2 Theoretical Framework**

The major theoretical concepts for this study are Social Structure and Anomie and Formal Rationality. Emile Durkheim states that anomie or (normlessness) occurs when societies become unstable as a result of there being exceptionally strong emphasis upon specific goals without the corresponding emphasis upon the socially structured capacities of members of the group to act in accordance with them. Child abuse in urban slums has been propagated by poverty and the appalling conditions/situations families are subjected to, in order to survive every day.

### 2.2.1 Social Structure and Anomie

Initially developed by Durkheim, the concept of anomie refers to a condition of relative normlessness in a society or group (Merton 1968, 215). This concept referred to a property of the social and cultural structure, not to a property of individuals confronting that structure. Nevertheless, as the utility of the concept for understanding diverse forms of deviant behavior became evident, it was extended to refer to a condition of individuals rather than of their environment.

No society lacks norms governing conduct. But societies do differ in the degree to which the folkways, mores and institutional controls are effectively integrated with the goals, which stand high in the hierarchy of cultural values. The culture may be such as to lead individuals to center their emotional convictions upon the complex of culturally acclaimed ends, with far less emotional support for the prescribed methods of reaching out for these ends.

Merton (1968) observes that the sociological concept of anomie presupposes that the salient environment of individuals can be usefully thought of as involving the cultural structure, on the one hand, and the social structure, on the other. In this connection, the *cultural structure* may be defined as that organized set of normative values governing behavior, which is common to members of a designated society or group and the *social structure* is that organized set of social relationships in which members of the society or group are variously implicated. *Anomie* is then conceived as a breakdown in the cultural

structure occurring particularly when there is an acute disjunction between the cultural norms and goals and the socially structured capacities of members of the group to act in accord with them. In this conception, cultural values may help to produce behavior that is at odds with the mandate of the values themselves (Merton 1968). This results in conflict between cultural goals and access to the cultural goals through legitimate means.

In this regard, the society expects the family to be stable and therefore able to care for its children. However, society does not provide equal opportunities to its members to carry out these responsibilities. Unemployment and unequal distribution of resources are some of the factors that have brought about poverty, which is considered to be a major underlying cause of children living in especially difficult circumstances (CEDC). It is particularly the low class societies in the world that have higher rates of deviance than the general population. Most children who are in need of protection services are from the lower economic groups; where opportunities to acquire materials/basic services are fewer, the level of education is lower and they have considerably less opportunities to fulfill their aspirations by means that the society considers legitimate.

In Kenya, the cost of bringing up children is high and only a few can adequately meet the needs of their children. A parent(s) that has many children born and raised in the slums where there are appalling conditions; alcohol and substance abuse, frustration and resignation to the status quo, is highly likely to be abusive to one if not all their children.

When a society loses control over its members, children become most vulnerable and thus the need to consciously and sensitively put in place adequate protective measures for

them. Childcare centers/institutions step in to remedy the problems of abused children by providing substitute care for some infinite period. Through institutional care, abused children are removed from further maltreatment and potentially harmful situations and are provided with alternative social, emotional and physical care.

### **2.2.2 Formal Rationality**

This theory can be looked at from Max Weber's view of formal rationality as identified from his work by Niklas Luhman, (1984). Weber states that one of the characteristics of formal rationality is that it involves 'means-end' calculation and this calculation occurs within the universally applied rules, laws and regulations. He calls an action rational in terms of means and ends, when its motivation lies in it being a means to achieve desired and calculated ends. Weber emphasizes that even the decision about an end can have a value-rational motivation if the end is believed to be valuable in itself (Weber, 1956:13).

Formal rational structures and institutions focus on efficiency; on finding the best means to a given end. Child protection through childcare centers is one such system that is formulated to serve the disadvantaged/vulnerable child. There are international instruments (rules and regulations); such as the (UNCRC) United Nations Convention on the Rights of the Child, that guide the practice in order to achieve its ultimate goal, which is in the "Best Interest of the Child".

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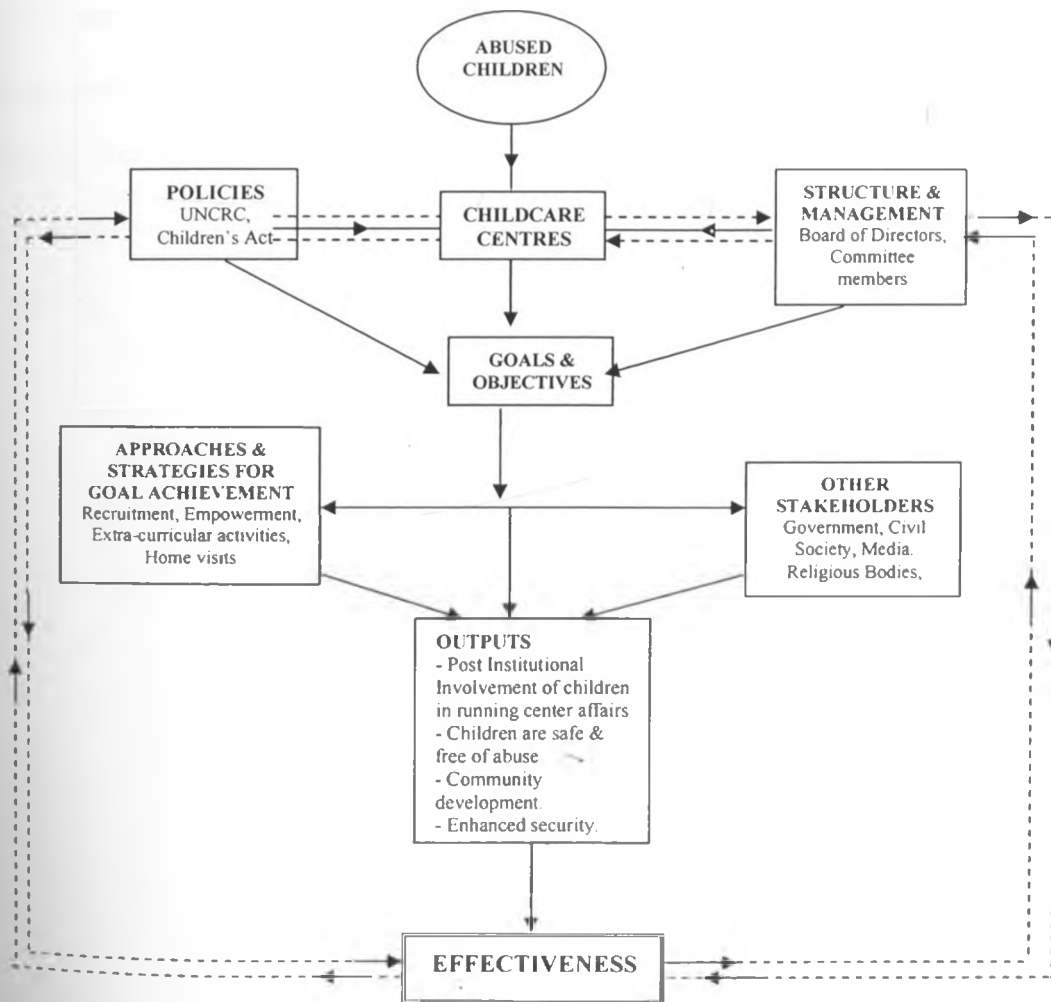
In formal rationality, there is great concern when ensuring predictability or uniformity so that things operate in the same way from one time or place to another. The system seeks to gain control over an array of uncertainties, especially those posed by human beings who work in or are served by them. Childcare centers are managed differently depending on the available resources and personnel. When all the factors are considered in child protection, they are to ensure that the child is rightfully placed thus avoiding placement that may be detrimental to their growth and development.

Formal rationality theory also standardizes the protection practice to ensure that abused children are given similar professional services. This is in line with Article 2 of the Convention on the Rights of the Child (UNCRC), which states, "All rights apply to all children without exception". It also states "the universal obligation to protect children from any form of discrimination and to take positive action to promote their rights".



## 2.3 CONCEPTUAL FRAMEWORK

The conceptual framework illustrates the mechanisms that childcare centers put in place in provision of support services for abused children. It depicts the relationship of the abused child and the center. As explained in the literature review, institutional care is appropriate in many of the situations in which an abused child must be removed from his own home and be placed under substitute care for some infinite period. The centers are governed by a Board of Directors and a Committee that oversees the center's affairs; is consulted to give advice, direction and makes pertinent decisions affecting the center. Childcare centers are guided by internationally laid out policies which include the UNCRC and the Children's Act.



The centers have goals and objectives that include protection, immediate and long term intervention and provision of psychological, emotional and physical needs of abused children. In order to achieve their goals, childcare centers employ various strategies and approaches such as recruitment, empowerment of children, home visits and extra curricular activities. They do so in partnership with other stakeholders such as, the Government, the civil society, the Media, Religious bodies and the Community at large. Having employed these strategies, the distinct outputs are, children being safe and free from abuse, community involvement in child protection and heightened security in the neighborhood.

The centers are also very keen on post-institutional involvement where the grown up children (those who have been cared for by the center at one time or other) work in the centers or if employed elsewhere support the centre financially in appreciation of and as a way of giving back to the center. A center is therefore deemed to be "effective" in their endeavor to protect and care for abused children once their inputs and resulting outputs corroborate with the set goals and objectives.

**3.1 Introduction**

This chapter contains the main research design and methodology that was used to achieve the objectives of the study. According to Kerlinger (1964), “a research design is the plan, structure and strategy of investigation concerned so as to obtain answers to research questions in collecting, analyzing and interpreting observed facts”. It covered the study design, site selection, sampling procedures as well as data analysis techniques.

**3.2 Site Selection and Description**

The research was carried out in Mathare slums, Starehe Division, in Nairobi. Nairobi is the capital city of Kenya with the largest number of rural urban immigrants, presenting a diversity of cultures, beliefs, norms, values and traditions. Mathare is one of the largest slums in Kenya and bears all the characteristics of slum dwellings. Poverty is rife, most houses are tiny and congested; the people live in squalid conditions – with no direct access to clean drinking water, poor sanitation with very few toilets and bathrooms for numerous families, communicable diseases are rampant and lack of adequate food. Idleness is common in Mathare, where most able-bodied individuals (men and women) are jobless and resort to brewing and consumption of cheap illicit brews, drug abuse, prostitution and rampant crime. Slum dwellers are unsurprisingly given to bearing many children due to illiteracy and lack of information on birth control, needless to say, access to contraceptives. Domestic violence is also predominant in the slums due to frustration from all these factors and the apparent resignation to this way of life.

The suitability of Mathare slums as the location of this study was based on its accessibility and the limitation of financial resources. Mathare is also an appropriate source of data that is relevant to the study, due the high number of slum dwellers coupled with the many organizations dealing with children in especially difficult circumstances (CEDC) and childcare centers.

### **3.3 Study Design**

This was an evaluative study that attempted to gain familiarity with the phenomena under study through discovery of new ideas. It was designed mainly using the qualitative methods approach to capture how childcare centers are managed to effectively respond to the needs of abused children. It also gave insight to the abused children's views in terms of the care and support services given to them.

Quantitative methods were used to give insight to the magnitude (numbers of abused children) and the needs of the childcare centers in the area.

### **3.4 Sampling and Sample Size**

This study made use of non-probability sampling which refers to the process of case selection other than random selection. The research specifically used *purposive sampling* technique. According to Singleton (1988), purposive sampling allows the researcher to use his/her expert judgment to select units that are 'representative' or 'typical' of the population of study. This method of sampling is acceptable in studies that are limited in

scope (Singleton 1988:153–154). The researcher also used *stratified sampling*. A stratified sample is obtained by taking samples from each stratum or sub-group of a population (Easton & McColl 1997). This was to capture the different sources of data that were representative of the population; that is both children and adults.

A total of 90 respondents were interviewed during the study. They were selected from (within and around) five (5) Childcare Centers in Mathare area, namely: Joy Divine Children’s Center, Good Samaritan’s Children’s Center, MEFAG Children’s Center, Made in the Streets and Pangani Lutheran Children’s Center. The key informants included, five (5) center managers – 1 from each center, fifteen (15) social workers/volunteers – 3 from each center, ten (10) teachers – 2 from each center, five (5) housemothers – 1 from each center and five (5) subordinate staff – 1 from each center. Fifty (50) children were purposively sampled from the center records (five girls and 5 boys) from each of the five childcare centers.

The total sample consisted of 90 respondents and is summarized in the table below.

**Table 1: Summary of the Sample**

<b>Key Informants</b>	<b>Number of Informants</b>
Center Managers	5 (1 from each center)
Social workers / Volunteers	15 (3 from each center)
Teachers	10 (2 from each center)
Housemothers	5 (1 from each center)
Subordinate staff.	5 (1 from each center)
Abused Children	50 (10 from each center) (5 boys & 5 girls each)

Source: Field Data

### **3.5 Data Sources, Methods and Tools of Data Collection**

This study used both Primary and Secondary data. Being a qualitative study, the use of multiple sources of data to corroborate findings and identify unconfirmed cases is widely accepted as a way of determining the trustworthiness of the data.

#### **3.5.1 Sources of Data**

The study employed a combination of qualitative field-based methods of data collection including in-depth interviews, personal interviews and review of existing literature (reports and records). All the tools used were designed to work flexibly depending on the type of the respondents.

#### **3.5.2 Primary and Secondary Data**

In this research, the methods and respective tools used to collect Primary data are outlined below: -

#### **Methods and Tools of Data Collection**

##### **+ *Key Informant Interview***

A key informant is anyone who has special knowledge regarding the research problem. These informants were identified by virtue of their occupations, positions, and their knowledge and understanding of the target groups. They included center managers; social workers, volunteers, teachers, housemothers and subordinate staff. This method

ensured the extraction of more personal information since some respondents are freer and more likely to reveal pertinent information in the absence of other people.

