

**INFLUENCE OF CHARITABLE CHILDRENS' INSTITUTIONS SERVICES ON
THE SOCIAL DEVELOPMENT OF ORPHANED AND VULNERABLE CHILDREN
IN TRANS-NZOIA COUNTY KENYA**

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**A Research Project Report Submitted in Partial Fulfilment of the Requirements for the
award of the Degree of Master of Arts in Project Planning and Management of the
University of Nairobi**

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DECLARATION

This research project report is my original work and has not been presented in any other award in any university

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This research project report is presented for examination with my approval as university supervisor

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DEDICATION

I wish to dedicate this work to my daughter Paige Wafula, my grandmother Susan Mangwana and the entire family, close friends and colleagues who gave me ample time during this study especially when I needed to be away from them. And to all the children in Charitable Children Institutions all over the world.

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ABBREVIATIONS AND ACRONYMS

ACHPR	African Charter on Human and People's Rights
CCI	Charitable Children's Institutions
HIV	Human Immunodeficiency Virus
NYSPCC	New York Society for the Protection of Cruelty of Children
OVC	Orphaned and Vulnerable Children
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations International Children's Emergency Fund

ABSTRACT

The plight of orphaned and vulnerable children is a matter of great concern worldwide, with the increase in pandemic diseases and decrease in life span, many children are left with no place to call home hence end up in the Charitable Children Institutions. This study sought to investigate the Influence of Charitable Children Institution on the Social Development of orphaned and vulnerable children in Transzoia County Kenya. The objectives of the study were; to establish how education services in charitable children institution influence social development of orphaned and vulnerable children in Transzoia County. To assess how provision of shelter in charitable children institution influence social development of orphaned and vulnerable children in Transzoia County. To establish how provision of food in charitable children institution influence social development of orphaned and vulnerable children in Transzoia County. To establish the extent to which guiding and counselling services in charitable children institution influence social development of orphaned and vulnerable children in Transzoia County. The study adopted both qualitative and quantitative methods to establish the influence of charitable children institution on the social development on orphaned and vulnerable children. The research instruments used were questionnaires for the children respondents, interview guides for the staff and observation checklist. The sample size had 269 children and 32 staff who consisted of managers, directors, social workers, teachers and caregivers. These group work closely with the children. Data analysis was done using SPSS V16.0 for the questionnaires as well as some items on the interview guide and thematic analysis for the rest of the items in the interview guides. The study revealed that services offered in the charitable children institution has some influence on the social development of orphaned and vulnerable children. The services looked at were education, shelter, nutrition and guiding and counselling. The study established 6.7% of the children did not participate in extracurricular activities implying that they have issues with interacting with their peers. The ratio between the staff and the children was low hence it compromised the attention that the children are given in their respective places of stay. Moreover, 24.2% of the children stayed within the institution thought out, this category had difficulties when they were reintegrated back into the community. 53.5% found stated life at home was good while 22.3% stated it was bad. Some institution did not give balanced diet as revealed in the study 34.9% stated meals were not balanced hence children could easily contact nutrition related diseases which would affect their self-image as they fail to interact. 45.0% of the children stated that guiding and counselling helps them relate well yet the study also revealed that some institutions did not have counsellors hence the other staff doubled up to offer the services. The study recommends that the CCIØs should provide a variety of activities and also create opportunities for the children. The CCIØs should have a clear exit plan for the children which should be communicated to from the onset. Nutrition should be provided in terms of quality and provision of special diet for the children who need it because of health related issues. All the children should get medical attention and the CCIØs should carry out routine medical examination for all the children. Professional counsellor should be available on fulltime basis in order to ensure children have psychosocial assistance at their disposal.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The bible calls for the care of orphans, many scriptures from Psalms to James view pure religion as answering to the call of rescuing, defending, and liberating children who are parentless. Isaiah (1:17) states "Learn to do virtuous, search for justice, liberate the oppressed, preserve the orphan and beseech for the widow." Charitable children institutions are as old as mankind. UNICEF (2004) estimated of the 143-210 Million orphans globally 8 Million are in institution care though with emphasis that there is underreporting in some countries implying that the number is an underestimate, it also mentioned that violence in these institutions is six times higher than those children who are in foster care.

