

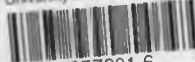
**ROLES OF CHILDREN'S HOMES IN PROVISION OF CARE TO  
VULNERABLE CHILDREN A CASE OF BAMBURI DIVISION,  
MOMBASA COUNTY, KENYA. //**

**By**

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**A RESEARCH PROJECT REPORT SUBMITTED IN THE PARTIAL FULLFILMENT  
OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF ARTS DEGREE IN  
PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI**

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## DECLARATION

This Research Project report is my original work which has never been presented to any other institution for the Award of any degree, diploma or certificate whatsoever.

Signature  .....

Date 14/8/2012 .....

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## DEDICATION

I dedicate this project my husband Joseph Mrenje and sons, Kennedy, Chrisanthus, Michael and Daniel who have been kind to donate part of their family time to me as I pursue this course for the last two years.

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## ABBREVIATIONS AND ACRONYMS

<b>VC</b>	Vulnerable children
<b>OVC</b>	Orphans and vulnerable children
<b>UN</b>	United Nations
<b>MDGs</b>	Millennium Development Goals
<b>NCCS</b>	National Council for Children Services
<b>ECCD</b>	Early Childhood Care and Development
<b>DCS</b>	director of children services
<b>ICWA</b>	Indian Child Welfare Act
<b>MEPA</b>	Multi-Ethnic Placement Act
<b>HRA</b>	Human Rights Approach
<b>ANPPCAN</b>	African Network for the Prevention and Protection against Child Abuse and Neglect
<b>COPE</b>	Complementary Opportunities for Primary Education
<b>DFID</b>	Department of International Development
<b>GOK</b>	Government of Kenya
<b>GOU</b>	Government of Uganda
<b>ICDC</b>	International Child Development Center (aka Innocent)
<b>IIEP</b>	International Institute for Educational Planning
<b>KANU</b>	Kenya African National Union
<b>KIE</b>	Kenya institute of education
<b>NFE</b>	Non Formal Education
<b>NGO</b>	Non Governmental Organization
<b>SAPS</b>	Structural Adjustment Programmes

<b>UNESCO</b>	United Nation Educational Scientific and Cultural Organization
<b>UNICEF</b>	United Nations Children's Fund
<b>USK</b>	Undugu Society of Kenya
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>CPS</b>	Child Protection Service

## ABSTRACT

The study provides an insight into the roles of children's homes in provision of care to the vulnerable children. The study was based on three objectives namely provision of basic needs to the vulnerable children, provision of security both physical and psychological and finally character development and enhancement through mentoring and provision of education. Addressing the needs of vulnerable children (VC) and mitigating negative outcomes of the growing VC population worldwide is a high priority for national governments and international stakeholders that recognize this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on VC in one place, and acknowledging the gaps that still exist in our knowledge, will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers. Despite the new laws designed to enhance child welfare and protect young people from neglect and abuse, a combination of economic and social factors is forcing more and more children to continue pouring into the streets throughout the country. In the study, purposive samples of 7 children's homes were studied. The study used descriptive survey research design to ascertain and make assertions on how provision of care to vulnerable children by children's homes. Data collection for the process studied included observation visits to sample of homes, questionnaires and interviews. Questionnaires with open and closed ended questions were administered to the respondents who were sampled population, involved in one way or the other with the wellbeing of children's homes in Bamburi division. The data was analyzed basing on the stated objectives with the three major hypotheses on provision of care to the vulnerable children. There were 50 respondents 21 of whom were in charge of management, 7 were committee members 17 were caretakers, 2 religious leaders, 1 district children's officer, 1 children's development officer and 1 education coordinator who were all responsible in provision of care in children's homes. The research took a period of 7 months from January 2012 to July 2012. The researcher established that provision of care was administered in different degrees. The research established the need of provision of care by the various 7 children's home was undertaken independently. There was lack of standardized measure of quality index in provision of basic needs. Provision of security both physical and psychological relied so much on how well the home was established. Other factors incorporated in provision of care were character development by taking education to be a source of hope to children. The study recommends on the allowable extensions for aging out youth and advocacy for youth support in the children's home system to be prolonged until they are at least 21 years old, when they meet the minimal requirements for own dependency. The following should be considered for further studies: First reason as to why governmental institutions are weak to deal with or lenient to those who fail or do minimal provision of basic needs to vulnerable children yet they have registered themselves as organizations/institutions that caters for vulnerable children. Secondly, the government needs to work on mechanisms of developing accurate data of the vulnerable children and develop ways of ensuring all vulnerable children have access to the services provided by the government.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the study

In the face of the burgeoning AIDS epidemic in sub-Saharan Africa, there is widespread concern that responses to increasing numbers of orphans are resulting in a proliferation of orphanages across the region. This unease emanates from the view that care for children – orphaned or otherwise – in a ‘home’ and ‘community’ environment is ideal. Institutions, on the other hand, are noted to impact negatively on children, to operate as ‘magnets’ for children growing up in poverty-stricken environments, and to be disproportionately costly. Arguing that residential care violates the principles of the UN Convention on the Rights of the Child, the international child welfare sector is united in advocating its use as only a temporary ‘last resort’ for children. The position is shared by the South African government and other key players in the local child welfare sector. (subbarao et al 2001).

Addressing the needs of Vulnerable Children (VC) and mitigating negative outcomes of the growing vulnerable population worldwide is a high priority for national governments and international stakeholders that recognize this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on vulnerable children in one place, and acknowledging the gaps that still exist in our knowledge, will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers (VC-CARE Project, Boston University centre for global health and development report 2004-2008).

There has recently been a resurgence of debate about ‘the child care question’, with assertions in the media that non-parental care of young children is detrimental to their development (‘Home truths absent in child care debate’, *The Australian*, 24 March 2000; ‘Mother of all battles’, *The Age*, 29 April 2000). Despite these provocative assertions, the overriding conclusion of the huge volume of research on child care is that, given high quality care, the experience of child care is not harmful, and is sometimes beneficial, to children (Clarke-Stewart, Gruber and Fitzgerald 1994; Caughy, DiPietro and Strobino 1994; Scarr and Eisenberg 1993; Andersson 1992).

Child care may be distinct as care for young children, provided by adults who are not their parents. Informal child care by relatives, nannies, or home care providers typically takes place in a home setting (either the child's home or the adult's home), while formal care by trained and untrained caregivers takes place in school or care centre settings (*Kathleen McCartney*).

Today, in United States there are 513,000 children living in out of home (or substitute) care in foster homes, kinship care, and residential congregate care (includes children's homes, residential education) and residential treatment centers. Substitute care is often referred to as foster care in the United States. One hundred fourteen thousand (114,000) children are waiting to be adopted and another 66,000 children have had parental rights terminated this year. Approximately 35 percent of the children in substitute care are orphans eligible for or awaiting adoption. Most children enter substitute care due to abuse or neglect. Slightly less than 1/5 enter due to parental death, absence or termination of parental rights. In addition, over two million children have lost the care of a parent and are living in informal kinship care but have not entered a governmental system or agency (Cherlin and Furstenberg, 1994).

The recent UNICEF 'Children on the Brink' report estimates that currently, 13 million children under the age of 15 have lost either one or both parents due to AIDS. By 2010 this number is expected to reach 25 million. The number of orphans from parental deaths of all causes is predicted to number a staggering 106 million. The future of these children is at stake, particularly as it involves their access to social amenities such as health and education services.

It has been observed in Haiti that children move in and out of various groups of vulnerability as their life circumstances change (Family Health International/IMPACT 2000). Orphanhood imposes a heavy burden on the children orphaned by AIDS themselves, but not all children orphaned by AIDS are needy or poor (Ainsworth and Filmer 2002). In developing countries there are many children who are not orphans but are equally needy or vulnerable

Indigenous to Africa is the concept of absorbing vulnerable children into extended families and within the community. Ghana takes ownership of it takes a village to raise a child, an adage prevalent in the Ghana language used in the Greater Accra region. It well reflects the use of traditional communal living and the extended family system as the indigenous responses to the provision and protection for vulnerable children. (Addison, 2007).



As Skelton (2005:4) points out, the residential care system in South Africa “straddles two systems: the system dealing with children in need of care, and the system dealing with children accused and convicted of crimes”. This report considers only those facilities concerned with children ‘in need of care’ – those which would usually, in terms of South African law, be called Children’s Homes.

Beyond poverty, specific to Africa and Kenya is the effect of HIV/AIDS. With streetism being a relatively new phenomenon, the role of HIV/AIDS must be considered. For instance, nearly 1 in 7 orphans in Africa a study carried out in various parts including Cairo and Alexandria in Egypt found that children are exposed to real or constant threats of violence, hostile community members, or peers they are often malnourished and lack access to medical services.(UNICEF 2001c).A study of 2004 in Brazil tried to describe the level of vulnerability of street children to have the similar characteristics to street children from other cities of Aracaju in north east Brazil (Gurgel et al.2004)

Most of the organizations providing vulnerable children services in Kenya are non-governmental organizations (78%). The rest include governmental (9%), private-not for profit (4%), faith-based organizations (4%) and multilateral organization (4%). The Kenyan government has responded by putting in place the National Plan of Action on VC which helps to strengthen the capacity of families to protect and care for VC, provide economic, psychosocial and other forms of social support, as well as mobilize and support community based responses to increase VC access to essential services such as food and nutrition, education, health care, housing, water and sanitation. The Department of Children Services, within the Ministry of Gender, Children and Social Development, in collaboration with the National Steering Committee on VC developed the VC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 1,500 per month to households caring for (VC - CARE Project, Boston University Center for Global Health and Development).

The Provincial Children’s Officer Mr Maurice Tsuma, says that there are over 100 children’s homes within the province but half of them are not registered. He says there are children’s homes whose existence is not known by the Government and expressed fears that they might be engaging in child trafficking and sexual exploitation of the children (standard newspaper 12May2010).

## 1.2 Statement of the problem

The increase of vulnerable children calls for more care institutions to provide care services in tandem with the children's rights and the MDGs. For the last couple of years, remarkable gains had increasingly been made in provision of treatment, care and support services to vulnerable children. The availability of children homes and other government institution have made contribution.

In Kenya, the UNGASS 2008 Country Report for Kenya stated that there are 2,430,000 orphans (1,149,000 from AIDS). Kenya's 2003 Demographic and Health Survey (DHS) reported that 10.9 per cent of children 0–14 years old were orphans. In Bamburi division of Kisauni district Mombasa there are 7 children homes providing care services to orphans and other vulnerable children in various capacities.

Institutionalized care is one option for abandoned children and those who require special attention as in the case of HIV/AIDS-infected orphans, handicapped children, and abused children. A screening device should be used to ensure that institutionalized care is resorted to only when no better placement options are available, and only as a temporary measure until a placement in a suitable family is arranged. The care provided by some institutions seems to be quite substantial and satisfactory especially by those institutions run by NGOs like SOS Children's Village. It is not surprising then that new creative and less institutional innovations are emerging in much of Mombasa.

While they may provide some of the 'nurture', typical institutions do not provide the holistic care that children are entitled to for all round development. Research has shown that children in institutions lack basic and traditionally accepted social and cultural skills to function in their societies; they have lower levels of educational attainment; have problems adjusting to independence after leaving the orphanage, lack basic living skills; have more difficulties with relationships, lack parental skills and some of them often have a misplaced sense of entitlement without a parallel sense of responsibility (Powell 1999; Wright 1999; Verhoef 2000; Rajkumar 2000; Grainger et al. 2001; Williamson et al. 2001). In the process of collecting and comparing these cases of selected children homes, the challenges and obstacles that stand between them and their goals to become clear. The goal is to ensure that all vulnerable children achieve their full potential through the creation of a supportive environment that upholds their right to survival, development, protection and participation. Responses must be gender sensitive and systemic,

and must have rigorous monitoring and evaluation mechanisms built in from the outset. It is in these three areas or gaps that the range of initiatives needs to be undertaken. In moving forward, to addressing these three gaps makes it necessary to action this research.

### **1.3 The purpose of the studies**

The purpose of study was to evaluate the role of children's homes in the provision of care of vulnerable children, in child protection, psychological support, educational rights, and vocation training in necessary skills of transforming vulnerable children into being responsible adults.

### **1.4 Objectives**

The objectives of the research are:

1. To determine the extent which children's homes meet the provision of basic needs to vulnerable children's in Bamburi division.
2. To explore the roles played by children's homes in relation to security provision for the vulnerable children in Bamburi division.
3. To determine the degree to which the children's home play in positive character development amongst vulnerable children's in Bamburi division

### **1.5 Research questions**

The research questions include:

1. To what extent do the children's homes meet the provision of basic needs to vulnerable children in Bamburi division?
2. What is the role played by children's homes in relation to security provision to the vulnerable children in Bamburi division?
3. How does children's homes contribute towards positive character change among vulnerable children's in Bamburi division?

### **1.6 Hypothesis**

**HO** Children's homes are not significant in provision of basic needs to the vulnerable children in Bamburi division.

**HO** Children's homes are not significant in provision of security to the vulnerable children in Bamburi division.

**H1** There is a relationship between children's homes and positive character development on vulnerable children in Bamburi division.

## **1.7 Assumptions**

1. The children's' homes targeted for investigation would be willing to give information.
2. Time and finance would allow for the investigation to be carried out and be completed.
3. Enumerators would do a good job as per the researcher's expectations.

## **1.8 Significance of the study**

The significance of this study lay in benefiting the following group:

### **1.8.1 Children's' department**

Ensure that children who are vulnerable do not suffer from discrimination and take appropriate measures to prevent cases of abuse and inequalities in all aspects of their life, by planning, modify or design tools that will determine efficiency, effectiveness and relevance of the roles of children homes.

### **1.8.2 Children's' homes**

Similarly children homes will be equipped with strategies on how to charge their provision of services.

### **1.8.3 All stakeholders**

All the stakeholders in management and governance will be sensitized on their roles in the management of children homes.

### **1.8.4 The ministry of education**

The officers charged will be able to formulate policies in line with millennium development goals of vision 2030 in relation to the roles of children homes.

## **1.9 Delimitation of the study**

The study confined itself to Bamburi division and was limited to the investigation of the roles of children's homes in provision of care.

### **1.10 Limitation of the study**

The researcher was limited to study Bamburi division children's homes though there were other children's homes in Bamburi division. This limitation was overcome by taking purposive sample

from the division. The researcher also encountered ethical issues protecting children's homes getting information from them was some how difficult. To overcome this permission had to be sought out from children's officer kisauni district.

### **1.11 Definition of significant terms**

**Care** - Includes basic material support for physical needs such as bedding, clothing and other care covered under areas such as food, health care, security and good character development.

**A child of the streets** - Having no home but the streets.

**A child on the street** - A child living in the street but visiting his or her family regularly at their homes. In this contest the child has living relatives who may be encouraging the behaviour.

**Children's home** – These are homes which have been legally registered by ministry of social service and take responsibility of Vulnerable Children. It comes from a situation of homelessness and at risk of returning to a homeless existence.

**Attachment** - Is 'an affectionate bond between two individuals that endures through space and time and serves to join them emotionally.

**In institutionalized care** - Having come from a situation of homelessness and at risk of returning to a homeless existence.

**Survivor "on" the street:** - A survivor "on" the street is a child with significant activity on the street. be it work, begging, hawking or anything else, who nonetheless maintains strong ties to family. He/she often returns home at night and may be enrolled in school.

**Streetism:** - A term referencing linked to the street, including survivors "on" and "of" the street.

**Structural Violence:** - The systemic ways in which a social institution or social structure inhibits a group of people by preventing them from attaining basic needs.

**Orphan-** Implies having lost one or both parents.

**Vulnerability/resilience** – An account for variations in children's ability to cope with adversities in various situation and circumstances they find themselves in.

## **1.12 Organization of the Study**

Chapter one outlines the background of the study, statement of the problem, purpose of the study, object of the study, the research questions, basic assumption of the study, limitation of the study and definition of significant as used in the study.

Chapter two explain the related literature written by different authors on the roles of children's homes and the provision of care in Bamburi division and the conceptual framework.

Chapter three presents the design, methodology of the study, the target population, the sampling size and the procedure, methods of data validity and reliability of the research instruments, operationalization of variables and method of data analysis to be employed in the study.