Alongside the set guide, individual questions were developed spontaneously in the course of the interview to allow for discovery of new aspects of the problem by delving deeper into some of the explanations given by respondents, thus generating rich data which gave authentic insight into their experiences. No strict time limit was set for the respondents, and they were given ample time to discuss the issues as exclusively as they could. The researcher took notes as the interview took place.

*The tool used was a Key Informant Guide.* It highlighted issues related to the objectives of the study and was discussed with the center managers, social workers/volunteers, teachers, housemothers and subordinate staff. It comprised of open-ended questions to gain as much information as possible from them, about the needs of the abused children and the services they offer as an intervening organization.

#### ✦ *Personal Interviews*

This method was used to interview the selected children and the researcher asked the children questions face to face. These questions were structured to make it easier for them to understand exactly the kind of information required by the researcher.

*The tool used was a Questionnaire.* This questionnaire had structured questions that were easy for the children to understand and thus provided the right information required

of them by the researcher. The researcher clarified the questions that were not clear to respondents and ensured that the questionnaires are filled completely to minimize bias resulting from non-response.

#### ♣ *Observation*

This method involved observing the quality and adequacy of the structures (buildings) at the childcare centers; the quality and adequacy of the food and clothing given to the children and the general atmosphere in the center that were deemed relevant to the study.

The *tool* used was an *Observation Checklist*. A checklist was used to guide the researcher to assess the standards of the shelter, environment, food and clothing of the centers and the children respectively. The observation checklist also captured non-verbal behavior, feelings and attitudes of both the staff and children. It was used to tick the presence or absence of what was being observed. Space was provided for comments on the state of what was observed and notes taken regarding the interaction of the caregivers and the abused children as well as the interaction between the abused children the other children. This method allowed first-hand insight of what the childcare centers are like and what actually takes place there.

#### ♣ *Review of Secondary Data*

Secondary data refers to the documented information available about the subject of research. This was derived from relevant literature and data, that is; publications, books, manuals, periodicals, the internet, the childcare center's records/reports and personal files for the interviewed children.



The *tool* the researcher used to review secondary data was a *List of Issues* to establish the literature that was relevant to this study and contain it within the required themes.

**Table 2: Summary of Data Sources, Methods and Tools**

Method	Tool	Sources
Key Informant Interview	Key Informant Guide	<ul style="list-style-type: none"> <li>• Center managers</li> <li>• Social workers</li> <li>• Volunteers</li> <li>• Teachers</li> <li>• Housemothers</li> <li>• Subordinate staff</li> </ul>
Personal Interview	Questionnaire	<ul style="list-style-type: none"> <li>• Abused children</li> </ul>
Observation	Observation Checklist	<ul style="list-style-type: none"> <li>• Childcare centers</li> <li>• Abused children</li> <li>• Caregivers</li> </ul>
Review of Secondary Data	Checklist	<ul style="list-style-type: none"> <li>• Publications (books, manuals, periodicals)</li> <li>• Internet</li> <li>• Childcare center's records/reports</li> <li>• Personal files of the interviewed children</li> </ul>

### **3.6 Unit of Analysis**

According to Singleton, (1988), a unit of analysis is what or whom is to be described or analyzed. It is what the research seeks to explain or understand and can therefore be individuals, social roles, positions or even relationships. The effectiveness of childcare centers in provision of support services for abused children in Nairobi's Mathare slums was the unit of analysis of this study.

### **3.7 Units of Observation**

The units of observation were the selected childcare centers in Mathare slums, the abused children and personnel/service providers at the center (managers, social workers, teachers and housemothers).

### **3.8 Data Analysis**

Fieldwork was conducted for a period of two and a half months, beginning early October and ending mid December 2006. The researcher undertook this task with the assistance of two research assistants. The respondents were both adults and children.

Due to the descriptive nature of the data, data analysis was mainly qualitative. Descriptive statistics have the advantage of summarizing measures, which are used to condense raw data into forms that supply useful information efficiently (Mbatia, 1987:49). Therefore, simple descriptive statistics were used in form of simple statistical analysis such as averages, mode and median.

Qualitative data was extracted from the findings and transformed into relevant themes for easy interpretation. This was a constant process from the onset of data collection. It also involved working through the full range of detailed field notes, scanning data to enable the development of summaries of various themes from multiple interviews with the center managers, social workers, volunteers, children, teachers, housemothers and subordinate staff.

The researcher used **SWOT** analysis, a tool for auditing/assessing the organization(s) and their environment. SWOT helps one to focus on key issues. *SWOT* stands for **Strengths, Weaknesses, Opportunities, and Threats**. Strengths and weaknesses are **internal** factors. Opportunities and threats are **external** factors.

**Table 3: Summary of the SWOT Analysis Layout**

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<b>OPPORTUNITIES</b>	<b>THREATS</b>

In addition, the research generated conclusions and recommendations from the data collected.

#### 4.1 INTRODUCTION

In this chapter, the objectives outlined in Chapter 1 were visited and data gathered during fieldwork used to ascertain them. The aim of this study was to find out if the presence of childcare centers has any positive function in society and whether the children in the centers and community in general deem it that way. This section analyzes the society's understanding of child abuse from the perspective of both children and adults, thereby elucidating the causes of child abuse in Mathare slum. Responses by different categories of respondents captured during fieldwork also helped to determine whether the community is feeling a positive or negative impact of the childcare centers. The research also endeavored to establish the various program approaches and strategies employed by the centers vis a vis the relevance to their program goals. The researcher sought to determine what the centers considered as indicators of success and whether they had achieved it. Finally, the main phenomenon that triggered this study; the effectiveness of childcare centers in the provision of support services for abused children, was analyzed at length.

This chapter compiles the responses of interviews and organizes them according to:

- Description of the sample
- Profiles of the selected centers
- The Objectives of Childcare centers and their Implementation
- The Organization and Management of Mathare Childcare Centers

- Childcare Centers Approaches and Strategies with relevance to Programme goals
- Program Activities for Service Delivery
- The extent to which Childcare Centers meet the needs of abused children.

#### 4.2 RESPONDENTS SOCIO-DEMOGRAPHIC CHARACTERISTICS

Out of the total sample of 96 respondents, 54 (56%) of them were female and 42 (44%) were male. 24 participated as the key informants while 20 individuals (community members) were randomly chosen to participate as general respondents. The key informants included, five (5) center managers – 1 from each center, seven (7) social workers, two (2) volunteers, six (6) teachers, two (2) housemothers, and two (2) subordinate staff members. Personal interviews were conducted for the fifty-two (52) children by means of a questionnaire, which had structured questions that were easy for the children to understand.

**Table 4: Summary of Sources of Data and Techniques Used.**

<b>Respondents</b>	<b>Number of Key Informant Interviews conducted</b>	<b>Number of respondents who completed Questionnaires</b>
Center Managers	5	
Social Workers	7	
Teachers	6	
Volunteers	2	
House Mothers	2	
Subordinate Staff	2	
Children	None	52
Members Public	20	

*Source: Field data*

#### 4.3 **CHILDCARE CENTERS AND RESPONDENT'S PROFILES**

##### 1. ***JOY DIVINE CHILDREN'S CENTER***

Joy Divine Children's Center was started in the year 2000, by Pastor Mary Njoki Muroki a Church Minister who received a Spiritual burden to care for the children within her area of ministry. The Center is located in Huruma, Central Division, on their premises; which was originally Pastor Mary's home. Before she started the center, she noted that many young boys were loitering in the area, either engaging in drug abuse at a very tender age or being involved in child labor in their quest to survive. When she started the center, it was to provide the needy boys with free lunch, spiritual nourishment through counseling and prayer, non-formal education and skills training. Although the services offered to the children were a tremendous help to them, they still were not doing too well. With time, she decided to house the children in order to monitor their progress more closely. When Free Primary Education was introduced, it was a welcome relief for the center as more children were able to enroll in public Primary Schools in the area and get a good education. The center caters for boys only but recently got a very desperate case of abuse and neglect affecting one family of 3 girls and they decided to take them in, under the watchful eye of the housemother.

##### 2. ***MEFAG CHILDREN'S CENTER***

Mefag Children's Center is located in Mathare North Area 1, Kware Slums. It was founded in the year 2002, by Mr. Maurice Ndalila under the auspices of a self-help group called "Men Fighting Against Aids Group" (MEFAG). He was drawn with compassion

to do something to help the many children he met loitering in Mathare area. as he walked through daily, to and from home. His mission was to care for needy children, that is; orphans, abused, abandoned, neglected through provision of shelter, food, education and parental guidance. Currently, the center is home to 108 children aged from 1 year to 16 years; who make do with the situation as it is. The center is on a rented plot and is often unable to pay rent due to insufficient funds. The 51 girls sleep within the confines of the center block while the 57 boys live in dormitories outside the center, in 3 rented houses. The center is often overwhelmed with work and often seeks support from the community by requesting them to volunteer their time and resources to support the children.

### 3. ***GOOD SAMARITAN CHILDREN'S CENTER***

The Good Samaritan Children's Center was formed in 1991 to serve as a home and rehabilitation center that provides shelter and basic education for destitute and abandoned children. The home is situated in Mathare Valley and was founded by Mr. and Mrs. Thuo in response to the persistence of their son Simon, who for several months sneaked street children into their home in Mathare and offered them his own food and clothing, as the majority of the residents live in abject poverty. The goal of the home is to rescue, rehabilitate and provide basic services such as food, shelter, clothing and medical care through mobilizing community support and resources to address problems affecting destitute children and AIDS orphans. The Good Samaritan Children's Center provides shelter to over 150 AIDS orphans and abandoned children. The children are enrolled in Non-formal education centers while others join public primary and secondary schools as well as vocational training centers.

#### 4. ***PANGANI LUTHERAN CHILDREN'S CENTER (PLCC)***

The Pangani Lutheran Children's Center was founded by the Lutheran Church in 1994, under the Women's Ministry and is located in Eastleigh, Second Avenue. The women saw a great need amongst the girls who loitered around the church and the adjacent Mathare slum. They sought to know the reason behind this behavior and discovered that some were total orphans while others were being abused at their homes and sought refuge around the church. They then decided 'rescue', rehabilitate and care for them in a more conducive environment.

#### 5. ***MADE IN THE STREETS (MITS)***

Made in the Streets was founded in 1995 by a group of friends who saw a great need to come to the aid of street children in the area. It began in 2<sup>nd</sup> Avenue, Eastleigh and later they acquired a large piece of land, which is their own property in Kamulu, Kangundo road. Initially, their vision was to establish an outreach program where they ministered to street children through teaching them the Word of God and sharing about God's love during their lunch hour break. Through their continued interaction with the children, they realized that some of them had tremendous potential and therefore they decided to look for other ways of helping them, mainly through education. One of the founders, an American, sought for support from USA and that is how the center was established.

### **RESPONDENTS KNOWLEDGE ON CHILD ABUSE**

Many of the respondents and especially community members did not have a concrete definition of Child Abuse and used examples of the various forms of abuse to explain their understanding of the phenomenon. Some of the examples cited are: - child neglect,



negative attitude towards children, child labor, molestation, lack of provision of basic needs due to negligent parents, physical and psychological abuse resulting from parents who engage in alcohol consumption/drunkenness, sodomy, rape, incest, child battering or severe canning, punching, burning, scalding of body parts with hot items, mistreatment, insults, taunting, jeers, taking the rights of children away from them, being sent out of the house, sleeping hungry and forced drug consumption/abuse.

The respondents concurred that child abuse happens a lot in Mathare and the major reasons given for this vice were drunkenness, poverty, apathy by parents or guardians, rampant crime; theft, idleness, over population and high number of jobless individuals. Below is the number of the cases of child abuse and neglect that had been reported to the centers at the time of the research.

**Table 5: Numbers of Abused and Neglected Children in Selected Centers**

<b>Center</b>	<b>No. of Abused Children</b>	<b>No. of Neglected Children</b>
Joy Divine Children's Center	30	40
Mefag Children's Center	64	104
Good Samaritan's Children Center	40	90
Pangani Lutheran Children's Center	5	16
Made In The Streets	26	36

*Source: Field Data*

## MAIN FINDINGS

### 4.4 REALIZATION OF THE CHILDCARE CENTERS OBJECTIVES

The *first objective* was to ascertain the specific goals and objectives of Childcare centers in Mathare slums.