According to John (2008), the idea of Child Care Institutions (CCI) emanated from the need to protect vulnerable children from cruelty. The origin is divided in three eras, 1875 during colonial times there was unorganised child protection service, 1875-1962 saw the creation and growth of nongovernmental societies for child protection and from 1962 onwards the modern era with more organised and some government sponsored child protection services.

One of the renowned organisations is the New York Society for the Protection of Cruelty of Children (NYSPCC) which was devoted to protecting children. By 1922 news about NYSPCC had spread all over America and 300 more non-governmental child protection societies had mushroomed. Child protection meant care for the homeless, neglected, dependant and children in danger of being delinquents which also saw the rise of social work. This didn't come without challenges as noted by Vincent De Francis the Director of the

Children's Division of the American Humane Association in his survey in 1956 and I quote, "No state and no community has developed a child protection service program adequate in size to meet the service needs of all reported cases of child neglect, abuse and exploitation."

However, despite the fact that institution care was seen as protection on the orphaned and vulnerable children, it was noted that these same children are abused in the same place that protects them hence hindering their development. In the case of Italy and Spain by UNICEF in April 2003 it was found out that these institutions have programmed activities that is collective routine which deprives the children ability to explore and reach their God given potential.

In 1971 Italy had 150,000 children in charitable children's institution but as a result of the negative effects on the children the number had dropped to 15,000 with only 1,500 in large scale institutions. Deinstitutionalization programme was introduced in Italy after the Second World War to the best interest of the child since a family is the natural environment the effective development of a child. In cases where children are orphaned then a foster, kinship (guardianship) or adoption family would be sought for the children. These families would be screened to ensure that they are safe for the children placed in them.

Although there is wide knowledge that institutionalization has adverse effect on the child they are still placed in CCI's (Carter, 2005; Johnson, Browne and Hamilton Giachritsis, 2006). Children in these institutions are likely to suffer delayed milestones, poor health, attachment disorders, reduced social and behavioural abilities among others compared to their counterparts who grow up in the family setup

In Africa, the number of OVC was estimated to 35 Million by 2010 and it is escalating due to conflict or disaster, prevalence rate of HIV and Aids, cultural, socio-economic and political situations. Challenges faced by OVC's include hunger, difficulties getting health and

education, they also encounter physical and psychological abuse, lack of love and affection and to top it up communities view them negatively (Berry and Guthrie, 2003). Due to the fact that the OVCs require basic needs and services urgently, one of the ways of providing is through institutional care. In 2001, Ethiopia is reported to have 989,000 children who were orphaned by Aids and the quickest way the government could address the issue is placing them in institutional care. This solution that does not look at the best interest of the child. In Nigeria, The National Situation Assessment and Analysis (2008) estimated number of OVC to be 14 Million while UNICEF (2008) stated that of the 69 Million children in Nigeria 10.7 Million are in the category of vulnerable.

A research carried out by Save the Children states that admission of children to residential care often translates to children being taken away from their families and socio-cultural background. They are robbed off the life skills they would have learned while growing up in a family setting and this makes it hard for them to cope outside the institution. Many countries overlook social policies and they do not tailor them to CRC no childcare best practices instead they base them on old-fashioned childcare and legal systems. The determining factor in best care is social policy together with attitudes and traditions in society.

In Kenya, CCIAs should be used temporarily as the best practises principle stipulates that, it is to the best interest of the child to be brought up in a family setting. These substitute care can be kinship, foster home of adoption. The factors leading to OVC among others include death of parents, abject poverty, abandonment, neglect, abuse and children born with special needs. The issue of OVC is a national concern, Kenya OVC Action plan 2007-2010 estimates the number to be at 2.4 Million with 48% orphaned as a result of HIV and Aids.

Trans Nzoia County is divided into five sub-counties, according to the Children's Department, the estimated number of CCI's is over 17 with over 901 OVC's most of these children find themselves in these institutions as a result of death of their parents and guardians, extreme poverty which sends them to the streets and they are rescued. These institutions have been put in place to cater for the needs of these children ranging from educational, social, emotional, nutritional, shelter and guiding and counselling. Though this is not the case in some of them as OVC's come face to face with abuse and neglect by the very people who should protect them.