Chapter four present the data presentation and analysis using frequency tables and percentages. Analysis of the stated hypothesis is also included.

Chapter five, present summary of the finding, discussion, conclusions recommendation and suggestion for further research.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter specifically focused on review of literature on an investigation of the roles of children home in provision of care. This included information /data reports from, previous studies, books and journals. The chapter briefly highlights the developmental evolution of child welfare, impact of provision of care, existence of vulnerable children and their characteristics, governing policies on care provided by children's homes in Bamburi division.

#### 2.2 Provision of basic needs as a form of care in children's homes.

Broadly speaking, early child development was seen as a natural and universal process of progressive transformations (or stages) in children's physical, mental, cognitive, socio-emotional and moral competencies. These transformations were driven by the interactions between maturational processes and children's progressive structuring and restructuring of their experiences, as they gradually acquire more sophisticated capacities for thinking and reasoning. (Lourenco and Machado, 1996: 149).

Under the developmental paradigm the dialogue revolving around young children's needs and provision rarely viewed them as rights-holders with their own views and perspectives. Instead very young children have often been perceived as objects of benevolence and passive recipients of care (UNCRC et al., 2006: 31–32). These new understandings of children's active participation in social activities call for an approach to child development that emphasizes the plurality of developmental pathways and children's roles in influencing their own development (Estep, 2002: 143).

Hillary Clinton's book, *It Takes a Village*, points out that "children are not rugged individualists." All children need a permanent home and a lasting relationship with at least one committed adult and children needs are best provided by a family. If children become parentless, adoption is overwhelmingly considered the best alternative. Kinship care or legal guardianship with kin is becoming a close second.

To address these challenges a strong supportive structure is essential to systems of care. The structural system of care includes a number of components planning, governance system management, coordination of services and service array communication policy finance continuous quality improvement and human resources and staff development. Planning must be community-wide and include relevant stakeholders, families, youth and this however, takes structural development process that takes into consideration participation of various parties. (*Systems of Care: A Guide for Planning*).

Young children and their families need a full array of formal and informal mental health services and supports that are embedded within early childhood programs and environments and available to parents and other caregivers. A continuum of comprehensive services includes those focused on promoting positive well-being, preventing social emotional problems, and intervening when problems arise. A system needs to be value driven and have a shared understanding and commitment by all partners across service systems (early care and education, mental health, early intervention. Families must have a voice and a leadership role in guiding and designing the system and services most meaningful to them. (Kaufman and Hepburn, 2007, p71).

Understanding the factors that help children succeed is a complex challenge, requiring researchers to consider a wide range of personal, familial, social, and environmental factors that could contribute to “a process of or capacity for, or the outcome of successful adaptation despite challenging and threatening circumstances” (Garmezy and Masten 1991).

**Family support services:** Family support services that promote the care, protection and support of vulnerable children are important services in their own right, and can enhance the impact and social equity objectives of the larger social protection framework. Examples of these services include early childhood care and development (ECCD) support to carers of children with special needs (including children with HIV); individual assistance/advocacy in accessing entitlements (e.g. health care, education, birth registration, child grants, etc.); legal empowerment (e.g. protection of inheritance rights and succession planning); psychosocial support and /bereavement counseling. (Module on Ensuring Education Access for Children orphaned by AIDS and Vulnerable Children).



***Child protection services:*** Children affected by HIV and AIDS and in particular those living outside of (or with limited) family care and protection are at risk of increased exposure to crime, abuse, exploitation and discrimination. Social welfare departments, social workers, police and justice officials, teachers and health care providers can all play a key role in identifying those children most at risk and facilitating early detection of neglect, exploitation and abuse, including child labour and trafficking. Community-based child protection committees, local chiefs and opinion leaders also have an important role to play in enforcing child protection policies. These various stakeholders requiring training in early detection, use of referral mechanisms, and a range of other protection issues as they relate to their local context. (Brown, Lori Diprete, a facilitator's guide to establishing service standards).

***Alternative care:*** Many African countries (e.g. Kenya, Uganda, Zambia, Zimbabwe, Malawi), are experiencing a proliferation of residential care facilities and temporary shelters. The vast majority of the children living in orphanages have at least one surviving parent, and others have at least one contactable relative. With the right mixture of income and support services, many of these children could be reunified with families. There is an urgent need to explore alternative care options such as kinship and foster care, guardianship and domestic adoption as alternatives for those who cannot be reunified. Family re-integration services for street children and other children living outside of family care also need to be strengthened. (Deininger, Garcia, and Subbarao 2001).

### **2.2.1 Stakeholder involvement and participation in provision of basic needs care**

A holistic VC program caters to a basic set of needs that must be met for the child to grow into a happy, healthy adult. These needs fall under the different categories of services offered by VC programs as shown below.

**Table 2.1 Basic needs for vulnerable children**

<b>Children's (and families) Needs</b>	<b>VC Services</b>
Love, guidance and belonging	Psycho-social support
A safe home and a permanent family	Shelter and Care
Safety from harm, legal rights	Protection and legal support
To eat regular, nutritious food	Food and nutrition support
Health services to prevent and cure sickness health care	Health Care
To learn about the world; job skills	Education and vocational training
Caregiver with stable income	Economic strengthening

*Adapted from system of care: A guide for planning*

Often the most vulnerable children have one or more needs that are not being met. A care plan is developed for all children/families requiring support. The care plan should include specific time bound short and long term goals for the child and the parent/caregiver. All care plans must be signed by the family as evidence of their agreement with the plan. No one NGO or organization can provide all the services needed by the children and their parents/caregivers. It is recommended that NGOs establish formal referral systems for the benefit of the children and their parents/caregivers. NGOs must refer clients to other institutions or NGOs for those services their NGOs will not provide: E.g., health care, education/ vocational training and food. Creating the structural support systems of care that require the engagement of stakeholders. In his book, *Leading Change*, Kotter (1996)

### **2.2.2 Institutional care**

Institutions for children have a long history; early examples being established and maintained by religious or missionary groups. For the most part, the growth of institutionalization can be seen as an expedient social policy response to the growing numbers of children in need of care and protection. It is seen as an easy option for social or child care workers to place children in these institutions, and a growing number of families also 'place ' their children in orphanages. In many

countries there is no principle of the State as parent and no legal requirements governing whom a child can be placed with by the parents during their life or on death.

One factor that makes orphanages an attraction is the perception among some members of impoverished communities that they will provide the food, education, health and other services that the caregivers are unable to provide to the children. A survey by the International Rescue Committee in Rwanda has shown that economic pressure was one of the prime reasons that children were living in institutions (Williamson 2000; Williamson et al. 2001). Yet this can lead to subtle forms of 'abuse' in the institution that is compromised. For example a study in Zimbabwe showed that 75 per cent of the children in institutions had contactable relatives (Powell 1999); similar to an earlier study in Uganda in 1991 where it was found that half of the children in institutions had had both parents alive and one quarter had one parent alive (Dunn 1992; Williamson et al. 2001). In India's Mizoram State 47 per cent of the children were placed in orphanages after the divorce of their parents. Another 15 per cent were placed there because they had been born out of wedlock (Chakra borty et al. 2000). It is clear that these types of arrangements would significantly contribute to the undermining of more 'traditional' community coping processes. While they may provide some of the 'nurture', typical institutions do not provide the holistic care that children are entitled to for all round development.

Research on residential care of children has shown that children in institutions lack basic and traditionally accepted social and cultural skills to function in their societies; they have lower levels of educational attainment; have problems adjusting to independence after leaving the orphanage, lack basic living skills; have more difficulties with relationships, lack parental skills and some of them often have a misplaced sense of entitlement without a parallel sense of responsibility (Powell 1999; Wright 1999; Verhoef 2000; Rajkumar 2000; Grainger et al. 2001; Williamson et al. 2001). Children in institutions have tenuous cultural, spiritual and kinship ties with families, clans and communities. These ties are especially critical in Africa and Asia as they are the basis for people's sense of connectedness, belonging and continuity. They are the basis upon which life skills as well as social and cultural skills are attained. Children raised in institutions struggle to be accepted or fit into traditional rituals and ceremonies as well as contracts and alliance arrangements. The feelings of exclusion these situations engender further

adversely affect psychological and emotional well being. It may also be the case that children raised in institutions may likely look down upon their own communities as being inferior after getting used to the trappings of an institution – especially the kind that provides a materially high, western standard of care (Powell 1999).

Institutions should be the last resort after family, foster or community care in the absence of other models of care being available. It has been recognised, however, that for a small number of children, residential care will be necessary and that other alternatives may not be feasible. For example, in cases of the abused, children abandoned soon after birth, those whose families refuse to take them in for various reasons, including the fear of evil spirits, street children who need night shelters, those that might be in need of temporary care who later return to their communities, some of the unaccompanied minors in war times, even those that have been sold as labour or slaves across borders (Brown and Sittitrai 1996; Wright 1999; Subbarao et al. 2001; Grainger et al. 2001; Williamson et al. 2001). Correctly managed institutions can provide emergency temporary care particularly to protect orphans at risk of abuse. They can help with behaviour and emotional difficulties. However they are an expensive resource, with an inherent danger of institutionalization, and placements for children should only be used when it is in the child's best interest and subject to the CRC article of periodic review.

The NCCS is part of the Ministry of Home Affairs and is funded from Parliamentary budget. The Director of Children's Services (DCS) is the secretary of the NCCS and plays an important role to "set up, promote, coordinate and supervise services and facilities that deal with children" such as providing assistance, care and accommodation to children victims or vulnerable children like children with disabilities, street children, sexually abused children Under the Children Act, Local Authorities are mandated to ensure the enjoyment of children's rights at the local level and are supervised by the NCCS. They have the duty to "promote the good up-bringing of children by their families, through the establishment of suitable family oriented programmes, and through the creation of a department to deal with the rights and welfare of children, public awareness and the co-ordination of relevant programme support initiatives from different social sub-sectors" (section 40 of the Children Act) The Kenyan Constitution.

### **2.2.3 Addressing VC's Psychological and Emotional Needs**

Individual psychological characteristics that allow children to cope effectively with stress, including “belief in one’s own self-efficacy, the ability to deal with change, and a repertoire of social problem-solving skills” (Rutter 1985). Indeed, one study found that in Zambia the children of sick parents are significantly more likely to show signs of psychological disturbance than children without sick parents (Poulter 1997, cited by HUMULIZA /Terre des Hommes Switzerland 1999). A good option is to integrate VC counseling support into programs for parents living with HIV/AIDS. Psychosocial support may also include activities to reduce substance and alcohol abuse.

### **2.2.4 The Various Children's homes and their roles in Mombasa**

Children’s homes provide protection and care to young children. Children in need of special protection are sent to those institutions. For example, abused, abandoned children, victims of trafficking, sexually abused girls, forced child workers, etc. Children with HIV-AIDS may also receive medical care but there is a lack of skilled staff. Staff members are often not trained to have a child care approach and not well paid. There is a need for more informed and skilled workers. Children are sent to the home only on recommendation or request from authorized officers such as policemen, magistrates, staff from a public or a private hospital, and children’s officers. Children’s home represents a temporary place of safety. After the child’s arrival, some alternatives are looked for such as placement with relatives or other guardians, in charitable institutions or adoption. Children’s homes should be added as public institutions provided for in the Children Act.

The concept of ‘guided participation’ emphasizes both the active engagement of children in their social world, as well as the role of adults and peers in guiding children towards full participation in culturally valued activities. While the process of guided participation is universal, it differs according to the degree of communication between children and their caregivers, as well as in the skills expected from mature community members (Rogoff, 1990: 190).

Precisely to respond to these problems with institutions, a number of countries have developed alternative models of care. The Civil Affairs Departments of Anhui Province and Guangde County in China, for example, has been working in partnership with Save the Children (UK)

embarking on a programme to shift from large scale institutions to smaller groups of family type homes. Many of these homes are integrated into communities and they have begun promoting more foster care.

The changes from large institutions to smaller units will take sometime, in an initial model the smaller units were on the same campus and the care units were subject to overall rules of the total establishment. Another problem encountered was how to avoid staffing the units on a permanent basis with young single women, inexperienced as mothers, and how to integrate children with disabilities. Where children are unable to live with their families, they should be afforded as near as possible environments that approximate to those of their families.

In Bamburi division there are a number of children's home which meet different threshold in, handling VC among them are Wema children's home, Tumaini children's home, Anarda Marga .Baraka children's home, SOS children homes, Great News Children's Home and Calvary Zion.

**Wema Centre:** It has attained remarkable organizational growth, achievements and impact in the lives of vulnerable children. The Centre has grown tremendously, over the years, in terms of staff, programs, budget and profile. Due to consistent growth and success of its work, the organization has curved out positive image and credibility to stakeholders in the children sector, with regard to childcare and protection. Wema Centre has become synonymous to hope.

**Tumaini Homes of Hope:** It is a UK based charity which raises and manages funds for Tumaini Children's Home and other projects to prevent and facilitate HIV/AIDS children in Mombasa, Kenya.

**Calvary Zion Children's Home in Mombasa:** It is a charitable trust set up to raise funds in support of the Calvary Zion Children's Home in Mombasa, Kenya. The home was started in 1998 to care for abandoned and homeless children. One of the main aims of the Trust is to raise money to pay for the children's education in order to give them as good a start in life as possible.

**Mombasa SOS Children's Village:** Construction works for the SOS Children's Village Mombasa were completed in 1979. In the same year, the first children and SOS mothers moved in. The

SOS Children's Village Mombasa developed in the Northern shore of the Bay of Mombasa, 500 metres from the coast.

It consists of twelve family houses, a village director's house, staff flats, a house for the SOS Aunts (SOS Aunts take care of the children in case of an SOS Mother's absence), and an administrative and service unit. Each family house comprises a small garden in which fruits and vegetables are cultivated. The keeping of goats, cows and geese makes a valuable contribution towards the Village's self-sufficiency. 120 children are currently housed in the SOS Children's Village Mombasa. It provides a secure attachment relationship creates a secure base from which a child feels safe to explore the world. Many looked after children whose primary attachment figures have been unsupportive or unpredictable are unable and unfortunate to find other attachment figures. In fact it has provided resilience in children which gives them ability to cope with caring adults who take particular interest in them. This could be a neighbour, friend's parent(s), teacher, child minder, relative, mentor or befriender, foster carer or residential worker.

The new guidelines for foster care influenced policy and legislation. For instance, in 1998 the law changed in that the minimum age at which a person would be allowed to foster went down to 30 years. It is important for institutions to have well developed, stringent admission criteria so that they do not become dumping grounds for unwanted children, or that they do not act as magnets for families that feel children will be better off in the institutions. Criteria and guidelines will ensure that the children that absolutely need this service have access and opportunities to receive them while at the same time ensure that community coping mechanisms are not undermined. Aggressively working to prevent families breaking down in the first place through supportive interventions obviates the need for alternative care (Wright 1999), and equally interventions can focus on getting children out of institutions.

In Ethiopia, the SKIP project and the Jerusalem Association for Children's Homes both worked to deinstitutionalize children by first enabling them to travel to their birthplaces during school holidays to look for their kin. Older adolescents were helped to become independent through their own development of business plans for which they were given small grants, having apprenticeships organized where they received skills and mentoring, and were given opportunities to attend higher education. As a result of children being reintegrated into their

communities' one home was closed (Gebru and Atnafou 2000). SKIP promoted the concept of family type units where children lived in the same style of housing as other community children, had same standards of clothing and nutrition, went to the same schools, worshipped in the same religious structures and engaged in the same mode of agriculture as their peers in the communities. SKIP reintegrated 98 per cent of all the children back into their communities after eight years.

Temple boy systems and community care centers have been suggested as other alternative models of care especially where there is a strong Buddhist tradition. In Thailand and Cambodia, for example, it is traditional for boys to be placed in a temple where they receive an education. This has been suggested as an option for male children orphaned by AIDS if the religious community would be encouraged to extend the system to target orphans and actively destigmatise AIDS related orphanhood (Brown and Sittitrai 1996). This may be a critical model in Cambodia, where the genocide of 1975-1979 (killing between one and three million people) has removed many potential grandparent caregivers for the estimated 60,000 orphans at the end of 2001 (NAA 2001). In Cambodia, without a concerted a widespread response, rates of child abandonment will be unusually for AIDS affected populations.