All the Childcare centers had specific goals and objectives that they aim at and are stipulated in their brochures and all administrative documents. These are summarized in the table below:

**Table 6: - Summary of the Individual Childcare Centers Goals and Objectives**

NO.	NAME OF THE CENTER	GOAL	OBJECTIVES
1.	Joy Divine Children's Center	Rehabilitate and facilitate the development of the vulnerable children and the youth at risk towards sustainability, human dignity and self reliance and restore hope for the lost.	<ul style="list-style-type: none"><li>• Empower children living on the streets and risk prone areas with formal education.</li><li>• To contribute to the reduction of HIV/AIDS and STDs and enhance behavior change among the street children and youth.</li><li>• To provide shelter, rehabilitation and primary health care for children living on the streets and other risk prone areas.</li><li>• Provide skills training for street children.</li><li>• Meet the spiritual needs of children through evangelism.</li></ul>
2.	MEFAG	Rescue and support	<ul style="list-style-type: none"><li>• Provision of basic needs; education,</li></ul>

	<p>Children's Center</p> <p>children infected or affected by the HIV/AIDS pandemic and rehabilitate others who are rescued from the streets.</p>	<p>food, clothing and shelter to vulnerable children especially children infected or affected by the HIV/AIDS pandemic in Mathare slums.</p> <ul style="list-style-type: none"> <li>• Provision of parental guidance, counseling in a safe haven for children in extremely difficult circumstances especially children from the streets.</li> </ul>
<p>3.</p> <p>Good Samaritan Children's Centre</p>	<p>To promote the welfare of children in especially difficult circumstances and AIDS orphans in Mathare Valley.</p>	<ul style="list-style-type: none"> <li>• To mobilize the community to address the plight of destitute children and AIDS orphans.</li> <li>• To rescue, rehabilitate and provide basic services such as shelter, food clothing and medical care to the needy children and AIDS orphans.</li> <li>• To mobilize scholarships, bursaries and materials for basic education and vocational training for the youth.</li> <li>• To provide a 'home' for AIDS orphans, the abandoned, molested and vulnerable children.</li> <li>• To promote the welfare and support for single mothers and youth in Mathare slums.</li> <li>• To start income generating activities for the support of the home's activities and programs.</li> </ul>

4.	Pangani Lutheran Children's Center (PLCC)	To improve the situation of street girls, aged between 5 and 12 years and help them to grow up to be self-sustainable and reliable citizens of Kenya.	<ul style="list-style-type: none"> <li>• To rehabilitate the street girls by building up a stronger relationship with their parents/guardians by doing the following: - <ul style="list-style-type: none"> <li>✓ Getting the children off the street.</li> <li>✓ Visiting their homes and schools.</li> <li>✓ Educating the girls up to the highest level possible.</li> <li>✓ Providing medical assistance.</li> <li>✓ Providing food, clothing and shelter to the identified children and families with critical social problems.</li> <li>✓ Providing both social and spiritual counseling to children and parents / guardians.</li> <li>✓ Creating awareness on the plight of the supported children in the community, NGOs and partners towards receiving both material and financial support.</li> </ul> </li> </ul>
5.	Made In The Streets	To reach out to and rehabilitate street children through evangelism, education and skills training.	<ul style="list-style-type: none"> <li>• Rescuing and rehabilitating street children who are most vulnerable to abuse and exploitation.</li> <li>• Empowering street children through provision of basic education and vocational training.</li> <li>• Offering street children encouragement and hope through evangelism and Christian doctrine.</li> </ul>

Many childcare centers were started by individuals driven by compassion for the numerous needy children in Mathare slums as they interacted with them and learned of the misery of children who constantly face abuse. This was established through the key informant interviews and was a common response irrespective of the category of interviewees the researcher talked to. Their initial concern was to provide non-formal education for the slum children who were not attending school due to lack of school fees; that is before the Free Primary Education (FPE) was implemented by the current Government. It was also a sure way of temporarily removing the children from their conflict-riddled environment by giving them an opportunity to do something for themselves (to learn). This idea was indeed highlighted by Bersharov and Kaddu (1988) who state that,

*“The protection of children from abuse and neglect is a community-wide concern. These child support services entail temporarily removing children from situations of immediate danger and strengthening families so that children can remain within or be returned to their families”.*

As indicated by eighty percent (80%) of center managers, their key objectives were given as providing basic needs (food, shelter, clothing, accommodation and education) for needy children in Mathare slums. Twenty percent (20%) of the respondents had long-term goals of establishing vocational centers to train and equip the children with artisan skills that enable them to be self-sufficient in the real world. One center, Joy Divine, had set up a training course on entrepreneurship for young single mothers, whose aim was that by the end of year 2006, they would all have business plans and hopefully at the beginning of the year 2007, have the businesses up and running. Sixty percent (60%) of

the centers have started income generating activities for the support of their activities and programs.

Evangelism and spiritual nourishment emerged as one of the core values and objectives of the centers as they are believed to greatly benefit the children. The centers work in partnership with neighboring churches and other Christian ministries in order to strengthen their Christian virtues. The children are taught the fear of God through prayer and reading the Bible. This has proven to be a very productive method of ridding rebellion and self-pity from the abused children, by reaffirming them as worthy individuals in God's eyes and the society as a whole.

Provision of medical care to sick children was also top priority for the sampled children's centers as most of the children who are brought to the centers are usually ailing from some form of physical or psychological condition. The centers determine the extent of the children's condition and either self medicate them or in severe/extreme cases take them to the nearby clinics or hospitals. The centers also aim at contributing to the reduction of HIV/AIDS and STDs through enhancing behavior change among street children and youth. They also mobilize the community to address the plight of destitute children and AIDS orphans.

All the childcare centers take education very seriously and they all have classrooms where they home-school children in nursery and lower primary school level together with the slow learners to prepare them for integration into formal schools. They have also

enrolled all their school going children to the local schools owing to the provision of Free Primary Education (FPE) by the Government.

Most of the key informants pointed out that they prefer to admit children who qualify for Secondary School in boarding schools as they provide a more conducive environment to study and is also the best atmosphere to expose them to another level of authority. They usually seek for individual or corporate sponsors to cater for the school fees and all the utilities of the students in boarding schools. Some of the centers apply for scholarships, bursaries and materials from the Government and well wishers to facilitate basic education and vocational training for the youth.

Pangani Lutheran Children's Center has a partnership referral program with other childcare centers such as Rescue Dada, where girls who do not perform well academically are referred to learn tertiary skills through vocational training.

Most of the center managers reiterated that the high levels of poverty in the slum forces them to take in more and more neglected and abused children every year as the desolation faced by the affected children is too heart breaking to be ignored.

#### 4.5 **CHILDCARE CENTER ORGANIZATION AND MANAGEMENT**

The *second objective* was to identify the structure and management of Childcare centers in Mathare slums.

Most of the centers indicated that the Project Managers/Administrators are assisted by the housemothers to manage the center on a daily basis. Their management structure is basically the same, comprising of a Board of Trustees (consisting of Lawyers, Doctors, Church Leaders, Media Personalities, Educationalists, and the Local Administration). The rest of the team is referred to as Committee Members and they include a few of the center staff members and a few selected members of the Community.

Each of these members of the management team has crucial roles to play in support of the centers. The Lawyers handle the legal affairs of the centers and give legal advice where necessary, the Doctors visit the homes to carry out medical checkups on the children and occasionally mobilize other medical practitioners to conduct free medical clinics/checkup for the children. There are also the Church Leaders who offer prayers and give spiritual counsel to the children. Media personalities highlight the plight of the children in these homes through the media consequently raising awareness and seeking for support from well-wishers. The Educationalists give technical advice to the center management team and the children, assess their academic performance, and source for books/learning materials and scholarships for the children. The Local Administration in the Board is represented by the Area Chief and Councilor who link the centers with donors and are consulted on matters of security and any emergency such as provision of foodstuff in case of acute shortage. The centers also have committee members who include a few center staff and community members who are hand picked due to their experience and involvement in dealing with children or other community affairs.



The basic structure of the Board of most of the centers is illustrated below:

**Fig.1 Basic Management Structure of the Centers**



#### **4.5.1 Members of Staff**

Most of the centers had an average of eight (8) employed members of staff, each with varied roles/positions that is; Manager, Teachers, Social workers, Volunteers, Counselors, Housemothers, Cooks, and Cleaners/Gardeners which verified the initial sample size in Chapter 3.

The findings indicate that eighty percent (80%) of the staff members in all the centers were not professionally trained or qualified for their positions. They were employed as a matter of necessity had overlapping roles which they had learnt on the job. Fifteen percent (15%) had minimal training through attending organized workshops by both local and international NGOs within the country. Five percent (5%) were currently undergoing specialized training in their specific positions, in colleges within the city. It was noted that although the centers were aware of the handicap of working with unqualified staff, they still preferred to work with them for the sake of the children. This is because most of the abused children take a long time to open up to the adults in the center and once the

children have formed rapport with them, it takes a long time to embrace a new person. The center managers explained that in an ideal situation, the minimum qualifications they wished for their staff should be a Diploma holder for each of the position which would greatly enhance their efficiency.

All centers wished for double the number of staff they presently had. They reported that lack of finances prohibited them from hiring more staff. Most of the staff admitted to occasionally being overwhelmed by the amount of work at the center vis a vis their remuneration and more often than not, they engage the older children to help in the daily activities. They also desired to have qualified personnel (trained) specifically for their positions so as to lessen the overlapping of roles and enhance efficiency.

Among all the centers, Made in the Streets had the highest number of staff (23) and the highest retention of the same due to their ability to pay them. All their staff are professionally trained and have specialized roles that include: teachers, a farm manager, a computer technician, cooks, a librarian, a historian (one who exclusively takes the case histories of the children and documents them), a student affairs coordinator, and several international volunteers. Most of them are qualified through professional training while others have learned on the job.

#### 4.5.2 Staff Turnover

The staff turnover rate varied from center to center. *Joy Divine Children's Center* reported that their center had managed to keep a consistent number of staff since inception but sighted poor pay as the main problem for those who had left.

*Mefag Children's Center* had the largest rate of staff attrition (4-6 teachers) annually due to their massive financial limitations. Although they have the second largest number of children, they are unable to retain permanent salaried staff. They depend on volunteers, parents and well-wishers for extra support required to run their day-to-day activities.

*Good Samaritan's Children Center* had an average of ten (10) members of staff. These include, an Administrator, a social worker, three (3) cooks, two (2) Teachers and three (3) volunteers. The social worker is trained and qualified for that position; yet, the teachers and volunteers all have minimal qualifications (completion of high school). The rest of the staff have had on-the-job training and have learned through invitations various trainings and seminars. The advantage at Good Samaritan is that their volunteer base is comprised of students from both local and international Colleges and Universities.

*Pangani Lutheran Children's Center* – the majority of their staff is qualified for their positions while two have learned on the job. The staff turn over rate was the lowest among study participants as they only had one staff leave in two years.

*Made In The Streets* – Had the highest retention of staff since they are qualified for the positions and the center is able to cater for their salaries.

### 4.5.3 Center Resources

All the centers indicated that they obtain support through donors from various sectors. Eighty percent (80%) have local donors who support them both in cash and in kind. Only one center, Made in the Streets, is supported exclusively from overseas (USA). They have no other donors because the founder is an American citizen who has greatly mobilized his community in the USA to support them. The rest of the centers have one-off sponsors from abroad who support them annually or when there is a major activity such as buying of property/land or a building fund. Pangani Lutheran Children's Center is funded by partners of the Lutheran Church overseas.

The summary of the sampled childcare center's budgets is tabulated below.

*Table 7: Summary of the Approximate Childcare Centers Budget Allocations*

Center	Monthly Expenditure (Ksh.)	Annual Expenditure (Ksh.)
Joy Divine Children's Centre	250,000	3 million
Mefag Children's Centre	70,000	840,000
Good Samaritan's Children Center	200,000	2.4 million
Pangani Lutheran Children's Center (PLCC)	167,000	2 million
Made In The Streets (MITS)	370,000 – 470,000	5.64 million

*Source: Field Data*

The centers supported locally do so through acquiring sponsorship for individual children to meet their educational needs. These figures are tabulated wholesomely, inclusive of the cost of the daily upkeep of the child. This has been an effective way of seeking

support for the children since a donor is able to pick a number of children and support them at any given time. Joy Divine Center is supported by the Government through the ‘Street Families Rehabilitation Trust Fund’ (SFRTF) whereby they obtain foodstuff, clothes and bedding for the children, although they noted that their support was neither consistent nor adequate.

One similarity throughout the centers was the financial burden that compromises the care for children. When the centers are financially strained, three of the center managers indicated that they usually go back to their own pockets and chip in to feed the children or attend to the particular need(s) that have arisen. While funding is a universal hurdle, a common asset is manpower. Volunteers freely give their time to work in the centers helping with chores such as, cooking, cleaning the compound, gardening, washing the children’s clothes, bathing the children, playing with the children and teaching those who need remedial classes.

#### **4.5.4 Number of Children in Centers**

The study found that Good Samaritan’s Children’s Center had the highest census while Made in the Streets had the least number of children. Although Made in the Streets has the greatest capacity to accommodate the most children, they were restricted in their organizational mandate from exceeding a pre-determined acceptable number. A detailed tabulation of the number of children per center, the centers actual capacity and their annual enrollment is documented overleaf: -

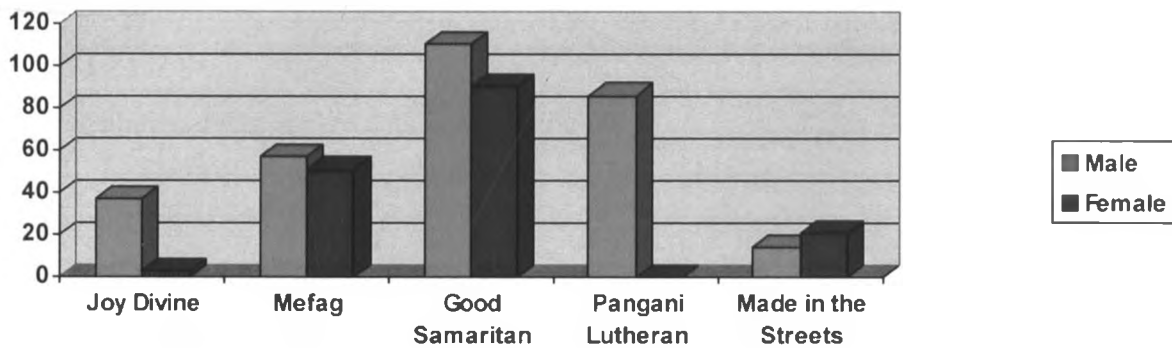
**Table 8: Number of Children in the Centers**

Center	Male	Female	Total
Joy Divine Children's Center	37	3	40
Mefag Children's Center	57	51	108
Good Samaritan's Children Center	110	90	200
Pangani Lutheran Children's Center	Nil	86	86
Made In The Streets	15	21	36

Source: Field Data

The graphical presentation of the data overleaf is shown below.