1.2 Statement of the problem

The rate at which Orphaned and Vulnerable Children is increasing in sub-Saharan Africa is alarming, these children are exposed to neglect and abuse they are left at the mercy of the world because the people who are meant to protect them are the same people who are abusing them. This is seen in the case of Amsterdam Robert Mikelson who sexually abused children in September 2008 in an orphanage where he was working in Nairobi Kenya and one of the children was infected by Aids (Hoogheimstra 2010).

Another case of abuse was reported in Ghana in Osu Children's Home where children were beaten, left with wounds not attended to and were given chores meant to be done by the staff, some children died because of neglect and abuse (Aremeyaw, 2010). These are just but a few as most of the cases go unreported, before the emergence of CCI's, children were catered for by communities but with the rise of challenges like financial constraints most of these children find themselves in institutional care. Evans and Murray (2008) puts emphasis on the need to respect and dignify the vulnerable children, this is also stated in Article 19 of the African Charter on Human and People's Rights (ACHPR) which says, "All peoples (OVC inclusive) shall be equal; they shall enjoy the same respect and shall have the same right."

With the understanding that it is to the best interest of the child that he or she should stay within a family setting, the Kenyan National Standards for the Best Practices in Charitable Children's Institutions October 2011 indicates that CCI's should be the last resort with a justified reason like child is at the risk of being harmed in the community or family also all the children should have individual child care plan which should state when, and who will meet the child's development needs. In cases where a child is placed there, it should be temporary as the child is looked for a foster home and he or she should be treated with dignity and respect.

There is an increase in the number of CCI's in the recent years which means an increase in the number of OVC's. The influence of CCI services on the Social Development of the OVC's is a matter of concern since after all is said and done these children are eventually reintegrated back into the community and they need to feel a sense of belonging. This research report looked into these services which comprised of education, shelter, nutrition and guiding and counselling and their influence on the social development of the OVC's.

1.3 Purpose of the study

The purpose of this study was to investigate the influence of Charitable Children Institutions services on the Social Development of Orphaned and Vulnerable Children.

1.4 Objectives of the study

i. To establish how education services in charitable children institution influence social development of orphaned and vulnerable children. ii. To assess how provision of shelter in charitable children institution influence social development of orphaned and vulnerable children.

- iii. To establish how provision of food in charitable children institution influence social development of orphaned and vulnerable children.
- iv. To establish the extent to which guiding and counselling services in charitable children institution influence social development of orphaned and vulnerable children.

1.5 Research questions

- i. To what extend does education services in the charitable children institution influence social development of orphaned and vulnerable children in Trans-Nzoia County?
- ii. How does provision of shelter in charitable children institution influence social development of orphaned and vulnerable children in Trans-Nzoia County?
- iii. What influence does nutrition services in charitable children institution have on social development of orphaned and vulnerable children in Trans-Nzoia County?
- iv. To what extend does guiding and counselling in charitable children institution influence social development of orphaned and vulnerable children in Trans-Nzoia County?

1.6 Significance of the study

The perceived and felt effects of CCI services on the development of the OVCs is a great matter of concern especially with the increase in number of the institutions. The Kenyan government policy on care and protection acknowledges that it is in the best interest of a child to be raised in a family or community setting. This is as a result of serious gaps found in the operations of the CCIs, instead of the institution it is preferred that a child be adopted, foster cared of raised by a guardian. The findings from this research was used by the Ministries in charge of children and social development, the children department, policy makers, Charitable Children Institution in Trans Nzoia County and beyond and other

stakeholders to enhance the social development of orphaned and vulnerable children in charitable children institution.

1.7 Delimitation of the study

The study was limited to influence of charitable children institution services on the social development of orphaned and vulnerable children in Transnzoia County despite existence of CCIØs country wide.

1.8 Limitations of the study

The limitations included the poor roads as most of the institutions are in the rural parts of the county. Another limitation was the bureaucracy in some institutions hence it needed preplanning to get permission to collect data. Also, some managers were not available while others had a tight schedule hence the researcher had to wait for longer hours in order to interview them.

1.9 Assumptions of the study

The study assumed that, children in CCIØs develop socially, all the significant participants would avail the correct information and that the charitable children institution influenced the social development of orphaned and vulnerable children in Trans Nzoia County.