In addition, other faiths through their own structures and through faith based organizations (FBOs) could be encouraged in the uptake or adaptation of the system to fit their faiths. This system if developed would need to recognize the situation of girl orphans and monitor the children's welfare in the long term. Given the scale of the current and impending orphan crisis and realizing that fostering arrangements will be one of the responses that will be promoted in most developing countries, it is important to note that most of these countries still retain legislation, criteria, guidelines and administrative procedures based on western models.

For example, in South Africa in 1998, the government introduced child support grants for children under sevens living in impoverished households with the intent that within five years up to three million children would have had access to the grant. After the first year, however, less than 30,000 or a meager one per cent had been able to receive the grant. This was because of



stringent information requirements. For example, not everyone in rural and impoverished areas had birth certificates that the department was demanding (Loening- Voysey and Wilson 2001).

Models of fostering and adoption services developed in the west are by no means universally useful. Adoption requires rigorous legal oversight and assessment procedures and may not be applicable in societies where extended families consider themselves to have responsibilities for a relative's child. (And of course this is being reinforced in high prevalence areas) Fostering also provides definitional problems as it is necessary to be clear as to exactly which parental responsibilities are being transferred to the foster parent and in the case of formal fostering what responsibilities are being held by government social workers and the state. Formal fostering on a long-term basis raises many rights issues and may not be the solution.

In most cases, developing and transition countries have not ensured that their social policy keeps pace with their economic reform. In those countries where the context facilitates the choice of institutions as the first policy choice for care, state revenues have dwindled to levels where institutions can no longer be supported adequately. The impending huge numbers of vulnerable children will make the situation even more unmanageable if no alternative models of care are developed. In addition, the minimum standards set for formal foster care and adoption are often too high for the many poor but willing community members. The concept of 'good enough' standards appropriate to the local context, norms and traditions of the community in which the child will grow up should be seriously considered in these countries where the numbers of orphans are increasing (Phiri et al. 2001).

### **2.3 Developmental evolution of child welfare.**

Child welfare, as an area of public policy, began in the late 19th and early 20th centuries, with child safety at home and in the workplace as its primary focus (O'Neill Murray & Gesiriech, 2008). In the United States and other parts of the world, during the first half of the 20th century, society's views on children changed dramatically. Initially considered the property of their families and precluded from governmental intervention, children became recognized as in need of protection from parental maltreatment. Protection primarily included removal of children from their parents' care. In the late 1970s and early 1980s, a deeper understanding of parent-child

attachment increasingly influenced child welfare policy and practice (Bowlby, 1969). Strategies for preventing and ameliorating child maltreatment shifted toward empowerment of the family and engagement of the family's strengths as resources for the child. At the same time, courts began to play a larger role in situations in which the governmental agency undertook legal custody of a child or ordered services. Because agencies needed to show significant evidence of maltreatment when seeking legal custody or ordering services, evidence that would be accepted by the court (Hardin, 1996).

In Australia and other Westernized countries, there is a considerable amount of concern that foster care services are failing to meet the needs of many young people placed into care' (Bath, 1998, cited in Delfabbro & Barber, 2003). Society has to recognise that many of its remedies (in the form of alternate care) fail to provide what is needed and may actually make things worse' (Rutter, 2000: 692)

Presently, the child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children. In 2007, approximately 800,000 children entered the child welfare system. This is a huge increase from 1980, when about 300,000 children in the United States spent some time in foster care placement (Richard McKenzie pg 59).

In India, as per the 2001 Census, there were 427 million children in the country. There are millions of children living in the difficult circumstances. The child protection programme is shared between various ministries which have been implementing the schemes and programmes to reach out to varied groups of vulnerable children with complex and diverse needs. The important schemes and programmes for such children include Programme for Juvenile Justice, Integrated Programme for Street Children, Shishu Grih Scheme, Scheme for Working Children in Need of Care and Protection, General Grant-in-Aid Scheme, CHILDLINE Service, Rajiv Gandhi National crèche scheme for the children of working mothers, Pilot Project to Combat the Trafficking of women and Children for Commercial Sexual Exploitation in Destination Areas. (A report from child welfare in India 2001).

Different public structures have been established by the Children Act and they aim at promoting the welfare of the child and protecting his/her rights. According to the Children Act, the National

Council for Children's Services (NCCS), inaugurated in September 2002, has the mandate to "supervise and control over the planning, financing and co-ordination of child rights and welfare activities and advice the Government on all aspects thereof." Amongst its different functions, the NCCS is in charge of the full implementation of Kenya's international and regional obligations relating to children. (Ebigbo, 1986).

While parents are still legally and socially responsible for their children's care and safety, governments legally mandate that state, local, and tribal public agencies create child protective services to respond to allegations of harm and protect children. In carrying out its mandate, the CPS system must balance the protection of children's physical and emotional safety with recognition of families' unique strengths and needs. (Hardin, 1996).

Many practices, protocols, and policies have been developed, implemented, and evaluated, in an attempt to simultaneously meet the unique needs of each child and family involved in the child protection system and achieve consistently high standards for system performance. One of the more recent approaches is differential response. First introduced in the early 1990s, differential response has spread nationally and internationally in an effort to address the growing recognition that families' differing circumstances and needs necessitate distinct responses. While having common philosophical and strategic foundations, various differential response approaches have developed at state and county levels, with unique trajectories and some variation in motivations, purposes, and impetuses. (Johnson, 2006; Moore, 2008a).

Paramount in the lives of these children is their need for continuity with their primary attachment figures and a sense of permanence that is enhanced when placement is stable. There are critical periods of interaction among physical, psychological, social, and environmental factors. Basic stimulation techniques and stable, predictable nurturance are necessary during these periods to enable optimal cognitive, language, and personal socialization skills. Because these children have suffered significant emotional stress during critical periods of early brain development and personality formation, the support they require is reparative as well as preventive. The pediatrician, with knowledge of the child's medical and family history, may assist the social service and judicial systems in determining the best setting to help the child feel safe and heal. (Brenda Jones Harden 2004).

Understanding the risks of vulnerable children is critical to attaining the United Nations' Millennium Development Goals (MDGs) set for education, health, nutrition, and poverty, because those risks have a critical effect on the school enrollments, health, and nutritional status of several million vulnerable children. The probability of not attaining the MDGs is particularly high for children located in countries experiencing risk compounding—that is, an orphan who lives in a country emerging from years of civil conflict and subjected to a severe covariate shock such as drought might face multiple risks and be very vulnerable to dropping out of school compared with another orphan placed in a country facing fewer overall challenges. Therefore, before launching any intervention on their behalf, donor agencies and others should be aware of the risks and needs (which vary a great deal across countries) and, to the extent possible, design interventions in such a way as to ensure that orphans and vulnerable children benefit from attainment of the Millennium Development Goals for education, health, nutrition, and poverty. *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action* (UNAIDS UNICEF and USAIDS)

In the prevailing environment of widespread deprivation and poverty in most countries of Sub-Saharan Africa, the numbers of vulnerable children are growing estimates suggest that the number of orphans alone (double and single orphans from all causes of parental death) was 34 million in 2001 (UNAIDS 2002). Even in the best of circumstances, reaching all the OVC is not feasible. In many country situations, it may be necessary to identify those children among the vulnerable children who are the most in need, but one cannot identify the needy children without knowing their potential or ex ante risk patterns.

Vulnerable Children expected to increase. Moreover, because of the long incubation period of the disease (8–10 years), the adverse impacts of HIV/AIDS on children, households, and communities will linger for decades after the epidemic begins to wane. According to Levine and Foster (2000, cited by Foster and Williamson 2000), the mortality rates will not reach a plateau until 2020, which means that the number of orphaned children will remain high at least until 2030. Simulations showed that by 2010 the number of orphans and AIDS orphans would be 42 million and 20 million, respectively (UNAIDS 2002).

There is a great deal of research on the social development of children. John Bowlby proposed one of the earliest theories of social development. Bowlby believed that early relationships with caregivers play a major role in child development and continue to influence social relationships throughout life. (Kandra Cherry Psychology Guide).

#### **2.4 The roles played by children homes in provision of security**

The social movement of the 1970's resulted in a number of laws and policies that had an impact on the child welfare system. The National Association of Black Social Workers made a statement on trans-racial adoption that spurred debate for the next thirty years. It called for the preservation of black families, wherever possible, and recognition of the pervasiveness of racism in American culture. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) increased the identification and treatment of abused children. The Indian Child Welfare Act (ICWA) of 1978 provided firmer standards for removal and placement preferences in Indian households. (Askeland, Pg. 78).

In 1993, after a consistent increase in international adoption, the Hague Convention of Inter country Adoption developed standards to protect the rights of all children and balance the interests of the citizens of poorer countries where children are adopted in large numbers and those of receiving countries. The procedures for adoption agency certification and process were standardized with steps outlined to ensure children are not taken from parents illegally. Significant to the long standing debates over trans-racial adoption, the Multi-Ethnic Placement Act (MEPA) of 1994 prohibited delaying or denying any child's placement or adoption due to race (though it concedes that race can be considered). (Askeland, Pg. 80).

The UN Committee on the Rights of the Child corroborates the importance of theory in informing rights-based work with children. "Theory and evidence from early childhood research has a great deal to offer in the development of policies and practices, as well as in the monitoring and evaluation of initiatives and the education and training of all responsible for the well-being of young children" (UNCRC et al., 2006: 53). The human rights approach (HRA) is based on the Convention on the Rights of the Child, which has been ratified by all African countries except Somalia. The convention covers all rights of all children—civil and political rights, as

well as economic, social, and cultural rights. It relies on four “guiding principles” that are fundamental to the interpretation of all the other rights:

1. *Nondiscrimination* (Article 2), “which establishes that children’s rights apply to all children without discrimination of any kind, for example on grounds of gender, disability, ethnicity, religion and citizenship”
2. *Best interest of the child* (Article 3), “which establishes that in all actions about children, their best interests should be a primary consideration”
3. *Survival and development* (Article 6), “which not only prioritizes children’s rights to survival and development but also the right to develop to their fullest potential in every respect, including their personality, talents, and abilities”
4. *Participation* (Article 12), “which sets out the principle that children should be listened to on any matter that concerns them and their views given due consideration in accordance with their age and maturity.”

The HRA is child-centered, but it takes into account the environment in which the child is evolving. It recognizes that children have rights that entail obligations and responsibilities on the part of the family, the community, the society, the state, and the international community. Indeed, for children’s rights to be fulfilled, actions are needed at all levels.

Education forum held in darker April 2000, international community reaffirmed its commitment to ensuring universal access to basic Education of high quality by 2015. In Kenya 2003 implementation of free primary education in public primary school

#### **2.4.1 United Nations General Assembly Special Session on HIV/AIDS Articles 65–67**

By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance; Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de stigmatization of children orphaned and made vulnerable by HIV/AIDS; Urge the international community,

particularly donor countries, civil society, as well as the private sector to complement effectively national programs to support programs for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa.

*Support Policies:* Legislation, policies and regulations that promote youth and adult employment; that ensure equity in access to social transfers and other basic entitlements; and which enhance the quality and appropriateness of these services are essential to comprehensive social protection for children. Likewise, anti-discrimination legislation and policies that promote gender equality and inheritance rights are a crucial and transformative component towards assisting girls and women to overcome discrimination throughout their lives. Finally, improved gate-keeping and quality assurance is needed in the form of policies and regulations to ensure appropriate use and standards for residential care facilities. (Policy Framework for Orphans & Vulnerable Children in Guyana 2006 pg.17)

#### **2.4.2 Child-focused and rights based programming**

Rights based programming implies holism in approach; dealing with aspects of prevention, care, protection and the impact mitigation. This is being achieved through the work of key global institutions working for the rights of children through developing a set of principles to guide programming for vulnerable children. These principles aim to provide a framework for a much broader response to children and young people affected by HIV/AIDS. The main aspects of these principles are:- to foster links between HIV/AIDS prevention activities, home-based care, and efforts to support orphans and other vulnerable children, to target the most vulnerable children and communities, to give particular attention to the gender-specific needs of boys and girls, to involve children and adolescents as part of the solution, to strengthen the role of schools and education systems, to reduce stigma and discrimination to strengthen the caring capacities of families through community-based mechanisms and to strengthen the economic coping capacities of families and communities . A belief that a highly respected and influential early childhood practitioner and academic, Sharon Lynn Kagan of Teachers College, Columbia University shares (personal communication, October 23, 2008). Holistic ECCD benefits the child, the adult, the community and the society as a whole.

### **2.4.3 Addressing VC's Safety Needs**

Social and economic factors such as socioeconomic status; family dynamics; parenting quality; quality and relationships with caregiver, teachers and other adults (Werner 1993); neighborhood effects; and exposure to violence or trauma and access to quality educational and recreational opportunities, such as schools, sports teams, churches, and Boys and Girls clubs (Smokowski 1998) contribute towards successful adaptation despite many challenges.

Home visits by community volunteers are the backbone of efforts to monitor the well-being of OVC. When adequately run, community-based orphan care may produce very positive impacts for orphans and their caretakers. Evidence from FOCUS in Zimbabwe shows that children gain emotional, spiritual, and material support from the FOCUS volunteers. Because the volunteers are often viewed as a mother or a grandmother, they help to improve the integration of the children into community life and are able to better address difficult issues such as sexual abuse (Lee 2000). Currently, however, in most countries home visits present many flaws: Visits are often fragmented and made on an ad hoc basis. Visits are carried out by concerned persons from NGOs and CBOs but by very few persons from the public sector. Home visit programs are hampered by stigma, denial, fear, and secrecy. Volunteers are insufficient and lack adequate skills required to recognize and address abuse and psychological issues in an effective way. It is difficult to sustain volunteer motivation when the workload increases substantially.

### **2.4.4 Addressing VC's Legal Needs Measures of protection against violence**

Children and youth, mainly due to legal status are regarded as minors and often do not have an active role in the decision-making processes that affect their lives. This is true both for children who have lost their parents due to death and for those in the child welfare system. It was also found that the parents of these children often feel marginalized and lack the tools and resources to advocate for their child (The Pew Commission on Children in foster care, Pg1). Possible solutions to improve the participation in and the quality of child representation include usage of child advocates, more cross - agency collaboration and communication, and the provision of training, resources and adequate compensation for attorneys. (Outley, Pg. 10).

The Children Act provides protection from different forms of violence. Section 13 states that “a Child shall be entitled to protection from physical and psychological abuse, neglect and any



other form of exploitation including sale, trafficking or abduction by any person. Raising communities' awareness and recognition that widows and orphans need security of tenure is a first step toward the legal needs of vulnerable children. In some countries such as Swaziland, communities have begun to advocate children's inheritance rights, and traditional authorities have begun allocating lands to this vulnerable group (FM&G 2002). In Mozambique, Namibia, and Tanzania, land tenure systems and property ownership have been opened up to women (Hunter 2000). The responsibility here rests squarely on governments; they must establish birth and death certificates and enforce inheritance rights for orphans, among other things. These efforts of governments should be complemented by civil society initiatives to ensure succession planning and to encourage families to write their wills to counter property grabbing. In Uganda, memory books written by dying parents have proven to effectively support both wills and succession planning. Again, community volunteers and local leaders must play a major role in this matter

However, child abuse remains particularly important in Kenya Legislation should come with concrete programmes and measures of implementation. In that respect, facing the high level of violence against children, especially sexual violence in Kenya, the NCCS, in partnership with UNICEF Kenya, civil society, religious groups and the private sector, set up a national campaign to end violence against children. The campaign was launched in July 2006 and aims to protect children and women victims of violence and to sensitize the population on the issue.

## **2.5 Developing positive character amongst vulnerable children**

Developmental stage theory is epitomised by Piaget's ideas, especially as these have been enthusiastically taken up by educational theorists and curriculum planners. Broadly speaking, early child development is seen as a natural and universal process of progressive transformations (or stages) in children's physical, mental, cognitive, socio-emotional and moral competencies. These transformations are driven by the interactions between maturational processes and children's progressive structuring and restructuring of their experiences, as they gradually acquire more sophisticated capacities for thinking and reasoning. (Lourenco and Machado, 1996: 149).