**Graph 1: Number of Children in the centers**



The researcher sought to establish the actual capacity of the centers, that is, -whether the number of children enrolled in the centers at the time of the research was the maximum number they could take in. This was necessary to ascertain whether the centers were caring for either less or more children than the facilities could take. The findings were that MEFAG, Good Samaritan and Pangani Lutheran were over-loaded (had exceeded the maximum number of children), while Joy Divine Children's Center and Made in the

Streets had fewer children than the centers' capacity. Their explanation for the few children was due to their organizational mandate that allows them to take only the number of children they believe they can adequately care for.

The figures are tabulated below: -

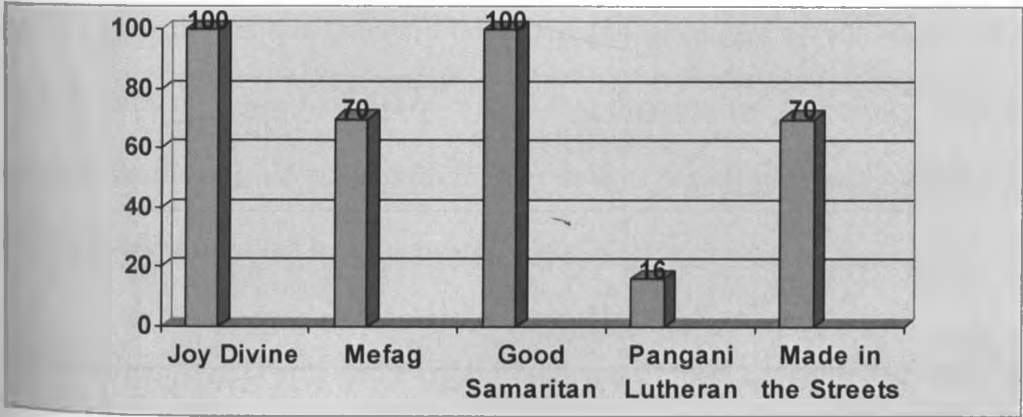
**Table 9: Actual Capacity of the Centers**

Center	No. of Children
Joy Divine Children's Center	100
Mefag Children's Center	70
Good Samaritan's Children Center	100
Pangani Lutheran Children's Center	16
Made In The Streets	70

Source: Field Data

The graphical presentation of the above data is shown below: -

**Graph 2: Actual Capacity of the Centers**



Source: Field Data

The researcher endeavored to find out the annual enrollment of children in the centers so as to establish whether it explains the differences in the influx of children in the centers. The findings indicate that annually, Mefag Children's Center takes 36 new children, the highest number of enrollment. This is as a result of the many needy slum children who experience various kinds of abuse and neglect from either parents or guardians. These children do not go to school but spend their time wandering in the slums seeking for work, food or any other material assistance from well wishers. Some of the children loose their way or literally run away from home and after being spotted roaming around the neighborhood, "Good Samaritans" always bring them to Mefag where they are guaranteed food and shelter temporarily as the management attends to that particular case. The center manager reported that this is an alarming trend as it becomes very difficult to keep up with the budget and often time the center is always in debt.

Made in the Streets comes in second with 20 children, but their strategy is very different. They take in new children every year, as they release others to begin life on their own. Made in the Street's organizational policy is such that the children sign a contract with the center upon arrival that they will be hosted and taken care off till the age of 18 years, by which time, they will have learnt a skill that they can use to become self sufficient. Therefore, an average of 15 to 20 children always leaves the center every year and a similar number is enrolled into the center.

Good Samaritan, Joy Divine and Pangani Lutheran Centers also enroll children annually: on average, 15, 10 and 5 respectively. These numbers are somewhat restricted as the centers are already overwhelmed by the numbers they presently have but they were very



categorical in pointing out that for very needy cases, they make exceptions and never turn away a child who has faced any manner of abuse.

The findings obtained from the centers regarding their annual enrolment to the centers are tabulated below: -

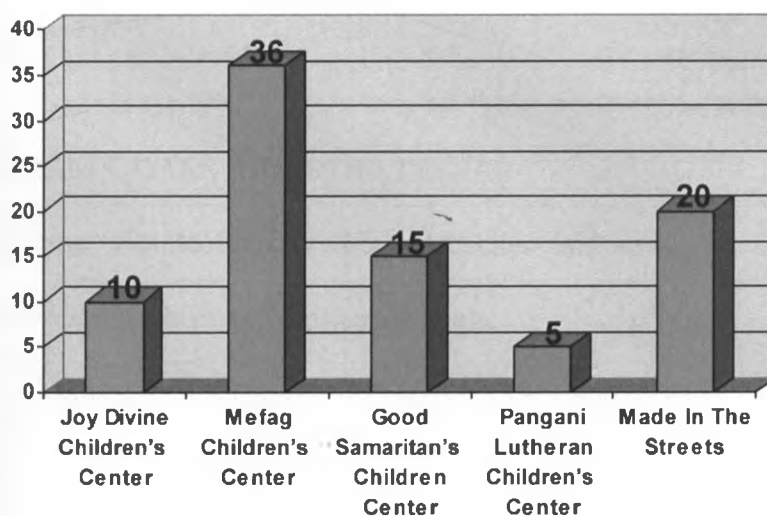
**Table 10: Annual Enrollment of Children in the Centers**

Center	No. of Children
Joy Divine Children's Center	10
Mefag Children's Center	36
Good Samaritan's Children Center	15
Pangani Lutheran Children's Center	5
Made In The Streets	20

Source: Field Data

The graphical presentation of the data overleaf is shown below: -

**Graph 3: Annual Enrollment of Children in the Centers**



#### **4.5.5 Capacity Limitations**

Four of the centers sighted two major limitations that have hindered them from taking in the ideal number of children. These are lack of finances and lack of space. Mefag Childcare Center reported that they have to hire dormitories for the children in the neighbourhood because their center is too small to accommodate the huge number of the children they have rescued. This is a significant limitation as they already struggle to pay for their main premises in addition to the extra dormitories. Conversely, Pangani Lutheran Children's Center does not have enough room to accommodate all the girls and therefore takes in very desperate cases such as abused and total orphans. They have also adopted a policy where they share the responsibility of caring for the children with their parents or guardians, as the center does not wish to entirely take away the responsibility of caring for the children from the parents. Good Samaritan Children's Home occupies a very small area but takes in more needy and desperate children with complicated cases. The founder does not believe in turning away any child who has been abused and always trusts that God will provide for the extra child. Accordingly, at night every available space is turned into a sleeping area.

#### **4.6 PROGRAM GOALS AND STRATEGIES**

The *third objective* was to identify the approaches and strategies used by childcare centers and assess their relevance to program goals.

#### 4.6.1 How Children Come into the Centers

The researcher established that there are several people involved in bringing abused, neglected and orphaned children to the centers. These individuals and groups include: the Ministry of Local Government, the Street Families Rehabilitation Trust Fund (SFRTF), the Nairobi City Council, referrals from remand homes, neighbors, well wishers, as well as parents and guardians of the children. Made in the Streets conducts Outreach programmes where they visit the children in their hang-out places also known as “bases”<sup>1</sup> and invite them to their day-programmes.

#### 4.6.2 Strategies in Goal Achievement

*Recruitment* – All the centers prefer to recruit younger children into their programs because they are easier to handle and train and tend to adapt better to life at the center than older children.

*Empowerment* – The children are empowered through provision of education. They are also taught family values such as how to create healthy relationships with other children and the adults in the center. The centers provide spiritual nourishment through prayer and Christian teachings from the Bible. They also create awareness on HIV/AIDS through inviting guest speakers who conduct teachings and open discussions with the children.

<sup>1</sup> *Base – a temporal spot/shelter where street children and street families gather together and make their home. It is often a place abhorred as a crime prone area.*

*Home Visits* – After a period that the social workers/counselors deem appropriate, the children who have families and relatives or guardians known to the centers, are allowed to visit their homes for a specified number of days where they reacquaint themselves with their family members.

*Extracurricular Activities* – the centers provide recreational opportunities such as computer lessons, picnics, out of town camping trips, soccer matches, attending children's programmes/activities hosted by other children's centers/organizations, 'inter-center' exchange visits (where children from one center visit other children from other centers).

#### **4.6.3 Child Admission Procedures**

The majority of the centers follow the same admission procedure. For cases of physical or sexual abuse, the center reports the matter to the police then the abused child is taken to hospital or a dispensary for medical attention to determine their health status; HIV and pregnancy tests are conducted especially for those who have been sexually abused. More often than not, abused children are emotionally fragile. They do not like being put in situations of scrutiny or having to re-live their ordeals. Counseling is therefore paramount and is done as the children participate in their daily activities. Most victims of sexual abuse face social stigma and therefore must be treated like the other children to avoid unwanted exposure. Nonetheless, they have specialized care and counseling behind the scenes. For example, in their initial days at the center, they are allowed to have extra time away from the rest of the children to adjust to the new environment.

#### 4.6.4 Selection of Deserving Cases

The standard procedure for establishing genuine cases of abuse or neglect is that the person who brings the child to the center is required to obtain a Police abstract (indicating that the matter is actually known to the authorities). When they present the police abstract, a Social worker or the Center Administrator interviews them to determine the legitimacy of their case.

In cases where the management of the center is unable to establish a child's age, they are taken to Kenyatta National Hospital for age assessment. At a later date, the social workers/counselors interview the children to establish consistency in their stories. For the cases where there are many gaps or conflicting responses, follow up trips are made to the grassroots – either to their urban slum dwellings or their upcountry homes. In some cases, the social workers travel up to Western, Nyanza, Coast, Rift Valley, Central, and Eastern Provinces to look for the family members or for persons with information on the child. PLCC is unique in their bid to establish genuine cases, as they personally go to look for and recruit the girls themselves; they rarely take referral cases.

In cases where children are abused and neglected due to being orphaned, the center asks for the death certificate(s) as proof of being either a single orphan (having lost one parent) or a total orphan (having lost both parents). The center then proceeds to give the adult accompanying the child a form to be filled by the area Chief or District Officer, Pastor or Bishop as legal proof of their said status. When all these rules are abided by, the child is taken in. In the case of street children who have no guardians, a representative from the center accompanies the child to the children's office in the area

and fills forms that hand over custody of the child to the center allowing them to be the legal guardians.

#### **4.6.5 Determining Factors of Children's Stay at the Centers**

There are different categories of children found in the centers including: orphans, children from single parent families, abused and neglected children. Depending on the *severity of their condition, their background and the level of risk of abuse to the children* (low, medium, high) they are allowed to stay for a longer periods of time. Orphans stay longer in the centers as compared to children with a living parent or guardian.

The *economic status of the parents or guardians* also determines the duration of stay in that, if the living conditions of the child's family do not improve, he/she is allowed to stay at the center to avoid any recurrence of the abuse or neglect they faced before being rescued.

The *children's educational needs/capabilities* make them stay longer. The availability of sponsors and the overall academic performance of the children also determines the duration of their stay. Children who perform very well in school are most likely to have consistent sponsorship and therefore are usually retained in the center to give them an enabling environment to pursue their studies.

The *older children*, who have gone through vocational/skills training stay until they are able to acquire stable jobs or another source of income.

#### **4.6.6 Monitoring and Rehabilitation**

At *Joy Divine Center*, the children are allowed to stay for a minimum of three to four years. In this time the center monitors the potential and progress of the child and helps

them overcome the trauma of abuse and grow (all round) as much as possible. The social workers make repeated visits to the individual children's homes to establish whether they are stable enough to take back their child. If the social workers verify that the families are in a position to care for the child, he/she is reunited with his family. Close follow ups are done by the social workers to ensure that the child is indeed safe and progressing in life.

At *Mefag Children's Center* the abused, neglected and abandoned children are adopted by the center and live there for as long as they are dependent on the center. When they are grown up and are able to care for themselves, they are allowed to begin their lives away from the center. Children, who come from poor families that are unable to adequately care for them all year, are allowed to go home only during the school holidays and are required to return to the center at the beginning of every new school term. For accountability's sake, during the holidays children are not allowed to go home by themselves; only their recognized parents and guardians can sign them out and bring them back to the center.

*Good Samaritan's Children Center* allows abused and neglected children who have known relatives to stay until they are completely rehabilitated or until they establish that their families/relatives are able to take care of them. Total orphans stay permanently until they are able to take care of themselves. There are special cases where children who are brilliant in school stay at the center until they attain the highest level of education (University).

In *Pangani Lutheran Children's Center*, the children are monitored at the center for a year at which time their overall progress regarding behavior and academic performance is

established. The girls who show potential are allowed to stay and are educated to the highest level they can reach. Unfortunately, rebellious or badly behaved girls who do not show any marked improvement are sent away from the center.

*Made In The Streets* accommodates the children for a period of 3 to 4 years until they attain the age of 18 years. They have a contract that they give to the children to sign, having understood that the center cannot care for them longer than the set/agreed time.

#### **4.7 PROGRAM ACTIVITIES FOR SERVICE DELIVERY**

The *fourth objective* was to analyze the programme activities with respect to effectiveness in addressing the needs of abused children.

Effectiveness in provision of support services for abused and vulnerable children is a measure of the extent to which the childcare centers provided accomplishes its desired purpose. Effective care makes a difference in that the child is better off with the care than he/she would have been without it. Therefore, in accomplishing their role of caring for abused and vulnerable children, the centers have inculcated various programme activities that are outlined below:

##### **4.7.1 Daily Activities**

Each center has a specific routine for the children. The basic programme/timetable entails: – Prayers (morning devotion), general cleaning, attending school, evening – bathing and washing up, supper, homework and sleep (bed time). *Made in the Streets* has a specialized daily programme that incorporates both literacy classes and farm work (for the older children who have never gone to school). On weekends there is time to do



general cleaning, play, and socialize with the other children. During school holidays, the children occasionally go for educational trips, outings, camps and exchange programmes with other centers.

#### 4.7.2 Partnership with other Organizations

Most of the centers partner with other organizations such as local churches, international NGO's and the Government to alleviate child abuse. They also partner so as to learn and share ideas with each other in order to improve their services for the children. Moreover, they have begun exchange programmes where a group of children from one center visit another center for a day. This greatly encourages and enhances the children's social skills and has even resulted in some of the centers organizing sports tournaments that develop unity and constructive competitiveness among the children. Some of the partnerships that the centers have forged are listed below.

**Table 11: Partnerships with Other Organizations**

<b>Center</b>	<b>Partners</b>
Joy Divine Children's Center	Urban Ministries Support Group (UMSG), Childlife Trust
Mefag Children's Center	Mama Fatuma Children's Home, Childlife Trust
Good Samaritan's Children Center	Mathare Youth Sports Association (MYSA), Mama Fatuma Children's Home, Nuru Centre, Huruma Children's Home. Rescue Dada.
Pangani Lutheran Children's Center	Local Primary and Secondary Schools in the area.
Made In The Streets	Mims Place, Remand Prisons, SOS Village, Rescue Dada, Sisters of Mercy, Komarock Church of Christ, Mama Fatuma Children's Home

Source: Field Data

### **4.7.3 Working with Parents/Guardians and Community**

All the centers reported that they work with the children's parents and guardians. They allow them to visit their children occasionally during which the center presents the children's progress reports to them. In turn, parents are required to give progress reports of the children who have been released to go back home. Parents and guardians are also encouraged to support the centers by giving their time to volunteer with the numerous chores in the centers. It was established that some of the very needy parents volunteer to work at the centers in return of their children's up keep.

According to the community members, when visitors come to the centers, the staff invites other children in the community to join them. Similarly, when the centers receive donations, and especially foodstuff, they share with the needy families in the neighborhood. The community has become acquainted with the children and therefore serves to monitor their movements and protect them especially when they are not within the centers or under supervision of the center staff, for example, when going to school.

*Pangani Lutheran Center* has established a program dubbed "Hand stretch" which offers small loans to parents of the supported children to begin new businesses or expand already existing ones. This is one of the ways of improving the lives of the parents/guardians and an endeavor towards poverty eradication. They have a major concern though. Some of the parents are unfaithful in implementing that which they asked the money for, while some are unable to repay the loans due to poor returns from their investments. Through the "Hand Stretch" Programme, the center organizes for

seminars where they invite the parents and teach them on good parenting topics including how to bring up their children and how to cope with their issues as the children grow up in a changing world.

*Made in the Streets* occasionally organizes for the children to visit their families to spend the day but does not allow them to spend the night due to an unfortunate incidence where one of their girls became pregnant after having a sleepover at home. This rule exempts children who face a bigger crisis such as death in the family and are required to stay longer, on condition that they return to the center at the appointed time.

#### **4.7.4 Income Generating Activities**

All the centers have kitchen gardens, which produce food items for subsistence consumption and where they teach the children farming skills but only three centers have income generating activities: *Pangani Lutheran Children's Center (PLCC)*, *Joy Divine Children's Home* and *Made in the Streets*. The first two centers have leased their premises to tenants whereby one is residential (*PLCC*) and the other, (*Joy Divine*) holds business premises. *Joy Divine* also makes artifacts including toys, jewelry, carpets and artwork, which they sell during children's exhibitions such as The Other Side of the Street Exhibition – OSOTS hosted annually by Childlife Trust, a partner organization. They also rear rabbits, which they sell to their neighbors and any other interested parties.

*PLCC* has a program dubbed the "Orphan Support Project" through which the children weave shoulder shawls, carpets and wall hangings. The proceeds from the weaving project go directly to supporting the girls at the center. *PLCC* also has a poultry project

located in Ngong town where they sell eggs. *Made in the Streets* have large premises in which they have set up a hair salon and a cafeteria. In these three centers, both the children and staff contribute towards sustaining the income generating activities, although the greater task lies on the staff.

The other two centers, *Good Samaritan* and *Mefag* would like to have income generating activities, but do not engage in any as their compounds are not large enough or sufficient to accommodate such activities and they are also constrained by the lack of capital.

#### **4.7.5 Service Provision and Expectations**

When any investment is made, there are expectations that one has from it. The centers too had expectations from the services they have provided to the children. Their major expectation is that the children, especially those that have been abused, would attain emotional healing to the extent of forgiving the perpetrators and be reconciled with their families and relatives and live normally in a homely atmosphere. Through provision of health services, they expect improvement in the children's physical and mental health.

Having put a lot of emphasis on education and made every effort to provide an enabling learning environment, the centers hoped that the children would become empowered to face the future through acquiring an education, life skills and truth from the Word of God. Furthermore, that there would be a change of attitude in the children to become more self-reliant and able to implement what they have been taught in school, through vocational training and counsel received at the center.

Overall, they hoped that the children would live more fulfilled lives with the knowledge that they are special, cared for and worthwhile individuals with an equal right to make it in life. They also hoped that when the children are of age, they would find employment or start a business as a source of livelihood to sustain themselves together with their families. It was their greatest hope that in future, the children would become influential leaders who are change agents advocating for good behavior with emphasis on the spirit of Nation building.

#### **4.7.6 Enforcement of Regulations**

Each center has a list of rules to be adhered to by all the children and disciplinary measures are taken in the event that they are broken. At Made in the Streets, children who break the rules write apology notes to the member(s) of staff concerned and if they do not change or repeat the mistake, they are punished by doing more chores and for longer hours. If they still do not change, a member of staff is asked to take over and handle the case personally. The centers make provision for immediate and continued counseling services for the children as desired or as the centers deem is best. Individual attention is also given to the troublesome children.

In extreme cases, especially those of any manner of repeated abuse at the center, the culprits are expelled and taken to remand homes for the sake of the other children's safety. There are two significant cases cited by two of the centers. *One involved a boy child who was sexually molesting other boys and even after repeated punishments and*

warnings the boy did not change and was therefore referred to a remand home. Another case involved a teenage girl who was rescued from the streets having been abused and consequently highly promiscuous; who unfortunately continued with the behavior at the center. Although she had repeated warnings and punishments to the extent of being suspended and sent back home to her single mother, she did not change and they had to expel her for the sake of the other children. Sadly, she went back to the slums to live with her mother. 'Hardcore' children who run away even after a lot of effort has been made to rehabilitate them are sought after, but if they become adamant and refuse to return to the center, they are released to be on their own.

Joy Divine Center has developed a mentorship program where the older boys 'father' younger children who have difficulties adjusting or coping at the center. This method greatly improves the children's coping mechanisms and positively enhances their outlook towards life at the center.

At *Made in the Streets*, the parents/guardians and the children sign a contract that gives a clear-cut understanding of the extent of help the center will offer. This ensures that the parents and guardians do not interfere with their children's lives while at the center and makes the children aware of the limited time they have at the center in order to make the most of it.

The center managers were unanimous in their pursuit to rid the centers of drugs and as a result have engaged the Police to crack down drug traffickers who sell drugs to their children. The centers also invite guest speakers to speak to the children as it has been

noted that they get used to seeing and hearing from their counselors/social workers and therefore get challenged and motivated when they receive a visitor/guest speaker to talk to them.

#### **4.7.7 Success indicators for childcare centers responsiveness to abused children's needs.**

There are several positive changes the staff at the centers have seen in the abused children since admission. By having someone to take care of them, the children are more secure to live normally and interact with the other children cordially. Children, whose lives have been transformed through the process of rehabilitation, become the role models of the new ones coming in and help them adjust accordingly. When abused children meet others who have gone through the same ordeals, they feel that they are not alone and the very tough children (emotionally) who could not open up to the staff or other children are now able to do so freely. They stop blaming themselves for the circumstances they have been through and deal with it positively.

The children have become happier and have learned to forgive and move past the unfortunate abuse ordeals. In a few cases, children have asked to be allowed to face their assailants to tell them how they feel towards them; that they have forgiven them and have moved on with their lives. The children who arrived sick have now fully recovered and show no signs of stigma or relapse. The once violent children have become calm, cooperative, responsible and sensitive to other children's needs. The children reciprocate the love and compassion to each other and the staff.

The children's academic performance has improved tremendously as some children beat the odds to perform very well in school and eventually pass their Kenya Certificate of Primary Education (KCPE), proceeding to High School and some to the University. Those who had never been to school can now read and write.

The study established that all but one center had provision for Post-Institutional Involvement. This is where the centers keep in touch with the children who are released to be reconciled with their families or to live on their own. They keep in touch with all the children who have been under their care. They include children in boarding Secondary Schools, those who have completed Secondary School and are in local Universities pursuing higher education, those who are employed or those who have started their own businesses. Their involvement spreads even some of the girls have opted to get married and start their own families.

Some of the children who have been sponsored by the centers and have successfully completed their vocational training return to the center and are employed. This is a great opportunity to give back to the center, both as staff and role models to the rest of the children.

All the five centers were confident that they had and were continuing to make positive contributions to the children of Mathare slums. Similarly, all the community members who were interviewed felt that the centers had made a difference in the lives of both the



children in the community and those from other areas. One respondent is quoted to have said:

*“Security has improved ever since Joy Divine Center came into being, as clear footpaths and lighting has been installed in the area. We no longer have to cancel late evening appointments or to walk in fear of being mugged”.* (Community Member, neighboring *Joy Divine Children's Center*).

PLCC has successfully administered Family planning in their area of operation to street mothers and single mothers whose children are most vulnerable to abuse have been very receptive to the service thus reducing the high birth rates and curbed the eventuality of child neglect or abuse. Also, through their “Orphan Support Project” that is involved in weaving shoulder shawls, carpets and wall hangings, they have received orders from overseas and thereby have expanded the horizons of the project and center as a whole. For the older children, finding and keeping a job is a great achievement for them and the center.

Praise reports and commendations continually come in from different sources countrywide and internationally. The media produces feature stories and documentaries to give the centers an opportunity to share about their work and in so doing has created more public awareness and involvement in the community at large.

From the success indicators above, all the centers reiterated that they have been triumphant in their endeavors. The researcher sought to quantify the level of success and therefore asked the respondents to quantify it on a scale of zero (0) to a hundred (100)

percent. The estimates given by all the respondents in each center were totaled and divided by the number of respondents. The results are tabulated overleaf.

**Table 12: Percentage of Success of the Centers**

CENTER	PERCENTAGE OF SUCCESS
Joy Divine Children's Center	70%
Mefag Children's Center	60%
Good Samaritan's Children Center	80%
Pangani Lutheran Children's Center	70%
Made In The Streets	75%

*Source: Field Data*

#### **4.7.8 Challenges faced by childcare institutions in provision of social, economic and psychological needs of children**

Although all the centers indicate that they have been very successful in their mission to address the emotional, psychological and economic needs of abused and vulnerable children, they still encounter a number of problems. The study also sought to establish the setbacks that childcare centers face in terms of their capacity to care for abused and vulnerable children.

##### *Challenges faced when addressing the emotional needs of abused children*

Some of the problems the childcare centers encounter include indiscipline among the children where some end up fighting each other or are rude and disobedient to the staff.

Due to the harsh conditions most slum children grow in, they learn to fend for themselves

at a very young age and are not used to submitting under authority. One of the respondents pointed out that some children, especially the new comers at the center, have difficulty adjusting to a new environment and making acquaintance with the other children. Several social workers confided to the researcher that, there have been reported cases of sexual abuse amongst the children.

### *Challenges addressing the psychological needs of abused children*

Abused children have deep-set issues that require professional examination and counseling. Sometimes it is difficult to establish what a child really wants or needs at the time, especially if they have gone through traumatic experiences. This has resulted in some centers seeking help from psychiatrists and very few agree to examine the children pro bono. There have also been incidents where children have demanded more than the centers can provide, especially when it is against the rules of the center. For example, children who have been rescued from abusing drugs such as bhang, glue or cigarettes demand to get a little of those drugs, as they continue in the rehabilitation process.

In their endeavor to rehabilitate the abused children, there have been a few dropout cases where some children are 'addicted' to life on the streets or lured back by friends who are still on the streets and no matter how much coaxing or help given at the center, they still run away. The study established that some children run away from the centers and return to their former lifestyles. An unfortunate reason behind their running away as sighted by a social worker is that some parents force their children to abandon life at the centers and return to the streets to beg so as to earn a living for the family. Some of the girls become

pregnant and run away. *PLCC* contends with a pressing issue that they usually face and try to contain every so often. It is very difficult for them to protect some of the girls in rehabilitation who come to the center on a day-to-day basis from being sexually abused as they continue with prostitution as a means of livelihood that is acceptable to their parents (especially single mothers who are in the same trade).

Although the children undergo counseling and play therapy, there are some who experience relapses that take them back to thinking about their abusive ordeals or their deceased parents, thereby getting depressed and withdrawn. This usually results in delayed emotional and psychological healing for the affected children. Some children also take a long time to recover from their traumatic experiences including physical, verbal or sexual abuse and unfortunately re-live them by abusing the other children in the center.