Lusk (1989) observed that nothing contributes more to a loss of human development potential than childhood and a youth spent outside the framework of a family and school in the usual hostile environment of the street. Education has become a lifelong process with learning at any age and any place as needs and opportunities arise. Some learning opportunities are relatively unstructured and non-formal but never the less provide meaningful educational experiences. Bennani (1996), Smith (1997) and Inter press Services (1977) have pointed out that although the best solution to the street children phenomenon would be to re-unite them with their families, some children do not have homes or families to return to.

Most of the programmes that cater for street children have endeavoured to respond to their special needs (ANPPCAN), which include food, clothing, education, love and support. The main purpose of street children education should not be limited to imparting information which is relevant for examination but rather to seek to provide education that is relevant to the children's improvised circumstances and to the need they have to earn a living (Shorter and Onyancha 1999, ANPPCAN 1995). Currently there are more programmes for boys than there are for girls. The kind of training provided for these children is varied. Boys for example have a choice of the following vocations; carpentry, masonry, plumbing mechanical engineering, motor vehicle mechanics, tailoring, driving, welding etc.

During a workshop entitled 'Hearing on Street Children in Kenya' organized by ANPPCAN and held in Nairobi on 4<sup>th</sup> and 5<sup>th</sup> November 1994, the following recommendations were made:

1. Any education for street children must be flexible. It must serve to rehabilitate and provide adequately for street children's physical, psychological and sociological needs. There must be room for highly individualized programmes that enable a given child to start at his or her own level of competence (determined by expert assessment).
2. In order to contain the street children phenomenon, adequate provisions should be made for children from poor families. Basic education should be more compulsory and free and alternative education programmes should be designed for street children.(the children's charter of south Africa,1992).
3. The essential element of street children should include literacy and vocational training with a strong dose of life skills training that will help the child to develop into a self reliant, productive and responsible citizen.

4. School should see themselves much more in terms of their community function. They must make greater efforts to retain children.

The 1992 Children's Charter of South Africa recognizes the urgency to improve the lives of children and to protect their rights in every region. In particular those regions which are subject to violence, political unrest and poverty. The charter further recognizes that:

- a. All children have a right to free and equal compulsory education within one department as education is a right not privilege.
- b. All children have a right to education be it formal or informal education in their interest and which allows them to develop their talents.
- c. All children have the right to adequate educational facilities and those facilities should be made accessible to children in difficult or violent situations.
- d. No child should be forced to live on the streets.
- e. Street children have a right to receive special attention.
- f. Kenya boasts of a number of programmes that address the plight of street children. Ngau (1996) discusses a number of these programmes which include the following:

Many authors stress the importance of education and attainment for building flexibility. Borland et al (1998) in a research summary concerning the educational experiences of looked after children stated. Schooling may be vital in enabling children to make the best of adverse circumstances like being in care, both through offering opportunities for academic success to compensate for the "failure" in family life and in affording access to alternative supporting relationships — with teachers and with peers. Schools also offer opportunities for children to learn coping styles and gain a sense of self worth.

The different outcomes in adult life between those looked after children who do well in school and those who do not is startling. Jackson and Martin (1998) in their comparisons of adults who had been in care who had achieved well educationally and a comparable group, in terms of their experiences of adversity, who had not done well educationally found the following outcomes:

**Table 2.2: Educational achievement and adult outcomes**

	<b>HIGH ACHIEVERS</b>	<b>COMPARISON GROUP</b>
Unemployed	2.6%	72.7%
Single mothers	3.8%	41.7%
In custody	0%	18.2%
Homeless	2.6%	22.7%

Source. (Adapted from Jackson and Martin 1998).

It seems clear that educational success is a major tool in promoting flexibility

Even with FPE, orphans are still more likely to lose out on education than other children. In Kenya, the rate of female orphans to female non-orphans attending school is 0.9, while the rate of male orphans to male non-orphans is 0.93. The chances that both male and female orphans will attend school are significantly lower than those of their non-orphaned counterparts. The percentage of double orphans' aged 10–14 attending school is 70 per cent lower than that of children living with at least one parent (93 per cent). Four major reasons for orphans' continuing lack of access to schooling are additional costs of education – even when school fees are abolished, money must still be found to pay for uniforms, books. Inability to go to school full-time, vulnerable children may be unable to attend school full-time due to the need to earn a living, or care for siblings or sick parents.

Lack of educational capacity – where there is competition for school spots, orphans and vulnerable children are likely to be at the end of the queue. Lack of educational quality – lacking parental direction, orphans and vulnerable children can easily reject spending time in school unless the education they receive is attractive and rewarding. Enabling vulnerable children to benefit from FPE. It can be seen that when fees are abolished, the supply of education of any real quality is likely to become even more limited than previously as those who frequently find themselves with the least ability to exercise choice, orphans and vulnerable children are likely to find themselves among the worst placed in terms of accessing the limited supplies of quality education.

Addressing the second challenge meant facing the difficulty that providing children with a quality education. demands many more resources than school fees alone. If such resources are unavailable from the government or from the parents/caregivers of schoolchildren, it is necessary to determine how else they can be found. In Kenya, these two dilemmas were met in two very different ways: The first was addressed through highly creative and extremely thrifty efforts to increase the quality and capacity of existing schools, while the second was tackled by making better use of the efforts, capacity and skills of civil society through enhanced support to non-formal education. (UNAIDS Joint United Nations Programme on HIV/AIDS, Report on the Global AIDS epidemic 2008.)

### **2.5.1 Outcomes for learners in school**

The outcomes demonstrate the range of results for learners that may be measured and monitored in studies of school, family, and community connections as follows.

### **2.5.2 Academic achievement**

Family and community connections with schools have shown evidence of an effect on learners' academic achievement (for example, Fan & Chen, 1999; Ho Sui-Chu & Willms, 1996; Luchuck, 1998; Keith & Keith, 1993). Recent studies by Shaver and Walls (1998); Faires et al. (2000); Quigley (2000); Chavkin, Gonzalez, and Rader (2000); and Izzo et al. (1999) all found specific positive impacts on reading and mathematics. Others, such as Bloome, Katz, Solsken, Willett, and Wilson-Keenan (2000) and Epstein, Simon, and Salinas (1997) have found effects on other subjects, such as language arts, literacy, art, science, and social studies.

### **2.5.3 Other achievement in school**

Research has demonstrated that family and community connections have also impacted attendance, aspirations for post-secondary education, enrollment in challenging high school curriculum, and successful transitions from special education to regular classes. In addition, research has documented that connections have reduced retention and dropout rates among learners (Trusty, 1999; Miedel & Reynolds, 1999; Yonezawa, 2000).

#### **2.5.4 Social functioning**

Learners' social functioning can be impacted by family and community connections in such areas as learner's behaviour, motivation, social competence, intrinsic motivation, positive student-teacher and peer relationships, language, self-help, meaningful youth and adult connection/relationships, and strong peer and adult role models (Palenchar, Vondra & Wilson, 2001; Sanders, 1998).

#### **2.5.5 Addressing barriers to learning**

Barriers to learning such as health and mental health problems can be alleviated as a result of family and community connections with schools (Center for Mental Health in Schools, 1999a; Newman, 1995; Wynn et al., 2000). Through connections, learner's and their families often have access to physical health services, social services, and basic subsistence services that they might not otherwise be able to access (Wynn et al.).

#### **2.5.6 Creating networks of support**

Years of research (for example, Anderson, 1978; Bronfenbrenner, 1986; Sorin, 1990; Garbarino, 1992, all cited in Honig et al., 2001) have shown that social networks within and between neighborhoods can provide a web of support to parents and other adults that leads to greater learning opportunities for youth and children. Researchers investigating resilience in children (Bernard, 1990; Sampson, 1991; Werner, 1992; Blyth & Leffert, 1995, all cited in Honig et al.) have found that socially coherent communities and stable neighborhoods seem to be strongly correlated with positive development and learning outcomes for youth. In the resiliency research and in Kretzmann and McKnight's (1993) work on assets and strength of neighborhood ties, it has been found that neighborhoods can extend the classroom and that peer groups function as powerful influences on youth development and academic engagement.

#### **2.5.7 Creating new learning opportunities**

Several authors suggest that connections between schools and communities can provide new opportunities for students to learn in a variety of settings, such as church congregations, community organizations, and afterschool programs (Dryfoos, 2000; Honig et al., 2001; Sanders, 1998; Wynn et al., 2000). These connections can provide new role models and teachers

to learners and provide opportunities for building skills and leadership qualities that can support success in a variety of settings, including school. Additionally, school-community connections can lead to greater access to work-based learning and other career development opportunities (Hughes et al., 2001).

**2.5.8 Outcomes for Families and Communities** In addition to supporting learners and schools, family and community connections with schools can impact families and the community at large. Reports of improved outcomes for the family unit and the community as a whole are numerous. The following is a summary of some of the outcomes found in the literature reviewed. They demonstrate the range of family and community results that may be measured and monitored in studies of school, family, and community connections.

#### **2.5.9 Changes in skills, knowledge and beliefs**

Several studies documented that family attitudes toward education and their understanding of schools improved as a result of involvement (Bauch, 2000; Sanders, Epstein & Connors-Tadros, 1999). One study found that parenting styles can shift in positive ways as a result of their involvement with schools when they are given specific opportunities to make changes (Chrispeels & Rivero, 2000).

#### **2.5.10 Acquisition of resources**

Community organizations can acquire new resources as a result of their relationship with the school, such as use of school facilities. As noted, Wynn et al. (2000) found that all connections involve the exchange of resources among organizations, including physical resources such as space, equipment, and supplies; program resources, such as curriculum and training; and human resources, such as individuals from one organization working in another. Evaluations of community school programs also showed that families receive greater support and services as a result of school-based programs (Dryfoos, 2000).

#### **2.5.11 Increased civic capacity and community development**

Schools can serve as places where the public can come together and be involved in decision-making that impacts their community (Lewis, 1999). The roles that family and community members play in school reform and other collaborative efforts can have implications for the

larger community, as reform participants build skills and capacity that can be transferred to address other community needs (Shirley, 1997). Also, Lewis and Henderson (1998) found that when neighborhood family and community members are engaged in school reform efforts, the following outcomes can often be documented: the partnership becomes a means of rebuilding civic infrastructure, the quality of life in the neighborhood improves, and the nature of local power and politics changes. Community-based education reformers have also reported that their work creates a sense of place, develops enduring relationships, empowers people, erases boundaries between schools and communities, and builds an engaged community around schools (Lewis & Henderson).

## 2.6 Conceptual Framework

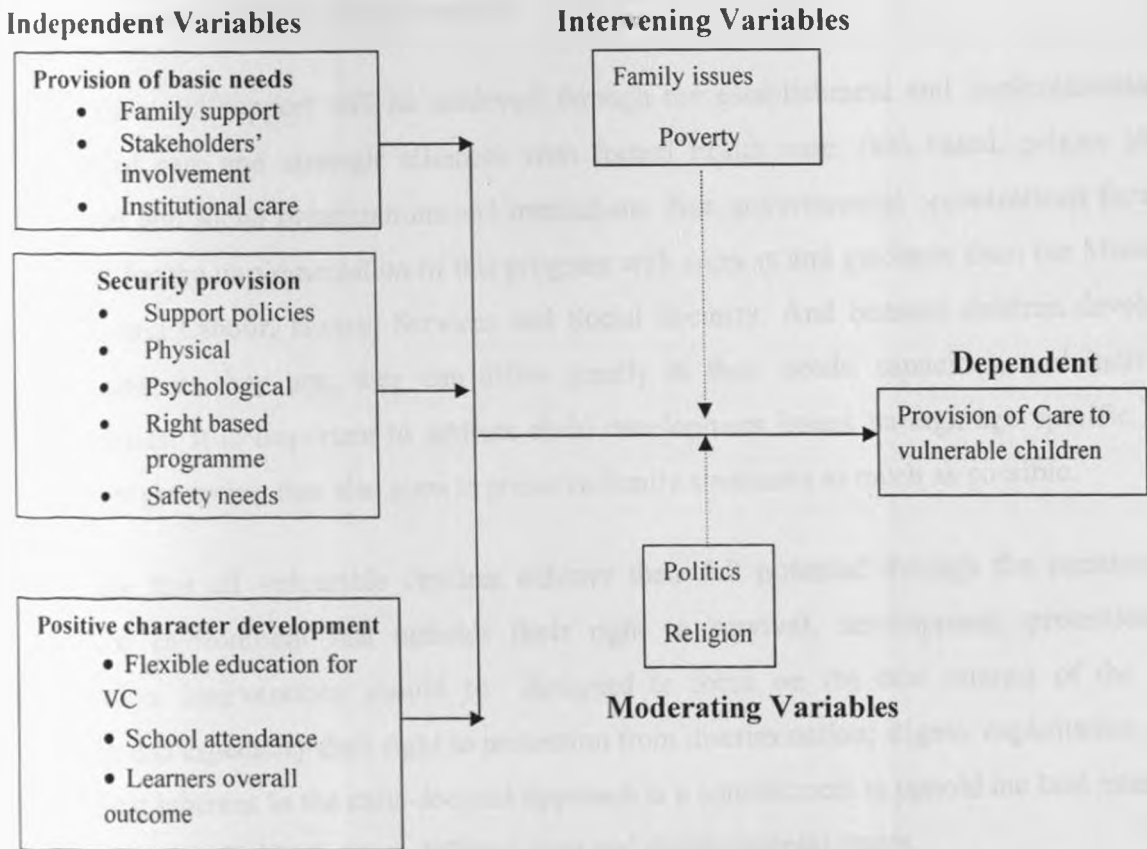


Figure 1 Conceptual Framework



The conceptual framework gives a depiction on how the variables relate to one another. The variables defined here are the independent, dependent, intervening and moderating. An independent variable influences and determines the effect of another variable Mugenda (1999)

The independent variables in this study are for provision of care in basic needs security and positive character development to the vulnerable children in children's homes. The intervening variables being poverty and family issues. Dependent variable is the factor which is observed and measured to determine the effect of independent variable (Nyandemo). The dependent variable is the roles of children's home in provision of care and the intervening variable is the one that measures the relationship between independent and dependent variable in provision of care and the role of politics and religion.

## **2.7 Summary of the literature review**

Quality care and support will be achieved through the establishment and implementation of standards of care and strategic alliances with formal health care, faith-based, private sector, educational and social organizations and institutions. Non governmental organizations form the back bone for the implementation of this program with support and guidance from the Ministries of Health and Labour, Human Services and Social Security. And because children develop at varying rates as they age, they can differ greatly in their needs, capacities, and individual vulnerabilities. It is important to address child development issues through age specific, child focused programming that also aims to preserve family structures as much as possible.

To ensure that all vulnerable children achieve their full potential through the creation of a supportive environment that upholds their right to survival, development, protection and participation, interventions should be designed to focus on the best interest of the child, including and especially their right to protection from discrimination; stigma, exploitation, abuse and neglect inherent in the child-focused approach is a commitment to uphold the best interest of the child as an individual across different ages and developmental stages.

# CHAPTER THREE

## RESEARCH METHODOLOGY

### 3.1 Introduction

This chapter presents the research design and the methodology used in this study. It also highlights the research design, target population, sampling technique and sample size methods of data collection, the instruments for data collection and procedures, quality control which includes validity, reliability and ethical considerations.

### 3.2 Research Design

This study used descriptive survey research design to ascertain and make assertions on how provision of basic service to the vulnerable children and the roles of children's homes, provision of security, stakeholder participation and character development effectiveness of role played by children's homes and evaluation of the various children's homes. The research design seeks to obtain information that describes existing phenomena by asking individual about their perceptions, attitudes, behaviour or values (Mugenda and Mugenda 1999).

The descriptive survey method was chosen by the researcher as the appropriate method for the research at hand because it is the most appropriate in collection of data about the characteristics of large population in terms of being cost effective and within the constraints of time available. Moreover, the questionnaire was employed as the main tool for data collection (Harrison and Lock, 2004 and Kelley et al. 2002). It also produced data based on real world observation which made the data empirical. Descriptive data was typically collected through a questionnaire survey, interviews or by observation (Mugenda and Mugenda 1999)

### 3.3 Target Population

A population can be defined as the complete set of subjects that can be studied: people, objects, animals, plants, organizations from which a sample may be obtained (Shao, 1999). The target population consisted of all the selected children's homes and the members charged with the running of children homes. With a total of 600 consisting of both the children and the workers a

from the seven children's home in Bamburi division. 10% was deduced from the target population to come up with 50 respondents who are eligible for the study.