### ***Challenges addressing the economic needs of abused children***

There have been a few difficult legal cases where the orphans are entitled to property from their late parents but due to the expensive legal procedures and in some instances, threats issued to both the children and the centers, it makes them unable to follow up these cases and therefore loose out on the property. Equally, many of the child abuse cases have been reported but unfortunately, most of the cases are never taken to court and are also not followed up due to lack of personnel and finances. In some isolated instances, there is exploitation and manipulation by parents/guardians who purport to be 'Good Samaritans' and bring neglected and vulnerable children to the centers to be

assisted. After some investigation and follow up, it is later discovered that those were in fact their children to the centers

*Made in the Streets* decried that there are people (employers) who do not trust their children are changed (fully rehabilitated) and therefore their children are sometimes bypassed when it comes to employment. Sadly, for some of the children, that stigma stays with them and some have completely been demoralized and unable to secure long-term employment.

### *Challenges encountered by the centers in terms of their capacity to meet the needs of abused children*

A major issue that this research endeavored to establish was the actual capacities of the centers to care for abused and vulnerable children. This study established that most of the centers had half or less than half of the staff they required to adequately care for the children and all the affairs of the centers. Another setback to reaching optimal success is that eighty percent (80%) of the staff members in all the centers were not professionally trained for their positions and they had overlapping roles as they had either learnt them on the job or were taught as a matter of necessity. It was noted that although all the centers were aware of the handicap of working with *unqualified staff*, they still preferred to work with them for the sake of the children.

Another great need is that of counselors and more so, *committed professional counselors* who give individual and specialized attention to the children. The issues and consequent

needs of abused children are very sensitive and therefore professional counseling is paramount. There is also need for *trained social workers* to assist in home visits and follow up on the progress of the children after they have been reunited with their families. The centers lack *long-term training* for their staff to become better skilled at handling their specialized tasks including Counseling, Social Work, and First Aid.

There have been fewer home visits conducted in the slums as there have been reported cases of insecurity including mugging, harassment and attempted rape to some of the members of staff as they walk in the heart of the slums conducting home visits. More often than not, the centers are unable to conduct effective follow up on the children's families especially those who live far from Nairobi due to limited resources, time and personnel.

The centers have also experienced problems dealing with parents who abuse the goodwill of the centers by refusing to cooperate with the center's policies and refuse to attend meetings in so doing, 'abandon' their children at the centers. Ideally, the centers do not assume full responsibility for children with relatives and the parents or guardians and they are mandated to keep in touch with the center and maintain rapport with their children, in preparation for the eventual reunion. *Made in the Streets* keeps the children for a limited period of time (about 4 to 5 years maximum). The study established that unfortunately, some children do not take their time at the center seriously and they realize when their time has elapsed that they have not achieved much, academically or through

technical training but are still expected to leave after their stay has expired in following with the centers' agreement.

The greatest and most urgent need cited by all the centers was, *funding*. The lack of or continued shortage of funding to support this great responsibility has hindered their capacity to adequately cater for abused and vulnerable children.

One of the major problems alluded to by the respondents was limited resources; both financial and manpower to cater for the needs of the centers. They cited shortage of food, clothes, sanitary towels for girls, text and exercise books, and few classrooms and dormitories, for the increased number of children in the centers. They attributed this to the lack of permanent donors. A few of the workers in the centers are under-motivated as they receive a stipend for their service when it is available and sometimes go without it when it is unavailable. This problem of financial constraints also contributes to the disempowerment of their staff due to lack of opportunities for specialized training. There is inadequate networking with key parties such as the Government in support of the centers through provision of foodstuff and other utilities.

Four (4) of the five (5) childcare centers sampled did not have adequate space to accommodate their children, more so, to carry out various income generating activities to support the children. They are also constrained by lack of capital to begin such projects.

## SWOT ANALYSIS

### THE EFFECTIVENESS OF CHILDCARE CENTERS IN PROVISION OF SUPPORT SERVICES FOR ABUSED CHILDREN IN MATHARE SLUMS NAIROBI

#### Strengths

- Support is based on identification of felt needs.
- Centers have required accreditations from the Government.
- All have detailed short term and long term plans.
- Commitment by the founders to ensure that centers thrive irregardless of hardships.
- Ability to take in abused neglected and abandoned children and rehabilitate them through counseling, teaching life skills, education and prayer.
- Numerous success stories of children rehabilitated and

#### Weaknesses

- Many childcare centers in the slum face funding limitations and are mainly funded by individuals or a local church.
- Centers have limited / constrained budgets.
- Children's records are often inaccurate e.g. some children are listed as orphans yet both parents are living.
- Most of the staff running the centers have no professional experience.
- Income generating activities are sometimes hampered due to limited resources.
- High turnover of staff and as a result the centers have few staff



reunited with their families and many who become successful individuals in society.

- Absorption of some of the successful children into the centers as teachers and counselors.
- Some members of staff are qualified and experienced.
- Board of Directors is highly qualified and instrumental in directing the affairs of the centers.
- Centers have proper records and documentation of their children's' histories.
- Constant review of the center's programmes and ongoing consultations by the center management with various professionals to improve their work.
- Centers non-discriminately care for needy, abused and neglected children.

and volunteers.

- Centers are unable to carry out pilot studies or trials for new projects due to financial difficulties.
- Centers rely heavily on the direction/approval of the Director/Administrator, thus, in their absence, critical issues that require decision making are left pending.
- In all the centers, the issue of succession has not been addressed, in case of the demise of the Director / Administrator.

## Opportunities

- Strengthening of existing partnerships with other centers and organizations through regular meetings / correspondence.
- Development of new partnerships through intensified media publicity.
- Local authorities occasionally mobilize many people to support the centers.
- Centers running income-generating projects make good profit margins that supplement the income of the centers.
- Community is responsive to the centers and contributes new ideas to improve their work.
- Support for centers extends to individuals / organizations overseas.
- Through networking, centers acquire new beneficial ideas.
- Through the newly established Youth Fund, the youth are urged to send business proposals to the Youth Affairs

## Threats

- New rules imposed by the Government on basic requirements of registration) could negatively impact their operations.
- Political interference influencing availability and distribution of donations to the centers.
- Environmental effects such as unhygienic neighborhoods affect their operations.
- Limited space in the centers interferes with expansion plans, and hinders free and safe movement of children
- Support from willing donors is very seasonal.
- Retention of key staff is low as many quit due to poor pay.
- Child abuse is still rampant in Mathare resulting in more children being referred and admitted to the centers annually.
- Desire to expand small business ventures can easily distract/interfere with the centers from their core business which is caring for needy children.

Department; the centers may benefit, once their proposals are accepted.

- Negative publicity by people who believe that centers exist to make money through the children.
- Decline in national economy has reduced the centers financial backing since individuals and corporates withdraw support as they too claim to operate on tight / limited budgets.

## MAIN FINDINGS OF THE SWOT ANALYSIS

The centers appeared to be performing as expected and while they had recorded a number of achievements/successes, they had also gone through and still face a number of challenges.

All the centers were started by individuals who saw the need to rescue abused and neglected children in Mathare slums and therefore their support is based on the children's felt needs. The founders are committed to their cause and endeavor to keep the centers afloat despite the hurdles they face. The centers have experienced numerous cases of reconciliation and reunification of abused children with their families. They also boast of tangible results such as, abused children being rehabilitated and becoming successful individuals in society. Some of the successful children are absorbed into the centers as teachers and counselors and serve as key role models to the children. The centers have

Boards of Directors comprising of professionals from various backgrounds who play a major role in directing the affairs of the center. The center's programmes are also reviewed on a regular basis to improve the quality of their work with children.

There is tremendous need for strengthening already existing partnerships with other children's centers and developmental organizations through regular meetings and correspondence. Local authorities assist the children's centers by mobilizing the community to offer significant support them both materially and through giving ideas on how to improve their work.

These successes notwithstanding, the centers face huge financial hardships which result in acute shortage of supplies and a high turn over rate among the staff. The members of staff who they manage to retain are usually not qualified for the positions but learn on the job. In their bid to supplement their budgets through income generating activities, they are sometimes unable to supply their clients with the commodities due to limited resources to produce the expected amounts. Similarly, the centers are unable to carry out pilot studies or trials for new projects due to limitation of funds.

Political influence attached to the provision of supplies especially given by the Government always leads to interference resulting in inequitable distribution among the centers. Although there is a common desire by many individuals and corporate organizations to continually support childcare centers, the decline in Kenya's national economy has greatly hampered this realization as many people operate on limited budgets.

There is a misconstrued notion that childcare centers exist to make money from the plight of needy children and this often taints the image of the centers, even the most genuine and deserving ones. Surprisingly, in all the centers, the issue of succession in case of the demise of a Director or Administrator has not been discussed which indicates an element of unpreparedness in the eventuality of such a situation.

## **CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

This chapter provides a summary of key findings obtained during the study. Conclusions that have been drawn explain the current status of childcare centers in provision of support services for abused children. In this chapter, relevant recommendations have also been made to provide strategies for improving service provision for childcare centers. Areas for further research have also been suggested.

### **5.1 SUMMARY OF THE FINDINGS**

#### **a) The goals and objectives of the childcare centers**

This research went out to investigate a number of issues. One of them was to find out the metamorphosis that childcare centers in Mathare have gone through since their inception in order to establish their current goals and objectives. From this research, findings indicate that childcare centers have undergone rapid changes having been deemed as key players in the quest to curb child abuse and protect children who have been victims of the same. This research revealed that many childcare centers were started by individuals driven by compassion for the numerous needy children in Mathare slums and therefore, majority of the centers came into being with the main objective of protecting/rescuing numerous children who constantly face abuse in Mathare slums. Their key objectives were given as providing basic needs (food, shelter, clothing, accommodation and education) for needy children in Mathare slums. 20% of the respondents had long-term goals of establishing vocational centers to train and equip the children with artisan skills that enable them to be self-sufficient in the real world. They also provide both social and spiritual counseling to both the children and parents/guardians. Most of the childcare

centers provide medical care to their children as most of the children who are brought to the centers are usually ailing from some form of physical or psychological condition.

Alongside providing support services to abused children, the centers also aim at contributing to the reduction of HIV/AIDS and STDs through both rescuing and supporting children infected or affected by the HIV/AIDS pandemic and enhancing behavior change among street children and youth. They also mobilize the community to address the plight of destitute children and AIDS orphans.

#### **b) The structure and management of childcare centers in Mathare slums**

The study established that the management structure among the sampled centers is basically the same, comprising of a Board of Trustees with each of the members of the management team having specific roles to play. Most of the centers had an average of eight (8) employed members of staff. The findings indicate that eighty percent (80%) of the staff members in all the centers were not professionally trained or qualified for their positions. It was noted that although the centers were aware of the handicap of working with unqualified staff, they still preferred to work with them for the sake of the children. This is because most of the abused children take a long time to open up to the adults in the center and once the children have formed rapport with them, it takes a long time to embrace a new person.

All the centers indicated that they obtain support through donors from various sectors. Eighty percent (80%) have local donors who support them both in cash and in kind. Only one center, *Made in the Streets*, is supported exclusively from overseas (USA). The

centers supported locally do so through acquiring sponsorship for individual children to meet their educational needs. One similarity throughout the centers was the financial burden that compromises the care for children. While funding is a universal hurdle, the study established that manpower is a common asset. Volunteers freely give their time to work in the centers helping with chores such as, cooking, cleaning the compound, gardening, washing the children's clothes, bathing the children, playing with the children and teaching those who need remedial classes.

The study found that had the highest number of children while *Made in the Streets* had the least. The researcher sought to establish the actual capacity of the centers to ascertain whether the centers were caring for either less or more children than the facilities could take. The findings were that *MEFAG*, *Good Samaritan* and *Pangani Lutheran* were over-loaded (had exceeded the maximum number of children), while *Joy Divine Children's Center* and *Made in the Streets* had fewer children than the centers' capacity. The study also found out that the annual enrollment of children in the centers explains the differences in the influx of children in the centers. This is as a result of the many needy slum children who increasingly experience various kinds of abuse and neglect from either parents or guardians.

All the centers reiterated that two of the major limitations that have hindered them from taking in the ideal number of children are lack of finances and lack of space.



**c) Approaches and strategies used by childcare centers and their relevance to program goals.**

The researcher established that there are several people involved in bringing abused, neglected and orphaned children to the centers. These individuals and groups include: the Ministry of Local Government, the Street Families Rehabilitation Trust Fund (SFRTF), the Nairobi City Council, referrals from remand homes, neighbors, well wishers, as well as parents and guardians of the children. Made in the Streets conducts Outreach programmes where they visit and invite them to their day-programmes at their hang-out places also known as 'bases' (temporal spot/shelter where street children and street families gather together and make their home and is often a place abhorred as a crime prone area).

All the centers prefer to recruit younger children into their programs because they are easier to handle and train and tend to adapt better to life at the center than older children. In their bid to empower the abused and vulnerable children they are provided with education and spiritual nourishment through prayer and Christian teachings from the Bible. The centers also create awareness on HIV/AIDS through inviting guest speakers who conduct teachings and open discussions with the children. The centers also provide recreational opportunities such as computer lessons, picnics, out of town camping trips, soccer matches, attending children's programmes.

Childcare centers host/care for different categories of children including: orphans, children from single parent families, abused and neglected children. This study revealed

that the centers follow the same child admission procedures. They include medical examination by a certified doctor, police statements/reports in cases of physical or sexual abuse and counseling sessions done at the center and in case of severe abuse, done in hospital or at a counseling center.

There are several factors that determine the stay of abused children at the centers. Mostly, it depends on the *severity of their condition, their background and the level of risk of abuse to the children*. Orphans stay longer in the centers as compared to children with a living parent or guardian. The *economic status of the parents or guardians*; where the living conditions of the child's family do not improve, the child is allowed to stay at the center to avoid any recurrence of the abuse or neglect. The overall academic performance of the children and the availability of sponsors make them stay in the center to give them an enabling environment to pursue their studies. The *older children*, who have gone through vocational/skills training stay until they are able to acquire stable jobs or another source of income.