**Table 3.1 Target Population of the study**

<b>Category</b>	<b>Members</b>	<b>Percentage</b>
Management	21	42
Children's homes	7	14
Children's officer	1	2
Dist development officer	1	2
Care givers/ teachers	17	34
Religious leaders	2	4
<b>Total</b>	<b>50</b>	<b>100</b>

### **3.4 Sample size and Sampling Procedures**

Researchers usually cannot make direct observations of every individual in the population they are studying. Instead, they collect data from a subset of individuals (a sample) and use those observations to make inferences about the entire population (Zickmund 1991).

Purposive sample within community was extracted from the list of all children homes in Bamburi, namely: Wema, Tumaini, Anarnda Marga, Shanzu Great hope, SOS, Restoration, and Calvary Zion. The selected children's homes were involved in provision of food, shelter, medical care, psychological care, schooling, security within homes. The management was composed of competent human resources consisting of chairmen, managers' caregivers and treasurers. Since they are more likely to be involved in the provision and evaluation of the services provided under their jurisdiction. All the seven (7) children's homes were then included in the study because the area of study is reachable. A total of 21 management officials from the children homes and 4 key informants were thus targeted for this research.

### **3.5 Data Collection Instruments and procedures**

A questionnaire was used to gather primary data. Shao (1999) defines a questionnaire as a formal set of question or statements designed to gather information from respondents that accomplish research objectives.

A series of structured and unstructured questions were used. The self administered questionnaires were dropped and later picked from the respondents through the secretaries of the homes who are the managers of children home. The key informants' questionnaires were delivered personally. Interviews system was also used to the management.

The first part of the questionnaire collected contained personal information, the next concerned on location of projects and committee membership. The subsequent sections asked questions on provision of service by management to the children homes. Other sections asked questions on polices and education achievement and evaluating their outcomes on the learners. Key informants were met to clarify and get opinions on analysis of the various children's homes and projects. Secondary data was drawn from ministry of social services records, journals and others on the internet. The data was used as a basis through which the research was carried out.

### **3.6 Validity of research instruments**

Validity indicates the degree to which an instrument measures what it is supposed to measure while reliability of an instrument is when it gives consistent results (Kothari, 2004). Internal validity was achieved by ensuring questions are counterchecked one over the other. The answers in some questions were used to verify or clarify earlier given answers. The question was also phased logically and sequentially in simple language.

### **3.7 Reliability of Research Instruments**

Reliability refers to the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda and Mugenda, 1999).thus for a research instrument to be considered reliable and a true measure for what is being established, it must be tested several times in the field. There are various method used to test reliability of a research instrument which are test-re-test method equivalent form, split half and internal consistency. The researcher will

use test-re-test method. Mugenda (2003) says that test-re-test method of assessing reliability of data involves administering the same instrument twice to the same subjects.

### **3.8 Data Analysis and Presentation Techniques**

The data was edited to eliminate mistakes and ensure consistency. The data was then, coded using Ms Excel Software and Classified into meaningful categories for analysis. This was to assess whether any associations between the variables exists. The data was then tabulated to capture salient details of the questionnaire. Summaries were drawn using tables, frequencies, percentages, mean averages and standard deviations as appropriate. Chi-square was used in the testing of the hypothesis. Descriptive analysis of the data collected was mainly in narrative form but greatly making use of the values where appropriate to clarify details.

### **3.9 Ethical Considerations**

The study participants were informed of the aims of the study. For this reason, the following ethical considerations were taken into account: Response to the questionnaire and participation in the study was purely voluntary. The respondents were assured of confidentiality.

Permission was sought from the University of Nairobi which has ownership of this research and the Ministry gender and social service through the area Kisauni district childrens Officer.

### 3.10 Operational Definition of Variables.

**Table 3.2**

<b>Objectives</b>	<b>Types of Variable</b>	<b>Indicator</b>	<b>Measurement</b>
Provision of care to Vulnerable Children	Dependent	Adequate Weak Good	Present=yes Absent=No Permanent=Good Temporary=Weak
Provision of Basic needs to VC	Independent	Reports adequate Weak Good	Present=yes Absent=No Permanent=Good Temporary=Weak
Provision of Security to Vulnerable children	Independent	Security levels Actors-FBO Government Civil Society NGOS	Annually= Quarterly Regularly
Positive character Development On vulnerable children	Independent	Documents guidelines. -person in-charge of VC planning Enrolment level Attendance Proximity	Present=Yes Absent=No Primary Secondary Tertiary College University

<b>Data collection method</b>	<b>Scale</b>	<b>Tool analysis</b>
Interviews questionnaires	Ordinal	Ms excel software Chi-square
Interviews questionnaires	Ordinal	Ms excel software Chi-square
Interviews Questionnaires Observation	Ordinal	Ms excel software Chi-square
Interviews Questionnaires	Norminal Ordinal	Ms excel software Chi-square

<b>Objectives</b>	<b>Types of Variable</b>	<b>Indicator</b>	<b>Measurement</b>
Political influence Policies	Moderating variable	Influence in Distribution of Funds	Present=Yes Absent=N0 Adherence Neglect
Poverty Family issues	Intervening variable	Percentage of poverty	Below dollar A meal a day

**Table3.2 operational definition of variables.**



<b>Data collection method</b>	<b>Scale</b>	<b>Tool analysis</b>
Interviews questionnaires	Ordinal	Ms excel software Chi-square
Interviews questionnaires	Normalinal Ordinal	Ms excel software Chi-square

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS AND INTERPRETATION

#### 4.1 Introduction

This chapter presents the findings of the study and analysis of the collected data from the respondents. It dealt so much on the response rate of the targeted respondents, their demographic characteristics and on the three variables that guided the entire study that is the provision of care to the vulnerable by children's home.

#### 4.2 Response rate

The study targeted 50 respondent from the main groups of the various children's homes in Bamburi Tumaini, Restoration, Calvary Zion, Anarda Marga, Wema Centre, Shanzu Great hope and SOS village, District Development Officer, Children Officer, Religious Leaders. The response rate was 100% from the targeted respondents, apart from the young children who could not be interrogated due to ethical issues protecting children. The researcher targeted minimum of six questionnaires and up to a maximum of ten questionnaires in a particular children home. Out of the 50 questionnaire that were sent out by the researcher to the targeted respondents, a total of 45 questionnaires were completed and sent back to the researcher. This was 90% response rate. According to Mugenda (2003), it is an excellent response rate and reliable.

Table 4.1 Response rate

Children's Homes	Questionnaire sent	%	Questionnaires returned	%
Wema centre	6	12	6	12
Tumaini	5	10	5	10
Restoration	5	10	5	10
Anarda marga	4	8	4	8
Shanzu Great Hope	4	8	4	8
Mt Zion Calvary	7	14	7	14
SOS	17	34	17	34
District children's officer	1	2	1	2
District development officer	1	2	1	2
<b>Total</b>	<b>50</b>	<b>100</b>	<b>50</b>	<b>100</b>

### 4.3 Demographic profile of the respondents

The establishment of socio demographic data of the respondents was guided by the following items: gender, age bracket, period worked, academic qualification and position held. The study needed to identify the gender of the respondent in order to establish their ratio and any biasness. The study too wanted to capture the average of the respondent, the average period worked as well as the academic qualification of the respondent as presented herein.

#### 4.3.1 Gender of respondents.

The respondent were analysed based on gender in terms of male and female. This was to find out how both genders were represented.

**Table 4.2 Distribution of Gender of respondent**

Sex of respondent	Frequency	Percentage	Cumulative Percentage
Male	19	38	38
Female	31	62	100
<b>Total</b>	<b>50</b>	<b>100</b>	

Heads of homes reported that two-thirds of the total groups of 50 care staff were female. This pattern is broadly consistent with previous research on children's in children's homes in England, which found that it has a mainly female workforce (Sinclair and Gibbs, 1998). There were similar numbers of female and male managers. In terms of gender, it is clear that 19(38%) of male while 31 (62%) are female this portrayed gender imbalances in respondent as the targeted population.

#### 4.3.2 Ages of the respondents.

The ages of the respondents who were mainly from those targeted with provision of care to the vulnerable children, management, care givers, children officer and children development officer. This was important to provide indicators on whether they would be easily available in provision of care to the vulnerable children.

**Table 4.3 Age of the respondents**

Age bracket	x	Frequency	fx	Percentage
19-24 years	21.5	3	64.5	6
25-30 years	27.5	7	192.5	14
31-35 years	33	5	165	10
36-40 years	38	22	858	44
41-50 years	45.5	10	455	20
51-60 years	55.5	1	55.5	2
61-70 years	65.5	2	131	4
<b>Total</b>	<b>286.5</b>	<b>50</b>	<b>1921.5</b>	<b>100</b>

Among the 50 staff who returned survey questionnaires 37 (74%) were under 40 years-old while the rest 13 (26%) but a sizeable minority were older, 3 (6%) were aged between 19-24 years, 7 (14%) were aged between 25-30 years, 5 (10%) were aged between 31-35 years, 22 (44%) were aged between 36-40 years who formed the greatest percentage of working staff which exhibited a presentation of young manpower that demonstrated the ability of children's homes running with the tasks. 10 (20%) were aged between 41-50 years, 1 (2%) were aged between 51-60 years while 2(4%) aged between 61-70 years were mainly directors and chairman of the homes. And they proved to be conversant with the running of the home.

#### **4.3.3 Period worked.**

The respondents were analyzed based on the period they had worked in the particular children's homes. This was necessary finding the experience they had in handling VC

**Table 4.4 Distribution of Period worked**

Period worked	x	Frequency	Fx	Percentage
1-5 years	11	2	22	22
6-10 years	8	3	24	16
11-15 years	17	1	17	34
16-20 years	9	2	18	18
21 years and above	5	3	15	10
<b>Total</b>	<b>50</b>	<b>11</b>	<b>96</b>	<b>100</b>

2 (22%) had worked for 1-5 years while 3 (16%) had worked for a period of 6-10 years. 17 (34%) had worked for a period of 11-15 years which amounts to exact the experience of a particular worker but you realize most of those working with children were experienced. 2 (18%) had worked for a period of 16-20 years, 3 (18%) had worked for a period of 21 years and above. This shows most of the workers had not worked for a period of 12 years which warrants for experience.

#### 4.3.4 Academic qualification

In order to provide care to vulnerable children meaningfully, level of education mattered on the respondents. The respondents were asked to state their level of education according to table 4.5 below.

**Table 4.5 Academic qualification of the respondent**

Academic level	Frequency	Percentage	Cumulative percentage
Certificate	32	64	64
Diploma	6	12	76
Graduate	4	8	84
Masters	2	4	88
PHD	Nil	Nil	88
Others	6	12	100
<b>Total</b>	<b>50</b>	<b>100</b>	

The study targeted all respondents, of which 50 (100%) of the respondents responded in the following manner: 32 (64%) were holders of certificates qualifications, 6 (12%) had diplomas, 4 (8%) were graduates of degree holders, 2 (4%) had masters, none had a PHD while an average of 6 (12%) did not specify.

This demonstrated that larger number of worker 32 (64%) were skillful certificate holders whose professionalism was in care giving in children's homes, this was an added advantage to care given to the vulnerable children.

#### 4.3.4 Job positions

Job positions of the persons concerned with care of the vulnerable children this was necessary in finding out whether they were specialized in doing their work

**Table 4.6 Distribution of job positions**

Kind of job	Frequency	Percentage	Cumulative percentage
Administrative	14	14.43	14.43
Management	7	7.21	21.64
Supervisor/Caregiver/Cook	30	30.92	52.56
Health workers	7	7.21	59.77
Teacher/education coordinators	7	7.21	66.98
Security worker	25	25.77	92.75
Counselors	7	7.21	100
<b>Total</b>	<b>97</b>	<b>100</b>	

14 (14.43%) held administrative positions in the children's homes. 7 (7.21%) of them held managerial positions, 30 (30.92%) of the respondent were supervisors/caregivers/cook 7 (7.21%) of the respondent represented the health workers, (7.21%) represented education coordinators, 25(25.77%) represented security workers and 7(7.21%) of the respondents represented the counselors.

The data profile of the respondent illustrated that there was gender imbalance in the target population. This could be the true reflection of what goes around in hiring of the workforce in

the different sector of the economic workforce. The average age being 35-40 years for having worked for a period of 11 years and with a high percentage of certificate holders. Since the study targeted children's homes, this demonstrated the children's homes ability to find and attract mature and talented personnel who are dedicated and professionalism were key in transforming the young children into a self reliant adult

#### 4.4 Provision of basic needs to the vulnerable children

The items under the variable sought to establish the respondent views on provision of basic needs to the vulnerable children. Data collection under this objective were guided by the following :Addressing care and control, stability and continuity, the issue of safety interpersonal working, close relationship with at least one adult, family links, ethnicity and culture, friendship, planning and after care.

**Table 4.7 Provision of basic needs to the vulnerable children**

Care and control	Frequency	Percentage	Cumulative Percentage
Addressing children's basic needs	18	16.98	16.98
Warm and caring/responsive	18	16.98	33.92
Quality physical environment	16	15.09	49.01
Praise and responsibility/positive expectations	18	16.98	65.99
Opportunities for success/improvement of self image	18	16.98	82.97
Clear boundaries/behavioural improvement	18	16.98	100
<b>Total</b>	<b>106</b>	<b>100</b>	

A total of 7 homes responded in provision of care. Out of the 7 homes, SOS children's village is structured differently where we have 12 sub-unit homes which operate independently but answerable to one management. This makes the total number of homes to be 18.

Addressing children basic needs such as food was 18 (16.98%), warm and caring responsive was given 18 (16.98%), quality physical environment 16 (15.09%) this was established by the respondent in determining how the children's homes were situated whether in an urban or rural set up. maintenance of and adequacy of the physical structure. 18 (16.98%) was in line with

praise and responsibility/positive expectations, 18 (16.98%) was given to opportunities for success and improvement of self image. In terms of clear boundaries and behavioural improvement, the respondent was at 18 (16.98%). In summary, there is an adherence of 16.89 % in terms of care and control in all the homes.

It became necessary to find out how stability and continuity of the vulnerable children took place. Table 4.8 establishes the response from the seven children's homes in Bamburi division as below.

**Table 4.8 Stability and continuity of vulnerable children**

<b>Stability and continuity</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative percentage</b>
Admission of children	18	90	90
Children stability	1	5	95
Employer stability	1	5	<b>100</b>
<b>Total</b>	<b>20</b>	<b>100</b>	

This is how they responded: 18 (90%) admission of children most of the children showed to be in favour of the new placement. 1 (5%) indicated that the respondent regarding to children stability, 1 (5%) the respondent indicated changes in care giver/predictability in daily care, Shanzu children's home was established from the questionnaires asked to have a problem with stability and future employment of the children and again there was absence of actual record showing the actual data of children and a plan for the home.

The issue of safety was very necessary with the current awareness of the children's rights and protection taken by the management in care of vulnerable children. The table gives an analysis of how the respondents responded.



**Table 4.9 Safety of vulnerable children**

<b>Safety</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative percentage</b>
Child protection issues	17	28.333	28.333
Management of risks	17	28.333	56.666
Peer violence	10	16.666	73.32
Allegations	16	26.666	<b>100</b>
<b>Total</b>	<b>20</b>	<b>100</b>	

The respondents were asked if they had any safety mechanisms for child protection issues. 17 (28.333%) indicated they understood some of the protection issues, 17 (28.333%) responded on management of risks/life style, peer violence also received some of the respondents 10 (16.666%). In terms of fights and abusive language some reported. Responds for allegations was at 16 (26.666%). Remember these are children who are trying to adjust to new environment with new circumstances and situations. Safety of children was of high property in the seven homes.

The researcher sought to establish how the seven children's homes engaged the vulnerable children in the inter-personal working without endangering their safety since they are more vulnerable. It was established that there were code and regulations regulating on how to handle vulnerable children.

**Table 4.10 Distribution of Inter professional working with vulnerable children**

<b>Inter professional working</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative percentage</b>
Liaison between home and school	18	50	50
Help with behavioural, emotional and social problems	18	50	<b>100</b>
<b>Total</b>	<b>36</b>	<b>100</b>	

All the homes reported the use of inter-professional working in support of any identified problem. The respond was at 178(50%). Rules and regulations, open forum were set up to assist

in behavioural, emotional and social problems at 17 (28.333%). SOS village, Wema centre had development plans for their children.

The respondent opinion were sought to find out whether the vulnerable children had some family links and in the case of absentia how were they able to fill the gaps. Table 4.11 indicates how family links was achieved.

**Table 4.11 Distribution of existence of any Family links**

<b>Family links</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative percentage</b>
Encourage contact in non-discriminatory way including siblings	11	32.352	32.352
Consider young persons views	16	47.058	79.35
Attempt to obtain support of Parents/consider transport issues	7	20.58	<b>100</b>
<b>Total</b>	<b>34</b>	<b>100</b>	

In terms of family links, the responds illustrated by there being a long evidence of to encourage contact in non-discriminatory ways including sibling to stay and live together in the children's homes 11 (32.352%).having an open form with the young person in an attempt to consider young person's views 16 (47.058%).This was so much exhibited in SOS village.Anarda Marga, and wema centre.

In situations where existing relative existed, preparation an attempt was obtain to support parent and consider transport issues. Respond rate was 7 (20.589%).this basically done to the children in order to enhance relation of the vulnerable if they have any existing relative in order to establish their roots.

The respondents opinion were sought to find out whether there was a close relationship with at least one adult.

**Table 4.12 Close relationship with at least one adult**

<b>Close relationship with at least one adult</b>	<b>Frequency</b>	<b>percentage</b>	<b>Cumulative percentage</b>
Champion/advocate/someone to stand for young persons including professionals	5	9.09	9.09
Support time to spend with young person	7	12.75	21.84
Reliability	18	32.75	54.59
Effectiveness of social worker/educational/psychological role	7	12.75	67.34
Encouragement of appropriate contact with key adult(s) from the past.	18	32.75	100
<b>Total</b>	<b>34</b>	<b>100</b>	

These were the responses: champion/advocate/ someone to stand for young persons including professionals 5 (9.09%), in terms of support to spend with the young person 7 (12.75%), reliability 18 (32.75%), effectiveness of social worker/educational/psychological role was at 7 (12.75%) and encouragement of appropriate contact with key adult(s) from the past if they existed was at 18 (32.75%). The case seen in SOS where actual family set up is portrayed.

The significant of ethnicity and culture was taken in the various children's homes particularly in SOS where the researcher established the aspect of culture, ethnicity and religion was the responsibility of the care giver.

**Table 4.13 Distribution of Ethnicity and culture of vulnerable children**

<b>Ethnicity and culture</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Culture/ language/religion context location	18	33.333	33.333
Consideration to ethnic matching/ staff mix/role model	18	33.333	66.666
Daily care	18	33.333	100
<b>Total</b>	<b>54</b>	<b>100</b>	

The question on culture and ethnicity is one of fundamental aspect of upbringing the child historically. In view of these cultures, language and religion varied in the context of location in

which 18 (32.75%) was demonstrated by respondents. Consideration to ethnic was also given the same weight of 18 (32.75%). Daily care was treated and given the same consideration of 18 (32.75%)

Table 4.14 sought to establish the importance of friendship amongst the vulnerable children. This was due to the fact that all the children came from unrelated background. All the seven homes encouraged friendship.

**Table 4.14 Distribution of Friendship among vulnerable children in children's homes**

<b>Friendship</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Encouragement of pro-social friends	18	100	100
<b>Total</b>	<b>18</b>	<b>100</b>	

In terms of friendship encouragement of pro-social friends 18 (100%). The young people in children's homes were expected to stay as brothers and sisters.

The study established children's homes that had planning and after care facilities for the vulnerable children. 4 homes were established to offer the facilities. SOS village was found to have a well strategized planning and after care facilities for their vulnerable children.

**Table 4.15 Planning and after care of vulnerable children**

<b>Planning and after care</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
High quality assessment and planning follow up process.	4	50	50
Desired placement. choice/matching young persons involvement/listen to young persons.	4	50	100
<b>Total</b>	<b>8</b>	<b>100</b>	

In terms of quality assessment and planning follow up process 4 (50%). Children inheritance inform of opening personal accounts to children choice/matching young persons involvement/listen to young persons 4 (50%). The question targeted all the 50 respondents. The respondents' were asked to tick against the greatest ways of providing security to the VC.

#### 4.5 Analysis of hypothesis on the provision of basic needs to vulnerable

Significance of children's homes on provision of basic needs was tested using chi-square based on quality care index indicators.

**Table 4.16 Analysis of hypothesis on the provision of basic needs to vulnerable children**

Df	$\chi^2$	P- value	Observed	Expected	O-E
8	15.51	0.05	330	36.666	57.338

The critical value: the tabulated  $\chi^2 = \alpha$  0.05 for  $9-1=8$ . The degree of freedom  $n \chi^2$  0.005, 8 15.51. The degree of freedom has been presented by 8 and the  $\chi^2$  value by 15.51 with the p-value of 0.05 or less is usually regarded as statistically significant. Since the calculated value of  $\chi^2 = 186.677$  is greater ( $>$ ) than the tabulated 0.5,  $8 = 15.51$  so the null hypothesis **H<sub>0</sub>** is rejected and the alternative hypothesis **H<sub>1</sub>** is accepted. In summary of the test of the hypothesis, not all children's homes provide basic needs equally.  $n$ , represented by indicators of basic needs, the  $\chi^2$  value was established using provision of quality care index.

#### 4.6 Provision of security to the children

The question on these variables sought to establish whether or not the children's homes provide security to the vulnerable children. The following items guided the data collection under this section. Specific ways of providing security, forms of security, improved evidence on security either by contractors and security firms and whether the children's homes understands the governing policies on provision of security to children's homes.

**Table 4.17 Provision of security to the children**

Response	Frequency	Percentage	Cumulative Percentage
Yes	7	100	100
No	Nil	Nil	100
<b>Total</b>	<b>7</b>	<b>100</b>	

The question targeted 7 (100%) from the children's homes and out of this, 7 (100%) responded yes meaning that they understood the relevance of providing security to the vulnerable children and various forms of security was in place. The owners of homes ensured that security was in place by either hiring or constructing the physical infrastructure to enhance security.

Matters of security largely depended on how big the home was and how it was organized and managed. 5 homes had an average population of 20 and 30 vulnerable children Tumaini, Wema centre and SOS village, strategically in terms of security, were well organized. These three homes owned the premises the other 4 children's homes rented the facilities. In terms of "No" response from the questionnaire, indicated all the homes had forms of security.

The study sought to establish on the awareness of the policies response from the seven children's homes.

**Table 4.18 Provision of security by policies to vulnerable children**

<b>Policy</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
Adhered rights of children	6	17.6	17.6
Support policies	7	20.58	38.18
Safety needs	6	17.6	55.78
Legal needs	5	14.76	70.54
Committal letters	5	14.76	85.30
Child rights based programmes	5	14.76	<b>100</b>
<b>Total</b>	<b>34</b>	<b>100</b>	

The respondents responded 6 (17.6% ) on the adherence to the rights of the children, 7 (20.58%) responded having support towards the policies governing children. 5 (14.76%) responded on acting in relation to legal needs on committal and on how they adhere to the law on how children are to be admitted in the children's homes. 5 (14.76%) admitted on having knowledge on the child right based programmes and what it entailed

**Table 4.19 Specific ways of providing security to vulnerable children**

Security	Frequency	Percentage	Cumulative Percentage
Security guards	5	15.62	15.62
Electric fence	3	9.37	25
Hedge	6	18.75	43.75
Barbed wire	6	18.75	62.5
Open	1	3.125	65.125
Texas alarm systems	3	9.37	74.495
Perimeter wall	6	18.75	93.245
Dogs	2	6.25	100
<b>Total</b>	<b>32</b>	<b>100</b>	

This is how they responded: 5 (15.62%) had security guards, 3 (9.37%) had electric fence, 6 (18.75%) had hedge as a form of security. 6 (18.75%) respondents were able to provide evidence of barbed wire. For instance 1 (3.125%) evidence o security was minimal; the physical structure lacked the perimeter wall in terms of suitability at one particular time. It had been hit by a vehicle which caused a major crack into the building. The structure was not secure enough to the children. Other forms of security- Texas systems had been used at 3 (9.37%). Most homes had perimeter walls and response was at 6 (18.75%) while dogs were also used as a form of security mechanism in children's at 2 (6.25%).

The sought to find out how the various children's homes managed and improved their security mechanisms basing on NEMA standards.

**Table 4.20 Improvised evidence on security to vulnerable children**

Period	Frequency	Percentage	Cumulative Percentage
Within last 3 years	4	100	100
Within last 6 years	Nil	Nil	100
Within last 9 years	Nil	Nil	100
All above	Nil	Nil	100
Don't know	Nil	Nil	100
<b>Total</b>	<b>4</b>	<b>100</b>	

The respondents were asked if they were able to provide evidence on improved security. The staffs of the children's homes responded in the following manner: 4 (100%) of them were able to provide evidence of improved security within the last 3 years and within the last 6 or 9 years some homes were not able to show any evidence of improved security.

The evidence of improved security of 4 (100%) were only seen in the homes that were NGOs based and all their forms of security was provided by their sponsor and donor partners. In homes where there was no security improvement, they complained of lack of funds.

Table 4.20 sought to find out evidence of improved security by security firms and contractors. The table presented the frequencies and percentages of the various homes.

**Table 4.21 Improved evidence on security by contractors and security firms**

Evidence of improved security	Frequency	Percentage	Cumulative Percentage
Yes	4	57.14	57.14
No	3	42.86	100
<b>Total</b>	<b>7</b>	<b>100</b>	

Some of the children's homes contacted security firms to provide security on their premises. In terms of yes, 4 (57.14%) responded yes. Lack of security firms and relied on temporary guards 3(42.86%) responded on relying on other forms of security like the use of dogs, watchmen, perimeter wall, Texas systems etc. what is evidence is that in all the children's homes, at least one or two forms of security was visible.

#### 4.7 Analysis of hypothesis on the provision of security to vulnerable children

Significance of children's home on provision of security was tested using chi- square.

**Table 4.22 Analysis of hypothesis on the provision of security to vulnerable children.**

df	$\chi^2$	P value	Observed	Expected	O-E
4	52.528	0.05	84	16.6	25.6



Critical value: The tabulated  $\chi^2 = \alpha = 0.05$  for  $5-1 = 4$ . Degree of freedom  $n \chi^2 0.05, 4 = 9.49$ .

Since the calculated value of  $\chi^2 0.5$ , is less than  $4 = 9.49$  so the null hypothesis **H<sub>0</sub>** is rejected and the alternative hypothesis **H<sub>1</sub>** is accepted.

In summary of the test of the hypothesis, provision of security was offered in different degrees. *n* represent the number of indicators used in the provision of security .such as well laid policies on child protection, physical infrastructural security. 5out of 7childrens homes adhered to and implemented children protection policy.

#### 4.8 Character development and enhancement

Most setting were dominated by major behavioural and management issue within the home itself. However, young people behaviour outside the home was a major concern. including drug misuse and residents safety. The homes worked proactively to attempt to manage these risks. The operation of the homes was generally consistent with what was written in their statement of purpose. Although the results are tentative, homes offering high quality care seemed to be among the well established NGOs and have recruitment procedure in place and have qualified needs for homes.

The respondents were asked questions on how they developed and enhance character on the VC. Table 4.23 showed ways on how character development was attained by various homes

**Table 4.23 Distribution of Character development and enhancement in children's homes**

Character development	Frequency	Percentage	Cumulative Percentage
Policy development	5	6.578	6.578
Participation	18	23.684	30.262
Economic well being	4	5.263	35.525
Being healthy	7	9.210	44.735
Staying safe	6	7.894	52.926
Enjoying and achieving	18	23.684	76.610
Making a positive contributions	18	23.684	100
<b>Total</b>	<b>76</b>	<b>100</b>	

The question targeted respondents who were caretakers in charge of character development and response was as follows: 5 (6.578%) responded on having regulating policies that guide on character development. 18 (23.684%) responded that they allowed open forum for the children to participate in expressing their views. 4 (5.263%) responded on the programmes ensuring economic well being of the children. 7 (9.894%) responded on a well established mechanism towards being healthy with referral hospitals. 6 (7.894%) response showed that they were sure on the provision of safety mechanisms. 18 (23.684%) the response was on making sure the children enjoyed and achieved what was planned for them. 18 (23.684%) in line with the statement of the purpose most homes ensured that they made positive contributions.

In order to find out the well being of the vulnerable children, measuring mechanisms were put in place in the various children's homes. Table 4.22 stipulates some of the mechanisms and their responses

**Table 4.24 Measuring well being of vulnerable children**

Measuring well being	Frequency	Percentage	Cumulative Percentage
Health and development	3	3.846	3.846
Behaviour	18	23.977	26.923
Attachment	18	23.077	50.00
Education and career	18	23.077	73.077
Protection	17	21.794	94.871
Participation	4	5.128	100
<b>Total</b>	<b>78</b>	<b>100</b>	

The following were their responses: 3 (3.846%) cite health and development to be the best focus in measuring well being, 18 (23.077%) cited good behaviour as a result of developing child development plan chart that recorded all the progress made by the child. The presence of guiding and counsellors assisted the children in having good behaviour. House rules and restrictions were also cited. In terms of attachment, staff relationship and closeness with the children was of great significance the response was at 18 (23.077%).

In relation with education and career 18 (23.077%). Education was seen to be very essential and emphasis on education was a need. 17(21.794%) cited on the presence and adherence to child protection in relation to the correct developed policies on child protection. In measuring the well being of the children. 4 children homes demonstrated ways in which children participated 4 (5.128%).

#### 4.9 Analysis of hypothesis on character development and enhancement

Table 4.25 Analysis of hypothesis on character development and enhancement

df	$\chi^2$	P value	Observed	Expected	O-E
1	0.02597	0.05	154	77	0

Critical value the tabulated  $\chi^2 = \alpha=0.05$  for  $2-1=1$  Degree of freedom  $n \chi^2 0.05, 1=3.84$

Since the calculated value of  $\chi^2=0.0259715$  is  $<$  then the tabulated  $\chi^2 0.05 =3.84$  the null hypothesis **H<sub>0</sub>** is accepted and the alternative hypothesis **H<sub>1</sub>** is rejected .Children's homes in Bamburi division as in regards to character development and enhancements, there are mechanisms. Some children homes had child development plan and proper record for each individual child was kept. There is a relationship between children's homes and positive character development.

#### 4.10 Finding from interviewees

The researcher conducted key interviews with the various managers of the children's homes, children officers and the district development officer. The interview had the intention of establishing whether the identified variables were some of the factors influencing the provision of care to vulnerable children in Bamburi division.

The interviews were guided by the following key statements captured in the items in the interview schedules as follows: reasons for establishing children's homes with an aim of providing care, level of security in those children's homes and finally on how it contributed towards positive character development of the vulnerable children into them being more reliable people in their adulthood.

Asked why they established the home, reasons given for establishment were all similar in the children's homes. HIV/AIDS pandemic was quoted to be one among the factors. Other factors extreme poverty, diseases, natural disasters and armed conflicts meaning everyday there are more children who are at risk of being abandoned, neglected or abused.hence the demand for care.

In relation to the mission and objectives or the mission statement, majority of children homes ensured they provided care and protection to the vulnerable children. Interview with the District children's officer in Kisauni District who is also in charge of homes in Bamburi division indicated some of the roles they were involved in. as with the inspection and registration of the children's homes, they provide technical and guidelines for the operation of children's homes, provide guidance and counseling for children placed under care of children's homes and rescue and re-integrate children in children's homes back to their families/community when they become of In age.

In terms of total number of children's homes, there were around 22 children's homes in Kisauni District of which 10 of them were situated in Bamburi Division. This indicates that most of the homes were situated in Bamburi division. The ten children's homes in Bamburi were able to cater for only 326(10.866%) in relation to the capacity of 3,000 children who are vulnerable in Bamburi division meaning there is deficit of greater number of population (89.1334) who were not reached.