In terms of monitoring and rehabilitation of the abused children, the centers help abused children to overcome the trauma of abuse and grow (all round) as much as possible. They monitor the progress of each individual child's emotional, physical and psychological healing and restoration. The social workers make repeated visits to each of the homes of the abused and neglected children who have known relatives to establish whether their families/relatives are stable enough to take back their child. They have set guidelines that if met by the family, the child is then reunified. On the other hand, the

severely abused, neglected and abandoned children are adopted by the center and live there for as long as they are dependent on the center. Some centers allow the children to stay for a limited amount of time and ensure that they sign a contract. *Made in the Streets* has a contract that they give to the children to sign upon admission, having understood that the center cannot care for them longer than the set/agreed time.

**d) Effectiveness of programme activities in addressing the needs of abused children.**

Each center has a specific daily routine for the children. The basic programme/timetable entails Prayers (morning devotion), general cleaning, attending school, evening – bathing and washing up, supper, homework and sleep (bed time). On weekends there is time to do general cleaning, play, and socialize with the other children. During school holidays, the children occasionally go for educational trips, outings, camps and exchange programmes with other centers.

Most of the centers partner with other organizations such as local churches, international NGO's and the Government to alleviate child abuse. They also partner so as to learn and share ideas with each other in order to improve their services for the children. This study also established that the centers work with the children's parents and guardians. They allow them to visit their children occasionally during which the center presents the children's progress reports to them. In turn, parents are required to give progress reports of the children who have been released to go back home. Parents and guardians are also encouraged to support the centers by giving their time to volunteer with the numerous chores in the centers. It was established that some of the very needy parents volunteer to work at the centers in return of their children's up keep.

All the centers endeavor to be self sustaining and therefore involve themselves with various income generating activities. All the centers have kitchen gardens, which produce food items for subsistence consumption and where they teach the children farming skills but only three centers have income generating activities: *Pangani Lutheran Center* has established a program dubbed "Hand stretch" which offers small loans to parents of the supported children to begin new businesses or expand already existing ones.

Their major expectation is that the children, especially those that have been abused, would attain emotional healing to the extent of forgiving the perpetrators and be reconciled with their families and relatives and live normally in a homely atmosphere. Through provision of health services, they expect improvement in the children's physical and mental health.

Having put a lot of emphasis on education and made every effort to provide an enabling learning environment, the centers hoped that the children would become empowered to face the future through acquiring an education, life skills and truth from the Word of God. They also hoped that when the children are of age, they would find employment or a start a business as a source of livelihood to sustain themselves together with their families.

This study sought to investigate on the childcare centers approach to instilling discipline in their children, having understood that the saying "*spare the rod, spoil the child*" is

often used to validate the idea of corporal punishment to children. Interestingly, the research found out that the 'rod' is hardly used by the centers in disciplining their children. The management is aware of the trauma the children have gone through having been abused in one way or the other prior to coming to the center and therefore evokes a lot of negotiation and open communication among the children. This enables them to think through their mistakes and rationally make positive steps towards correcting them. This is an important tool to use in handling/correcting the children's behavior and should be used more widely to ensure that children feel appreciated and valued enough to be corrected in a proper manner. This is not the case though, in extreme cases of misbehaviour and rowdiness and the rod is used.

The research also investigated the extent to which the centers involved the parents and guardians of the abused children in the process of rehabilitation. The research established that it is imperative for the centers to involve the community, chiefly parents, guardians or existing relatives in the process of rehabilitating abused children and make it clear that it is not the center's responsibility alone. This should be done in extreme consideration of the circumstances surrounding the incidence and the extent of the abuse the child has faced. Although most of the respondents concurred that implementing this idea has been difficult, there have been a few success stories; whereby through continued interaction and intervention of the childcare centers with the families of the affected children, they have been successfully reunited with their families.

## 5.2 CONCLUSION

Childcare centers/institutions have been seen to remedy the problems that beset abused children in the family and in society in general by providing substitute care for some infinite period. Ideally, through institutional care, children ought to be provided with adequate social, emotional and physical care. In Kenya, many of the childcare centers in operation are either owned or run by individuals or religious organizations (churches, mosques and temples). This study revealed that many childcare centers were started by individuals driven by compassion for the numerous needy children in Mathare slums. This study therefore concludes that most of the founders are philanthropists rather than entrepreneurs.

Most of the centers came into being with the main objective of protecting, rescuing and providing basic needs (food, shelter, clothing, accommodation and education) for needy children in Mathare slums. Some of the respondents had long-term goals of establishing vocational centers to train and equip the children with artisan skills that enable them to be self-sufficient in the real world. Providing both social and spiritual counseling to both the children and parents/guardians emerged as one of the core values and objectives of the centers. Provision of medical care to sick children and contributing to the reduction of HIV/AIDS and STDs through both rescuing and supporting children infected or affected by the HIV/AIDS pandemic and enhancing behavior change among street children and youth. They also mobilize the community to address the plight of destitute children and AIDS orphans.

Ownership has a direct influence on the management structure and the leadership style. The personnel/staff is appointed by the senior management team/Board of Directors that runs the affairs of the center. The staff qualifications are not standardized and therefore there are differences in the management of various childcare centers and quality of service provided. Volunteerism is the paramount labour force and contributes a large percentage in the running of the centers. Furthermore, the location and surroundings of a childcare center determines its accessibility and the type of services provided. Location entails the structural setup of the center, which is directly proportional to its capacity (number of children to be accommodated). The work ethic in a childcare center is critical as it is tied to the center's vision, goals and objectives, the code of conduct and the different types of activities/interventions taking place.

Childcare centers have had to seek for support especially in terms of their capacities from all corners to enable them get to where they are today. Findings from this study indicate that there has been tremendous input from outsiders, to support the work of the centers. All the centers prefer to recruit younger children into their programs because they are easier to handle and train and tend to adapt better to life at the center than older children. This study revealed that the centers follow the same child admission procedures. They include medical examination by a certified doctor, police statements/reports in cases of physical or sexual abuse and counseling sessions done at the center and in case of severe abuse, done in hospital or at a counseling center. They include medical examination by a certified doctor, police statements/reports in cases of physical or sexual abuse and

counseling sessions done at the center and in case of severe abuse, done in hospital or at a counseling center.

The study findings indicate that there are several factors that determine the stay of abused children at the centers. Mostly, it depends on the *severity of their condition, their background and the level of risk of abuse to the children*. Orphans stay longer in the centers as compared to children with a living parent or guardian. The *economic status of the parents or guardians*; where the living conditions of the child's family do not improve, the child is allowed to stay at the center to avoid any recurrence of the abuse or neglect. The *overall academic performance* of the children and the availability of sponsors make them stay in the center to give them an enabling environment to pursue their studies. The *older children*, who have gone through vocational/skills training stay until they are able to acquire stable jobs or another source of income.

Children under the care of the centers have an already established daily routines that they are expected to adhere to. Most of the centers partner with other organizations such as local churches, international NGO's and the Government to alleviate child abuse through learning and sharing ideas with each other in order to improve their services for the children. All the centers reported that they work with the children's parents and guardians by encouraging them to volunteer with the numerous chores in the centers. It was established that some of the very needy parents volunteer to work at the centers in return of their children's up keep.



The study found out that the major expectation is that the children, especially those that have been abused, would attain emotional healing to the extent of forgiving the perpetrators and be reconciled with their families and relatives. Through provision of health services, they expect improvement in the children's physical and mental health. They expect that the children would become empowered through acquiring education, vocational training, life skills and changed lives from the Word of God. They also hoped that when the children are of age, they would find employment or start a business as a source of livelihood to sustain themselves together with their families.

This research sought to investigate on the childcare centers approach to instilling discipline in their children in the event of misbehavior or gross misconduct. The management is aware of the trauma the children have gone through having been abused in one way or the other prior to coming to the center and therefore evokes a lot of negotiation and open communication among the children. This enables them to think through their mistakes and rationally make positive steps towards correcting them.

Findings from this study indicate that there are many barriers that inhibit the capacity of childcare centers in service provision for child abuse victims. They include; conflicting organizational policies, categorical funding in which agencies receive funding for very specific services and therefore cannot redirect them to any other activities and sometimes, there is competition for resources from donors by other childcare centers. In many instances, the childcare centers absolutely lack funding/donors to support them. Similarly, the study also sought to find out the problems that childcare centers face in the

actual service delivery their endeavor to meet the needs of abused and other vulnerable children. Some of the major problems include; relapses by some of the children back to depression, some run away and return to their former lifestyles, reported cases of sexual abuse amongst the children, parents who 'abandon' their children and take advantage of the goodwill of the centers thus refuse to cooperate with the center's policies. There have been several cases involving orphans who are entitled to property from their late parents and sadly due to the expensive legal procedures, many centers are hindered from following up cases and as a result, several orphans have ended up losing out on the property.

### **5.3 RECOMMENDATIONS**

In order to provide quality services to abused children in Mathare slums, a lot of changes and support needs to be injected into the management of the childcare centers.

Findings from this study indicate that there has been tremendous input from outsiders, to support the work of the centers as seen by the composition of their Board of Directors. Although commendable, their involvement has not been enough to steer the childcare centers to greater heights. The Board members meet at most quarterly, but ordinarily once a year as they are people with busy schedules, which sometimes can hardly be synchronized to ensure that everyone is present in their meetings. It is therefore imperative for childcare centers, as they work at recruiting Board Members, to find

people that are both influential and available who can be called upon when there are issues at the centers that require urgent attention and intervention.

Findings from this study indicate that the capacities of childcare centers have been severely challenged by financial constraints. Child protection is a huge responsibility that requires proper planning and implementation. If the centers would get more donors/sponsors/well wishers to come on board to support them; especially financially and materially, it would in turn help the centers to concentrate more on meeting the children's emotional and psychological needs and they would make tremendous progress in their rehabilitation efforts.

This study established that most of the centers partner with other organizations (local churches, local and international NGO's and the business community) in order to alleviate child abuse. But it is unfortunate that there is inadequate networking with key players such as the Government and the civil society; who bear the leading role in ensuring the well being of children in our nation. All these partnerships are beneficial as the centers share ideas and learn from the vast experience that each party brings on board in a bid to improve their services to the children. It would therefore be prudent for these partners to consider supporting the children's centers permanently as most of the children also reside permanently.

This study established that many childcare centers lack professional staff that are skilled to handle the cases of child abuse which are usually extremely sensitive. It is imperative that when writing proposals and/or meeting donors to fund raise, provision should be

made for staff trainings in order to empower their staff to acquire useful skills that can help them to work better with the children. The centers would benefit a lot if they would have more *long-term training* for their staff to become better skilled at handling their specialized tasks including Counseling, Social Work, and First Aid. It would thus motivate them to take their work more seriously and serve the children as skilled professionals. .

For many childcare centers, the coordination of support services is a problem and the majority have ended up running parallel programmes. Sadly, this leads to wastage of the limited resources available, sharing of experiences is restricted and very often, the effective programmes do not gain ground elsewhere. There is therefore need to diversify and improve on the centers programs in general by tailoring them to be more practical.

There are numerous indicators of success as revealed by the centers. Key among them is the physical and psychological change that takes place in the children. It is quite evident that the children are comfortable and happy to be in the centers. The protection, love and support that they receive is evidently great gain to them. Through the partnerships and consultative forums that centers have with each other, it would be beneficial for them to set benchmarks for their work with children and through the benchmarks it would be easier to determine their progress, the emerging challenges and seek solutions towards them. They would also serve as reference points for new centers who wish to join and support their efforts both in Mathare and other parts of this nation.

During this study, there were several cases of children who were entitled to property through inheritance from their parents but the legal procedures and bureaucracies make it difficult for most childcare centers and caregivers to follow due process especially due to the financial implications and the time consumed in the corridors of justice. Some children have actually received threats and the centers been warned not to follow up the matter of inheritance. Provision should be made for legal issues affecting children in childcare centers to be addressed; especially the long, tedious and expensive legal procedures that surround matters of inheritance and property rights concerning the children.

Given that financial and time constraints did not allow for a nationwide survey, the researcher recommends one that will capture the views of a wider spectrum of centers in other parts of the city of Nairobi and generally, in Kenya. The researcher recognizes that the findings of this study are limited because it was based in only one area in Nairobi. A more rigorous study on the effectiveness of childcare centers in provision of support services for abused children using a larger sampling frame could be done.

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## 7.0 APPENDICES

### APPENDIX 1: KEY INFORMANT GUIDE

Hallo. My name is June Ndeti and I am a Master of Arts student in Sociology at the University of Nairobi.

I am conducting a research on childcare centers in Mathare on **“The Effectiveness of Childcare Centers in Provision of Support Services for Abused Children in Mathare Slums”**. I will ask you some questions that will contribute towards this study.

The information that you provide will be treated with utmost confidentiality.

THANK YOU.

GOD BLESS YOU.