An interview with the SOS administrator Mr. Timothy Kosgei illustrated SOS children's villages was driven by vision that children belong to a family and grow with love and respect. The researcher established SOS children's villages has a Family strengthening programme that works with community based organization and with local partners to support such disadvantaged families. Its family strengthening programmes targets vulnerable groups such as struggling single mothers, families affected with extreme poverty and families battle with drug and alcohol addiction. SOS children's villages family strengthening programme was divided into three phases: Ensuring the survival and development of the children. Money for school fees, seeds or a warm meal. Currently the family strengthening programmes caters for 300 children who are from vulnerable families who would be in children's homes.

An interview with advocacy officer of Wema centre, Mr. Lloyd Wamai illustrated that Wema centre is registered and runs as an NGO. Currently they have a capacity of 102 vulnerable children mainly from the streets. The centre has a well established ECD centre to cater for early childhood education. They have a dispensary of their own that offer medical care.

In terms of provision of basic needs the centre provides for the vulnerable children, the centre is well secured. The centre was also involved in a project to provide hygiene kits, lantern lamps to other vulnerable children in Marimani and Mwakirunge within Bamburi division.

Most of the home were established around 2004-5. Among the well established homes like SOS and Wema centre were established rather earlier and are exceptions since they operate under the umbrella of NGO based. In terms of provision of care, SOS and Wema centre both take 60% of admission of vulnerable children to their children's homes. They have admission committee with criteria guiding them when admitting children through children department and who are legally committed to them.

The programmes in children's homes were planned and approved through the participatory approach for all the stakeholders mainly the children and the management board. The role of the government is visualized through the district children's officer who is member of the management committee.

In terms of expansion, SOS, Wema centre had an intention of opening three new family homes covering a capacity of 28 and whereas Wema centre was also recruiting more children to fill a capacity of 18 vulnerable children.

In terms of funding, most of the homes relied on donors both individual and corporate. Some homes had mechanism of raising money through annual fund raising mechanisms. The research sought to establish the role played by the surrounding community in some homes. The older children who had graduated visited their relatives annually and the children in villages interacted with the community through the church going and mosques. It's also seen that the community assists with the donation both in adhoc and regular basis.

In terms of future plans for self sustenance SOS homes has developed and invested in water bottling plants and setting of green houses.. In terms of collaboration, the various children homes collaborated together in consultation forums at the district level for the VC.

Pwani Child Right Network an umbrella organization that coordinates activities of the. The main objective of this body was to coordinate and liaise with other organizations that participate in child welfare.more so the children's homes

The organization of children's home in Bamburi was based on what types of children are recruited in the home. Tumaini children's home was basically concerned with HIV/AIDS children who had been abandoned, complete orphans 1(14.84%) with a population of 60 HIV/AIDS victims 18.4% of the total vulnerable children in Bamburi division.The other variation of vulnerable children admitted in children's homes were those from the streets in which Wema centre admits such children with committal letters from the children's department. The children make a population of 36.8% of the vulnerable children in Bamburi division. The centre admits girls only and caters for education up to secondary level except with exceptional cases that have performed well. Currently they have a student undertaking a Master degree at Daystar University. They have also employed some of their own beneficiaries who assist in the running of today's affairs of the centre. Mr Mweu is among the beneficiaries from the centre who has graduated with a diploma in social community work from Mombasa Polytechnic.

It was found some homes did not own the premise and this affected their financial standing, and they had limited space though they admit both male and female. Calvary Zion has occupancy of 13.4%. Restoration 8.58%, Shanzu Great Hope 6.13% and Anarda Marga has occupancy of 6.75%.in relation to the number of vulnerable children from Bamburi division.

In the findings the researcher established the 7 children homes were able to meet the provision of basic needs, security and implementation of developing children characters I different capacities. Homes like SOS villages benefited from different sources of sponsorship from different corporate bodies like CFC, Stanbic Bank, Glaxosmithkline, Tsavo power company, Deloitte among the few. On the other hand Wema centre benefitted from Aphia plus, business community through corporate responsibilities like Safaricom and well wishers on a day to day basis.

Security matters right from the physical structures to policies governing children's rights was adhered in different degrees 7 (95%). With an exception of one children home that lacked perimeter wall to protect the children from outside invasion.

On character development, there were challenges as the children grew up in different stages except with one home, SOS villages catered for separation mechanism of the children as they grew up. At age of 14 years, boys were separated and taken to the youth house while the girls were left to stay with their foster mothers. Mechanism in other homes, older children were given different positions from the young ones. For those structures that had storey buildings, the older children were made to sleep upstairs while the young ones in the lower floors next to the caregivers. Those with mixed gender like Restoration, the boys were downstairs and the girls upstairs. In terms of space, 4 out of 7 homes had adequate space. 4 (57.142%) had adequate space for playing, doing their homework and a well organized place for sleeping.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

The chapter presents a summary of the findings of the study, discussion, conclusion, recommendation and suggestions for future research. The study set out to investigate the roles of children's homes in the provision of care to the vulnerable children.

The investigation was guided by three key variables. These were the provision of basic needs, provision of security and ways of moulding and developing characters of the children. The study found out the provision of basic needs to the vulnerable children. Good quality care does not automatically translate into improved outcomes depending on young children characteristics and what else is occurring in their homes.

#### 5.2 Summary of the findings

Among the staff who returned the questionnaires were under the age of 40 years old (44%) but sizeable minority 2 (4%) were older. In terms of period of experience only 2(22%) had worked for a period of 1-5 years while majority had over 5 years experience. This indicated that most of those who worked in the children's homes had enough experience.

In terms of qualification, most of the caregivers were certificate holders having attained "O" level of education which translated to 32 (64%) of the workforce. Those in administration in four homes studied out of 7 were graduates.

The overall quality of care demonstrated by staff interactions with young people, in education, training, work and managing anti-social behaviour. 18 (98%) gave the response of the seven homes studied in depth. 4 stood out as in regards to overall quality provision of care offered. Two were NGO based and they carried the bulk of children in the provision of care with a population of 134 and 102 tentatively. Good homes found easier to recruit both qualified staff. Majority homes studied in detail had comfortable environment and several retained some form of institutional features. Most of the homes were seen to offer consistent warm and caring



environment. Staffs were seen to work overtime with a response of 18 (33.33%). The researcher found majority of the staff spent most of their quality time with the young people. Two of the homes from the seven were exceptions in which staff appeared rather detached from the children 18 (33.33%). Most of the homes gave attention to education and work issues and it was particularly high priority with a response of 7 (12.75%). The education of the children was given a priority. All the homes had their own school for the basic, nursery and primary school 18(100%). Children were sponsored to get their basic education in both public and private schools.

In Medicare, 3 out of the 7 homes had their own dispensaries that catered for emergency cases 3 (42.85%) with complicated cases. Bomu Hospital was a hospital of choice for the seven children's homes. Bomu was favored since it offered medical services to those children who were HIV/AIDS victims at a subsidized rate.

All homes were not dominated by major behavioural problem, a bout four of the homes used some form of behaviour modification involving systems of rewards and sanctions. However, young people behaviour outside the homes was a major concern, including drug misuse and residents safety. Homes have worked proactively to attempt to manage these risks, 17 (28.33%). The operation of homes was generally consistent with what was written in their statement of purpose 18 (33.33%).

Although the results were tentative, homes offering high quality provision of care seemed to be among the ones that were financially sound and were NGO based and have better qualified heads of homes 4 (50%). In summary with the test of the hypothesis, not all children's homes provide basic needs equally. in 7 children homes n, represented the number of children homes, the  $\chi^2$  value was established using provision of quality care index where things like care and control, safety, inter-professional working, stability and continuity, family link, ethnicity, close attention with one adult.interns of the indicators and measurement used provision of care was there but not offered uniformly.

In terms of security provision, different forms of security were seen. 7 (100%) responded to have at least some forms of security which were assessed in terms of the physical structure as well as the protection of children from external harm. Modern forms of security were contracted and

applied. 5 (15.62%) had security guards, 6 (18.75%) had perimeter wall and children were accompanied when they were getting outside the home compound. Transport facilities were also secured to those who learnt outside facilities.

Evidence of policy governing the children protection and security were also evidence 18 (33.33%). With improved forms of security, 4 (57.14%) responded yes while 3 (42.86%) responded with having not contracted any contractor and security firms. In summary of the test of the hypothesis, provision of security is offered in different degrees. In all the homes provision of security in terms of well laid policies on child protection, physical infrastructural security 5 out of 7 homes understood and implemented children protection policy

In terms of behaviour development, the researcher was able to establish young people valued their friendship with other children from the children home. But peer often depicted as a source of difficulty and conflict 18 (23.684%). Interviewees expressed positive views about staff and almost all could identify a caretaker to whom to turn to help. They valued staff sensitivity and listening skills, reliability and a sense of humour and relationships that felt a kin to family.

There was generally appreciation of range of activities on offer in homes by staying safe 6 (7.894%). There were general perceptions that staffs who are supportive on school and college training. 18 (23.684%) Enjoying and achieving.

Young people felt that they were generally treated fairly although there was a perception that rules were sometimes applied inconsistently across the group 5 (6.578%) policy on development and making positive contribution. Children's homes in Bamburi division as in regards to character development and enhancements, there were mechanisms. Some children homes had child development plan and proper record for each individual child was kept.

### **5.3 Discussions**

The study established that there is need for provision of basic needs to the vulnerable children in children's home. The decision to remove a child from home is a difficult one, and child welfare services have historically struggled with the sometimes-conflicting goals of family preservation versus child protection. This is evident from the changing emphasis on child protection and family preservation over the recent decades.

A growing view that family placements are better able to meet children's needs has led to an increase in the use of foster care, which has become more professionalised and now accounts for nearly three-quarters of all care placements at any point in time (Berridge, 1997; Department for Education, 2011b). Nevertheless, the boundaries between children's home and foster care have become somewhat blurred, particularly in relation to the number of children in placement, which may be very small in some residential placements and relatively large in some foster placements

The international child welfare sector provides a clear and coherent position on residential care as one of a set of care options for children 'without parental care'. Major international agencies concerned with the needs and rights of children such as UNICEF, Save the Children, and USAID's Displaced Children and Orphans Fund are aligned with other key international players in a unanimous stance advocating for residential care as only a temporary 'last resort' for children.

To address these challenges a strong supportive structure is essential to systems of care. The structural system of care includes a number of components planning, governance system management, coordination of services and service array communication policy finance continuous quality improvement and human resources and staff development. Planning must be community-wide and include relevant stakeholders, families, youth and this however, takes structural development process that takes into consideration participation of various parties. (*Systems of Care: A Guide for Planning*).

Consistent with much of the research identified earlier, a number of factors were found to be important to the provision of a successful 'through care' approach to supporting transitions and to improved outcomes. Placement stability was associated with improved educational and career outcomes and better relationship skills. Consistent, holistic and well-structured preparation in the context of a stable placement seemed most beneficial. The maintenance and repair of family relationships were crucial to later outcomes.

Asked why they established the home, reasons given for establishment were all similar in the children's homes. HIV/AIDS pandemic was quoted to be one among the factors. Other factors extreme poverty, diseases, natural disasters and armed conflicts meaning everyday there are

more children who are at risk of being abandoned, neglected or abused. Hence the demand for care.

To ensure that all vulnerable children achieve their full potential through the creation of a supportive environment that upholds their right to survival, development, protection and participation. interventions should be designed to focus on the best interest of the child, including and especially their right to protection from discrimination; stigma, exploitation, abuse and neglect inherent in the child-focused approach is a commitment to uphold the best interest of the child as an individual across different ages and developmental stages

Lusk (1989) observed that nothing contributes more to a loss of human development potential than childhood and a youth spent outside the framework of a family and school in the usual hostile environment of the street. Education has become a lifelong process with learning at any age and any place as needs and opportunities arises. Some learning opportunities are relatively unstructured and non-formal but never the less provide meaningful educational experiences. Bennani (1996), Smith (1997) and Inter press Services (1977) have pointed out that although the best solution to the vulnerable children phenomenon would be to re-unite them with their families, some children do not have homes or families to return to

Against this background, research conducted over the past 25 years has contributed to negative views of children's home care but has also provided some pointers to its potential and to how it might be improved. A survey of 101 children's homes found that standards were very uneven, (Sinclair and Gibbs, 1998).like all the seven children homes that were taken for the study ,they all had different potential in providing care to the vulnerable children.

Effective homes were small, that helped to reduce problems in managing individual behaviour and group dynamics (Barter *et al.*, 2004). Importantly, the homes offering high quality care had effective leadership and demonstrate a coherent theoretical approach and staff consensus. In a similar vein, a third study found that enhanced well-being in young people was related to better management strategies concerning behaviour and education (Hicks *et al.*, 2007).

In terms of management those well established children homes were NGO based, financially were well established and had mechanism of raising their own funds 2 out of the 22 children's home that made 10%.

In total the 7 children's homes had 600 places, which were occupied (an occupancy rate of 88 per cent overall). Two homes had either 18 and 28 empty places but one, had future intention of creating and expanding the home. The homes organizational mission, vision and statements appeared quite similar in a number of respects, in how homes described their aims and services, for example providing 'a safe and secure base', which might be assumed. Some of the Homes accommodated both sexes. Heads of homes reported that two-thirds of the total groups of 50 care staff were female. This pattern is broadly consistent with previous research on children's residential care in England, which found that it has a mainly female workforce (Sinclair and Gibbs, 1998). There were similar numbers of female and male managers

The managers and staff in the homes were nevertheless an experienced group. They were also a generally settled staff group, as 70 per cent had been working in the same children's home for three years or more and only eight per cent had joined in the past year. Just over 380 of the young people were female (73 per cent). Consistent with the pattern for young people in residential placements in a whole, the vast majority were over 8 years-old

About 5 of the homes used a form of behaviour modification, involving a system of rewards and sanctions to encourage positive behaviour. Young people generally adhered to these systems and engaged with them.

Homes considered how they worked with both sexes. Boys and girls had separate bedrooms, in the case of related siblings they would be placed in one household under the care of one care giver as in the case of SOS. Research done earlier showed some certain residential settings could be oppressive for females (O'Neill, 2001) and those adolescent girls who are in care may be especially vulnerable to violence from their boyfriends (Wood, Barter and Berridge, 2011).

Children homes may operates as a 'magnet' in poor neighbourhoods: i.e. residential care settings were used by poverty-stricken caregivers as an "economic coping mechanism" (Williamson, 2004), resulting in children being placed there because of lack of access to resources, as opposed to a lack of suitable care.

Entry to some rooms was often restricted during the day, to try to ensure that young people attend school or college, or are engaged otherwise in some purposeful activity. This was a case that was applicable in most of the homes. The way in which access to space is allowed or restricted reveals much about the nature of a residential regime (Goffman, 1961), including whether it ultimately seeks to be caring, life-enhancing or controlling.

Most homes made some effort to find out who the young people's friends were and to discourage those who were considered undesirable, especially in relation to offending, violence or drugs. Monitoring friendship networks was an important strategy to keeping young people safe and is something that many parents would attempt. For those with delinquent peers, encouraging pro-social friends can be an important strategy for social inclusion and to promote social mobility (Nacro, 2005).

The focus of recent policy developments on vulnerable children and young people highlights the potential of *resilience* as a theoretical construct. Resilience was seen as the quality that enabled some young people to find fulfillment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience. Resilience was about overcoming the odds, coping and recovery. Promoting the resilience of children and young people in need, and those looked after by local authorities, by identifying risk and protective factors, including what services, policies and practices contribute to good outcomes, and development of quality services, was central on character development.

#### **5.4 Conclusion**

Study results indicated no clear ways on provision of basic need .Each home operated independently. Basic needs such as food warm, caring responsive quality physical environment. This was established in determining where the children's homes were situated ,whether in an urban or rural set up, maintenance and adequacy of the physical structure.

There were Specific ways of providing security to the vulnerable children,and also improved evidence on security either by contractors and security firms and whether the children's homes adhered to the governing policies on provision of security to vulnerable childrens.

The result showed matters of security largely depended on how big the home was and how it was organized and managed. Most of the homes had an average population of between 20 and 30 vulnerable children. Those with larger population of 60 and above to 130 like Tumaini children's home, Wema centre and SOS village The homes were well organized. These three homes owned the premises unlike the other 4 children's homes rented the facilities.

On the adherence to the rights of the children, towards the policies governing children. in relation to legal needs on committal and how they adhered to the law on how children were to be admitted in the children's homes The result showed admission on having knowledge on the child rights based programmes and what it entailed. Surprisingly some of the managers were unable to tell the current development on the rights of children.

Finally most setting were dominated by major behavioural and management issue within the home itself. However, young people behaviour outside the home was a major concern, including drug misuse and residents safety. The homes worked proactively to attempt to manage these risks. The operation of the homes was generally consistent with what was written in their statement of purpose. Although the results are tentative, homes offering high quality care seemed to be among the well established NGOs and have recruitment procedure in place and have qualified needs for homes..

It is imperative some immediate actions need to be taken to identify strategies for the care and support of parentless and vulnerable youth by agencies, organizations, and the private sector. If the growth continues at its current rate, a projected rise in the number of children raised from children home will stretch the already overextended formal and informal system to a breaking point. Using cross agency collaboration and innovative thinking organizations would help parentless children have greater opportunities as the one established by SOS Family strengthening programme need be emulated. They can find stable loving environments. The children deserve a chance to learn and grow with safety nets allowing them to fall. They deserve to have the same opportunities as other Kenyan children. They deserve a chance to succeed.

## 5.5 Recommendations

This section gave brief recommendation of study as guided by objectives of the study. To address provision of basic needs as a form of care, all children's homes should have allowable extensions for aging out youth; most youth are not ready at 18 to live on their own and may require up to ten years. They are ill prepared for life on their own. Life skills need to begin in the early teens. Planning needs to happen with all of the people involved in their lives so they that start to build their support network. Recommendations include advocacy for youth support in the children's home system to be prolonged until they are at least 21 years old, if they meet the minimal requirements for own dependency.

To address the issue of provision of security, The study found out that there was a greater challenge in provision of security both physical and psychological especially when they go to school sometimes they are not accompanied these stand as security threat to girls more especially. Options are very limited for young teenagers who become pregnant while they are in children's homes. Care givers are not trained or may not have the skills to parent young mothers or be of assistance to young fathers. Since only a small number of programs exist, very few young mothers have a place to live with their infants.. Recommendations include the provision of pregnancy prevention education and training for both caregivers and youth and homes that specialize in teen mothers and their children.

To address the issue on character development continued efforts need to be made to find families for older youth. People are homeless because they have no functioning human relationships in their lives. Aging out youth need help navigating the world. Imagine finding a home, a job, an education without any help? The need for a family does not end at 18. Recommendations include finding parents and long term mentors for older youth. Recommendations include starting or funding programs designed to help homeless (and on the verge of homelessness) youth to save, find a job; get financial and emotional supports in a safe environment.

Both youth and caregivers (especially of vulnerable children) need improved treatment for trauma and mental health interventions. Children who lost their parents and the caregivers who



raise them grieve and deal with trauma in a systematic way. Awareness and training on how to help grieving children and their caregivers needs to be developed more extensively

Train teachers and education staff on trauma and grief so they know when to refer children to mental health professionals. Develop support groups in schools and review of rules for children to make child friendly. De-stigmatize the word vulnerable through positive success stories on the web and in media.

There is need to invest in having well trained caregivers and assigned to various children who will assist in regular monitoring and supervision. Finally there is need of more private sector spending on innovative homes and programs to fund promising programs (Examples are scholarships to boarding school for youth who cannot afford it).

## **5.6 Suggestions for further research**

The following should be considered for further studies:

1. The governmental institutions are weak to deal with or lenient to those who fail or do minimal provision of basic needs to vulnerable children yet they have registered themselves as organizations/institutions that cater for vulnerable children. Although the institutions are registered by the government to provide the same form of services to the vulnerable children, provision of service vary in the various children's homes.
2. The government needs to work on mechanisms of developing accurate data of the vulnerable children and develop ways of ensuring all vulnerable children have access to the services provided by the government.

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**Appendix 1: Letter of transmittal.**

April 2012

TO WHOM IT MAY CONCERN

Dear respondent

RE: FILLING IN QUESTIONAIRE

I am a student at university of Nairobi (UON) pursuing a Masters of Arts degree in project planning and management. As part of the course requirement, am doing a research project on an investigation on roles of children's homes on provision of care and education in Bamburi division in reference to orphans and vulnerable children. I therefore humbly request you to complete the attached questionnaire. Any information given will be used for this study only.

Yours faithfully,

Ruth Chebii Chemutai

L50/66006/2010

cc

Children's Homes, Bamburi Division,  
District Children's officer, Kisauni District  
District Education Officer, Kisauni district  
District development officer, Kisauni district



## Appendix 2

### Respondent questioner

I am a student carrying out an academic research on the Roles of Children's Homes in the provision of Care to vulnerable children for the purpose of examination leading to the award of a degree of masters of arts in project planning and management in the University of Nairobi. Kindly provide the information requested in this questionnaire. Any information given will be useful and will be treated with utmost confidentiality and solely for the academic purposes intended for this research.

Please answer all the items in the questionnaire.

#### Background information

Date-----

Gender-----

District-----

Level of education-----

Marital status  married  single- -- others

Age-----15-25 years------25-30 -----30-40 ----- Over45

#### Provision of care as role of children home

1. When was the home established? Please state how you identify the needy cases among the orphans and vulnerable children-----  
-----

2. How and by whom, are the programmes activities planned and approved? -----  
-----

3. To what extend are the planned activities implemented? Fully partially  
haphazardly



4. Are the infrastructures adequate in running the home?  
 Yes  No
5. What is the role of the government in developing the infrastructure? If any explain-----

-----

Do you sensitize the public the plight of vulnerable children?  
 Yes  No

6. Are there plans to expand the home?  
 Yes  No   
 If yes explain how do you do it? -----

-----

7. What are your challenges on infrastructure? Mention some of challenges encountered if any

-----

**Health Care**

1. Does the child/children attend clinic regularly please indicate how often  
 Regularly Irregularly

2. During the last month, has the child/children been healthy and active with no fever, diarrhea or other illness? Indicate YES NO

3. Has the child received the required immunization (depending on age)? INDICATE YES NO

If you do have facilities that offer the services please indicate if any.....

.....

4. In the last month, has the child/children been too sick to attend school, work or play?

**Influence of vulnerable children on Role of Children Homes**

1. What is the population of vulnerable children in your facility, and have attained the maximum capacity?

2. Do you collaborate with other neighbouring children's homes in sharing matters related to OVC?

3. What is the total number of children in the children's homes?

4. What is the government's plan for those vulnerable children not in children's homes?

5. Who are other stakeholders involved in addressing the plight of the vulnerable children in Bamburi?

6. Is there umbrella organization that co-ordinates activities of organization dealing with children? Yes  NO

7. If yes, which organization is it? -----

Do you belong to it? Yes  No

8. How does the community define and identify street children in relation to the community culture?-----  
-----  
-----

9. Describe the typical age and gender of a street child and the importance of identifying street girls?-----  
-----  
-----

10. Why are there fewer street girls than street boys in your area?-----  
-----  
-----

11. Are there particular reasons why street children live or spend time on the street?-----  
-----  
-----

12. What are some the problems, basic needs and daily activities of street children in your community.-----  
-----  
-----

13. what are some of the strengths that street children have? -----  
-----

**Psychosocial support**

1. Is child happy and content? Indicate Yes Or No

If no indicate some of the causes of unhappyness  
.....  
.....

2. Are the children sometimes happy and sometimes unhappy? Indicate Yes No

2(a) Is the child often unhappy or sad? Indicate Yes No

3. Do the children enjoy playing with peers and participate in activities? Indicate Yes or No

4. Do the children have minor problem getting along with others, argue or fight? Indicate  
Yes or No

5. Do the children frequently display disobedient behaviour towards adult INDICATE Yes  
OR No?

**Education/Vocational training**

1. Do the children learn well depending on their ageS and can the children read and write?  
INDICATE Yes No

2. Do the children display serious problems with learning and development? INDICATE  
YES NO

3. Are there barriers to attending school? Indicate If any  
.....  
.....  
.....

How often does the child attend school? Regularly Irregularly

What is the number of school going children? Identify the number of boys and girls?

Where do they school? Indicate if the school is within home or in the neighborhoods

3. What is the attendance? Compare the attendance of learners from children homes with those from normal families

High  Average  low

4. What is their general performance and who does the follow up?

5. How does home cater for education expenses beyond primary, secondary, university?

6. What are the challenges in implementing current education policies? If any state

**Need of education in developing character**

1. How do you feel about school? How were you enrolled in this leaning institution-----

-----

2How long have you been learning at school? -----

Indicate whether you like where you school -----

-----

3. What more would you like to learn that is not offered in children home? -----

-----

4. In your own view, how could more children be enrolled in this children home learning centre?

-----

-----

-----

5. What problem do you encounter in your learning?.....

.....

.....

.....

5 (a)In your own opinion what are the causes of your problem?.....

.....

.....

6. What solution would you suggest to the above mentioned problem?.....

.....

.....  
.....  
In what type of community is your school located? (Please tick one box only)

- A geographically isolated area    A village or rural (farm) area    On the outskirts of a town/city  
 Near the centre of a town/city

8. What is level of education attained (please tick)

- Primary  secondary  tertiary  university

9. Is there any form of training to those children who have completed schooling? If any please indicate-----

## Respondent questioner

I am a student carrying out an academic research on the Roles of Children's Homes in the provision of Care to vulnerable children for the purpose of examination leading to the award of a degree of masters of arts in project planning and management in the University of Nairobi. Kindly provide the information requested in this questionnaire. Any information given will be useful and will be treated with utmost confidentiality and solely for the academic purposes intended for this research.

Please answer all the items in the questionnaire.

### Background information

Date-----

Gender-----

District-----

Level of education-----

Marital status  married  single- --  others

Age-----15-25 years------25-30 -----30-40 ----- Over45

### CARE GIVERS/TEACHERS

1. Do you have any written procedures for handling complaints on disciplinary matters?

Yes  No

2. Do you have ways of keeping records of all the complaints made?

Yes  No

3. Records of actions taken and outcomes of investigations of children?

Yes  No

4. Do you have ways in which the children raise heir complains?

Yes  No

5. Do you have open forum discussions between the care givers and the children?

Yes  No

6. Do the children have birth certificates?

Yes  No

If not, do you have mechanisms of ensuring they acquire birth certificates?

.....  
.....  
.....

7. Do you keep records of all the major events the children have participated in? specify?

.....  
.....  
.....



## Respondent questioner

I am a student carrying out an academic research on the Roles of Children's Homes in the provision of Care to vulnerable children for the purpose of examination leading to the award of a degree of masters of arts in project planning and management in the University of Nairobi. Kindly provide the information requested in this questionnaire. Any information given will be useful and will be treated with utmost confidentiality and solely for the academic purposes intended for this research.

Please answer all the items in the questionnaire.

### Background information

Date-----

Gender-----

District-----

Level of education-----

Marital status  married  single --  others

Age-----15-25 years -----25-30 -----30-40 ----- Over45

### MANAGEMENT

1. Is the children's home registered as per the laws of Kenya?

Yes  No

2. Are there security mechanisms in place to protect the children from any harm?

Yes  No

Specify?

.....

.....

3. What is the population of the children?

Yes  No

4. How many more children can the home accommodate?

Yes  No

5. Do you have adequate sanitary facilities?

Yes  No

Specify

6. How is the home funded to cater for the children? Indicate

7. Do you have suitable kitchen, adequate storage facilities for foodstuffs?

Yes  No

Specify

Does the accommodation have enough exit routes for quick escape in case of fire or other dangers?

Yes  No

Specify

8. Do you have ample rooms for play and extra curriculum activities?

Yes  No

9. Do you have follow up activities after school for revision?

Yes  No

Specify

10. Do you have a medical facility to cater for the children?

Yes  No

If no, indicate your area of referral

11. Do you have an educational facility to provide for the basic education needs to the children?

Yes  No

If no, do you have a referral school? Specify?

Yes  No

2. What is the number of school going children?

Yes  No

3. To what level do you cater for their education?

Primary  Secondary  Tertiary

4. Are there mechanisms to ensure they are employed after their education?

Yes  No

5. Do you still follow up after they are independent adults?

Yes  No

Appendix 3

THE DISTRICT CHILDREN'S OFFICER

Please answer all the items in the questionnaire.

Background information

Name-----

Gender-----

District-----

Level of education-----

Marital status  married  single- --  others

Age-----15-25 years------25-30 -----30-40 ----- Over45

What are the roles of children's officer in relation to children's homes?

.....  
.....  
.....  
.....  
.....

What is the total number of children's homes in Kisauni District?

.....

Out of the above number of children's homes, how many are in Bamburi Division?

.....

What is the total number of children in the children's homes in Bamburi Division?

.....  
.....

In terms of gender, how many girls and boys are there?

Girls  Boys

Is the Government supporting the children's homes financially?

Yes

No

If  yes, specify

.....  
.....  
.....  
.....

7. According to statistics, is the number of vulnerable children on the rise or decrease?

Rise

decrease

8. If it's on the rise, what is the government doing to reduce child vulnerability?

.....  
.....  
.....  
.....

9. What are some of the challenges in provision of services to the children's homes?

.....  
.....  
.....  
.....  
.....

**Appendix 4**

**DISTRICT DEVELOPMENT OFFICER**

Please answer all the items in the questionnaire.

**Background information**

Date-----

Gender-----

District-----

Level of education-----

Marital status  married  single- -- others

Age-----15-25 years------25-30 -----30-40 ----- Over45

1. What plans/projects are there for vulnerable children in children's homes in Kisauni District?

.....  
.....  
.....

2. What is the total number of vulnerable children in Kisauni District?

.....

3. Out of the total number, how many are from Bamburi Division?

.....

4. What are some of the contributions/assistance provided by development office in the district towards children's homes in Bamburi Division?

.....  
.....  
.....  
.....  
.....

5. Are there other stake holders involved in assisting children's homes?

Yes

No

6. If yes, who are they?

.....

.....

.....

.....

.....

## Appendix 5

### Interviews schedule

1. What is the population of vulnerable children in your facility, and have attained the maximum capacity?
2. Do you collaborate with other neighbouring children's homes in sharing matters related to OVC?
3. What is the total number of children in the children's homes?
4. What is the government's plan for those vulnerable children not in children's homes?
5. Who are other stakeholders involved in addressing the plight of the vulnerable children in Bamburi?
6. Is there umbrella organization that co-ordinates activities of organization dealing with children? Yes  NO
7. If yes, which organization is it? -----  
Do you belong to it? Yes  No
8. How does the community define and identify street children in relation to the community culture
9. Describe the typical age and gender of a street child and the importance of identifying street girls.
10. Why are there fewer street girls than street boys in your area?
11. Are there particular reasons why street children live or spend time on the street?
12. What are some the problems, basic needs and daily activities of street children in your community?
13. What are some of the strengths that street children have in your home?



## Appendix 6

### Observation schedule

1 Is the children's home registered as per the laws of Kenya?

Yes

No

2 Are there security mechanisms in place to protect the children from any harm?

Yes

No

Specify?

.....  
.....

3 What is the population of the children?

Yes

No

4 How many more children can the home accommodate?

Yes

No

5 Do you have adequate sanitary facilities?

Yes

No

Specify

.....  
.....

6 How is the home funded to cater for the children? Indicate

.....  
.....

7 Do you have suitable kitchen, adequate storage facilities for foodstuffs?

Yes

No

Specify.....

.....

Does the accommodation have enough exit routes for quick escape in case of fire or other dangers?

Yes

No

8 Do you have ample rooms for play and extra curriculum activities?

Yes

No

9 Do you have follow up activities after school for revision?

10 Do you have a medical facility to cater for the children?

Yes  No

If no, indicate your area of referral.....

11 Do you have an educational facility to provide for the basic education needs to the children?

Yes  No

If no, do you have a referral school  specify?

Yes  No

12 What is the number of school going children?

Yes  No

13 To what level do you cater for their education?

Primary  Secondary  Tertiary

14 Are there mechanisms to ensure they are employed after their education?

Yes  No

15 Do you still follow up after they are independent adults?

Yes  No