## KEY INFORMANT GUIDE

### THE EFFECTIVENESS OF CHILDCARE CENTRES IN PROVISION OF SUPPORT SERVICES FOR ABUSED CHILDREN IN MATHARE SLUMS.

#### Background Information

1. Name (Optional)
2. Gender      Male       Female
3. Designation?
4. Name of the center?
5. Location of the center?
6. Year started?
7. Who is the founder of the center?
8. Is the center located on own property or rented? Own \_\_\_\_\_ Rented \_\_\_\_\_

#### Center Goals and Objectives

9. What are the goals and objectives of this center?
10. How are the goals and objectives implemented?

#### Organization and Management

11. Who manages the center on a daily basis?
12. On employment.
  - i) What is the staff/child ratio?
  - ii) Is it adequate? Yes  No   
Please explain your answer?
  - iii) What would your ideal: -
    - a) Number of staff be?
    - b) In which positions?
    - c) Bearing which qualifications?
  - iv) What is the annual staff turnover rate?
12. Where do you obtain resources to manage the center?
  - a) Government
  - b) Overseas donors
  - c) Local Non Governmental Organizations (NGOs)
  - d) Private companies
  - e) Individuals
  - f) Others (specify)
13. Kindly include in what form (cash/in kind) and give an estimate of how much per month/year?
14. What is the total number of children in this center?    Male?    Female?
15. What is the actual capacity of this home?
16. What is your annual enrolment? (Number of children)

#### Approaches and Strategies with relevance to Program Goals

17. Through experience, who usually brings abused, neglected and needy children to the center? (Parents/guardians, well-wishers, Government Children's Officers)?
18. How do you establish the genuine cases brought to your center?
19. What kind of care do you generally give to the children in the center?
20. What procedure do you follow when an abused child is brought into the center?

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21. What kind of care do you specifically give to abused children?

22. How long do the children stay at the center?

23. What determines the duration of their stay?

**Program Activities for Service Delivery**

24. What are the daily activities of the children?

25. Does your center partner with other centers/organizations in the effort to address this vice (child abuse)?

26. Do you work with their parents/guardians? Yes  No.

Please Explain?

27. What kind of income generating activities is the center involved in?

28. Who is responsible for running the income generating activities? (Children/Staff)

29. What are the problems you encounter in your attempt to care for these children?

30. Why do you think there are these problems?

31. How can they be solved/tackled?

**Extent to which Childcare Centers meet the Needs of Abused Children**

32. Do you consider the home as beneficial to the children? Yes  No

Please explain?

33. What are the changes you have observed in the abused children since admission to the center?

34. What are the priority needs for the home and why?

35. What problems of victims of child abuse do you often tackle?

36. How do you address them?

37. Do you have any information about children who have left this center?

38. Yes  No

39. If yes, how many, where are they now and what do they do now?

40. Are you also in touch with their families to follow up on the rest of the children?

41. If you could tell the Government or Civil society anything about your work, what would you want them to hear?

42. Please give any other comment about the institution?

*Thank you for your time and cooperation!*

## APPENDIX II: QUESTIONNAIRE

### THE EFFECTIVENESS OF CHILDCARE CENTRES IN PROVISION OF SUPPORT SERVICES FOR ABUSED CHILDREN IN MATHARE SLUMS.

#### Personal Characteristics

1. Respondent Number: \_\_\_\_\_
2. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
3. Age in years: \_\_\_\_\_
4. Place of Birth (District, Location): \_\_\_\_\_
5. Religion: Catholic \_\_\_\_\_ Protestant \_\_\_\_\_ Muslim \_\_\_\_\_ Other \_\_\_\_\_
6. Tribe: \_\_\_\_\_
7. Residential Area
  - i) Rural \_\_\_\_\_
  - ii) Urban \_\_\_\_\_

#### Background Information

8. Which of your parents is alive?
  - i) Both
  - ii) Mother Only
  - iii) Father only
  - iv) Neither
  - v) Don't know
9. If any parents is dead?
  - i) Mother
  - ii) Father
  - iii) Don't know
10. If both parents are alive, do they stay together? Yes \_\_\_\_\_ No \_\_\_\_\_  
Don't know \_\_\_\_\_
11. If not, where does each of your parents stay?  
Mother \_\_\_\_\_  
Father \_\_\_\_\_
12. Are your parents employed?  
Father: Yes \_\_\_\_\_ No \_\_\_\_\_  
Mother: Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) If Yes, where? Father: \_\_\_\_\_  
Mother: \_\_\_\_\_
  - d) If Not, what does each do? Father: \_\_\_\_\_  
Mother: \_\_\_\_\_
13. Do your parents own any property? (In terms of land, animals, and houses)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify \_\_\_\_\_  
\_\_\_\_\_
14. Have your parents had any formal education?  
Father: Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Mother: Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

15. Do you have brothers and sisters? How many? Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

**Life prior to coming to the center**

16. Prior to coming to the center, where were you staying?

- i) Location \_\_\_\_\_
- ii) In the streets (specify) \_\_\_\_\_
- iii) Elsewhere (specify) \_\_\_\_\_
- b) With whom were you staying?
  - i) Alone \_\_\_\_\_
  - ii) With parents: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_
  - iii) With other siblings: Brother \_\_\_\_\_ Sister \_\_\_\_\_ Both \_\_\_\_\_
  - iv) With relatives (specify) \_\_\_\_\_

17. Did you ever go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

- i) If yes, where? \_\_\_\_\_
- ii) For how many years? \_\_\_\_\_
- iii) If No, what were the reasons for not attending or dropping out of school?  
\_\_\_\_\_  
\_\_\_\_\_
- iv) If you never went to school, what did you use to do?  
\_\_\_\_\_  
\_\_\_\_\_

18. Do your parents abuse any alcohol or drugs?

Mother: Yes \_\_\_\_\_ No \_\_\_\_\_

(Specify) \_\_\_\_\_

Father: Yes \_\_\_\_\_ No \_\_\_\_\_

(Specify) \_\_\_\_\_

19. Do your parents quarrel and fight a lot? Yes \_\_\_\_\_ No \_\_\_\_\_

20. If yes, how often?

- i) Everyday \_\_\_\_\_
- ii) Every two days \_\_\_\_\_
- iii) Every week \_\_\_\_\_
- iv) Every month \_\_\_\_\_

21. Was it often physical or verbal abuse? Physical \_\_\_\_\_ Verbal \_\_\_\_\_

22. What are the fights about?

- i) Money/Finances \_\_\_\_\_
- ii) Children \_\_\_\_\_
- iii) Unfaithfulness \_\_\_\_\_
- iv) Lack of food or general upkeep \_\_\_\_\_
- v) Other \_\_\_\_\_
- vi) Don't know \_\_\_\_\_

23. Have your parents ever insulted or beaten you? Yes \_\_\_\_\_ No \_\_\_\_\_

a) If yes, how often?

- i) Everyday
- ii) Every two days
- iii) Every week
- iv) Every month

b) What kind of beatings/punishment were you given?

- i) Caning
- ii) Punching
- iii) Burning
- iv) Sleeping hungry
- v) Chased out of the house
- vi) Other (specify)

\_\_\_\_\_

\_\_\_\_\_

c) What was the reason behind it? (Please give examples)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Has anyone (neighbor or relative) come to intervene when you are being beaten?

Yes \_\_\_\_\_ No \_\_\_\_\_

d) If yes, who came? \_\_\_\_\_

e) What happened when they came?

\_\_\_\_\_

\_\_\_\_\_

f) Generally, do parents' beat children in the slums very often? Yes \_\_\_ No \_\_\_  
(Explain) \_\_\_\_\_

\_\_\_\_\_

### **Life in the Center**

24. When did you join this center? Month \_\_\_\_\_ Year \_\_\_\_\_

25. How old were you? Years \_\_\_\_\_

26. How did you get to this home?

- i) Brought by parents
- ii) Brought by relatives
- iii) Brought by friends/well-wishers
- iv) Brought by police
- v) Came alone
- vi) Other (specify) \_\_\_\_\_

27. What were your reasons for coming/being in this home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



28. Are there any rules you have to follow in the center? Yes \_\_\_\_\_ No \_\_\_\_\_  
b) If yes, please specify

\_\_\_\_\_

29. What happens to anyone who does not obey these rules?

\_\_\_\_\_

30. Could you please describe the activities you involve yourself daily from the time you wake up to the time you go to sleep at night?

\_\_\_\_\_

\_\_\_\_\_

31. Do you get free time to do anything of your own choice? Yes \_\_\_\_\_ No \_\_\_\_\_

b) If yes, what do you do during your free time?

\_\_\_\_\_

32. Do you get time to visit your parents, relatives or friends? Yes \_\_\_\_\_ No \_\_\_\_\_

b) If yes, who do you visit?

Parents: Mother \_\_\_\_\_ Father \_\_\_\_\_

Relatives \_\_\_\_\_

Friends \_\_\_\_\_

c) How often?

Every week \_\_\_\_\_ Every month \_\_\_\_\_ Every year \_\_\_\_\_

Other (specify) \_\_\_\_\_

33. Do you receive any visitors from outside this home? Yes \_\_\_\_\_ No \_\_\_\_\_

b) If yes, what type of visitors do you receive?

\_\_\_\_\_

c) How often do you receive such visits?

\_\_\_\_\_

d) Does your mother or father or other guardians visit you here?

Mother Yes \_\_\_\_\_ No \_\_\_\_\_

Father Yes \_\_\_\_\_ No \_\_\_\_\_

Guardian Yes \_\_\_\_\_ No \_\_\_\_\_

e) If yes, how many times in the past 30 days? \_\_\_\_\_

34. What kind of assistance do you get from this home?

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iv) \_\_\_\_\_

35. Were you counseled when you arrived here? Yes \_\_\_\_\_ No \_\_\_\_\_

- b) If yes, who conducted the counseling session? \_\_\_\_\_  
 c) How many times? Once \_\_\_\_\_ Twice \_\_\_\_\_ Thrice \_\_\_\_\_ Other \_\_\_\_\_  
 d) Was the counseling session(s) helpful to you? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please explain

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- e) Do you still feel the need for more counseling

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36. What kind of activities are you involved in, in this center?

- i) \_\_\_\_\_  
 ii) \_\_\_\_\_  
 iii) \_\_\_\_\_  
 iv) \_\_\_\_\_  
 v) \_\_\_\_\_  
 vi) \_\_\_\_\_

- b) Are these activities of any use to you? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please explain

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- c) Are you forced to do these activities or do you do them freely?

Forced \_\_\_\_\_ Freely \_\_\_\_\_

37. How do you compare your life before and your life after joining this home?

- i) Life is much better here  
 ii) Life was better before  
 iii) Life is boring here  
 iv) Life is the same  
 v) Others (please specify?) \_\_\_\_\_

- b) Have you ever thought of running away? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Why?

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- c) Would you like to leave this place? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Why? \_\_\_\_\_

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- d) What are you given here that you never used to get at home?

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- e) What do you like most here?

i) Food \_\_\_\_\_ ii) Friends \_\_\_\_\_ iii) Accommodation \_\_\_\_\_

iv) Staff \_\_\_\_\_ v) Education \_\_\_\_\_ vi) All of them \_\_\_\_\_  
vii) Other \_\_\_\_\_

f) What do you dislike most about this home?

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38. How would you describe the relationship between you and the members of staff?

i) Friendly \_\_\_\_\_ ii) Very Friendly \_\_\_\_\_ iii) Unfriendly \_\_\_\_\_  
iv) Very Unfriendly \_\_\_\_\_ v) Other \_\_\_\_\_

Please explain your answer?

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39. In what ways can you say that living in this home has helped you?

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40. In what ways do you think that this center and other childcare centers can be improved?

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41. What else would you want to say about yourself or the centre?

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*Thank you very much for your time and co-operation.*

## APPENDIX 3: OBSERVATION CHECKLIST

Date: \_\_\_\_\_

Name of the Center: \_\_\_\_\_

ITEM	DESCRIPTION	YES	NO	COMMENT	
<b>1. Environment</b>					
Location	Presence of churches, social hall or chief's camp nearby				
	Surrounded by bars, cinema halls, brothels				
	Physical space occupied by the center				
Cleanliness	Litter/Dumping site near center (outside)				
	The Centre compound				
	Presence of dustbin/secluded dumping site				
	In the building (classrooms & dormitories)				
<b>2. Quality of Structures</b>					
Roof	Tiles				
	Iron sheets				
	Grass				
	Other (specify)				
Wall	Stone				
	Bricks				
	Mud				
	Wood				
	Other (specify)				
Floor	Cement				
	Earthen/mud				
	Wooden				
	Other (specify)				
Safety	Well lit (natural light)				
	Roof and walls in good condition				
	Presence of a fence and gate				
	Proper Drainage (sewage)				
	Other (specify)				
Toilets/ Bathrooms	Privacy – Presence of doors				
	Adequate for both boys & girls				
	Proper hygiene – availability of water				
	Other (specify)				
Kitchen	Spacious cooking area				
	Cooking fuel	Charcoal			
		Firewood			
	Adequate ventilation				
	Storage area for foodstuff				
	Other (specify)				

ITEM	DESCRIPTION	YES	NO	COMMENT	
Classrooms	Adequate classrooms				
	Presence of teaching aids – Blackboards, desks, tables, cupboards				
	Other (specify)				
Dormitories	Sufficient number of beds for residing children				
	Proper ventilation and lighting (natural/artificial)				
	Other (specify)				
<b>3. Abused Children</b>					
Clothing	Clean and Neat				
	Old and Torn				
	Dirty and Unkempt				
	Other (specify)				
Food served	Balanced Diet				
	Other (specify)				
	Quantity	Enough			
		Little			
		Too much			
Other (specify)					
Interaction with caregivers	Talks freely with caregiver				
	Child is withdrawn				
	Signs of fear while talking to caregiver				
	Is playful				
	Other (specify)				
Interaction with other children	Talks freely with other children				
	Child has few friends or is withdrawn				
	Signs of fear while talking to caregiver				
	Is comfortable and playful with other children				
	Other (specify)				
Interaction with researcher	Talks freely with researcher				
	Is extremely shy or withdrawn				
	Portrays fear or panic when talking to researcher				
	Other (specify)				
General Behavior	Child is easily agitated and irritable				
	Child cries a lot				
	Child hides or withdraws from the rest				
	Other (specify)				
Confidence	Child talks freely				
	Child maintains eye contact				
	Child speaks positively about themselves				
	Child can stand, recite a poem or sing in front of other people				
	Other (specify)				