1.10 Definition of significant terms

Child: All the human being under the age of eighteen.

Charitable Children Institutions: These are institutions that cater for orphaned and vulnerable children.

Kinship: child care that involves an orphaned and vulnerable child staying with relatives or people who they have blood relations with.

Orphan: Someone who has lost a parent (partial orphan) or both parents (total orphan).

Residential Care: It is a living arrangement in which children are cared for by an adult who is not related to them.

Social Development: Ability of one to interact and relate with other people making positive contribution towards family, school and community.

Vulnerable children: These are children whose development and survival is at a risk because of particular conditions for instance orphaned, street children and children with special needs.

Also their rights are violated or at a risk of being violated.

1.11 Organisation of the study

This research project is organised as follows:

Chapter one gives an introduction of the study then presents the background, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, delimitations, limitations, assumptions and definition of significant terms.

Chapter two takes a look into relevant literature that is previously researched work on influence of CCI on OVC. This includes; scholarly articles, refereed journals, articles, abstracts on the internet and books relevant to the topic of study.

Chapter three describes the research methodology that was used, the subtopics include research design, target population, sample size and sampling procedure, data collection procedure, validity and reliability of the instrument, data analysis techniques.

Chapter four entails data analysis, interpretation, presentation and discussion. The data was run through SPSS and it was analysed in frequencies and percentages then presented in

tables.

Chapter five looks at summary of the findings, conclusions as well as give recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature of other scholars in relation to the influence of charitable children institution services on the social development of orphaned and vulnerable children. It deals with things derived from the objectives of the study which are; education services, shelter services, nutritional services and guiding and counselling services. In addition it covers the theoretical framework, conceptual framework, subsequent knowledge gap and a summary of the literature review.

2.2 Concept of Charitable Children's Institution and Social Development

Social development is viewed as a learning process which a child gets to attract types of behavior, interests, forms relationships and also gets his/her way around different environment. This process needs to be shaped properly by all those surrounding the child for instance; at home, in school, the peers and social media (Umar Farooq 2011). The Kenyan National Standards for the Best Practices in Charitable Children's Institutions October 2011 states that social development entails matters surrounding the relationship between the child and other people around him/her at different stages in life as stated in the . National Research Council and Institute of Medicine 2000 echo that cultivating, unchanging and consisted relationships are the key to a healthy, growth development and learning.

According to Shonkoff 2004 social development needs nurturing in order for a child to have secured relationships with the people around him/her hence help them grow into upright adult. Morris 2010:144 describes social development as the accomplishments that enable one to feed, clothe, house, reproduce and also give him the ability to explain the world around

him and enable him to make amends in the rise of disputes as well as defend himself from injustices.

The publications of Goldfarb (1944; 1945) and Bowlby (1951) pointed out that children in institutional care have specific difficulties in social development. They had problems forming relationships and were termed as attention-seekers. Johnson et al, .2006 carried out 27 studies concerning development of children in institution and out of those, 17 measured social and behaviour problems, 16 which translates to 94% of the studies indicated anti-social conduct, social competence and sibling interaction. one out of 10 children showed 'quasi-autistic' behaviour for instance face guarding, head banging or body rocking (Beckett et al, .2002; Rutter et al., 1999, 2007b; Sweeny and Bascom 1995).

A study carried out in Zimbabwe among one hundred and eighty nine youths from ten residential care revealed that these children yearned to be reintegrated back to their extended families or community. This was as a result of verbal abuse from the staff and so the extreme severe physical abuse. They alleged the staff call them names and tell them that they have been neglected because their parents died of Aids this stigmatised and traumatised them. The failure to help children grow in a natural environment also led to dependency and unrealistic expectation resulting to a condition termed Institutional Syndrome. Due to the professional and not parental relationship with their caregivers, these children had disorganised attachment the adverse effect being inability to form loving and trusting relationships when they finally exit the institutions. There is no substitute for care of the child other than his/her family, OVCs should be supported within the family for instance provision of school fees and other requirement. This fosters social development (Powell et al. 2004).

Save the children's view on CCI's and social development on OVCs is that these children do not get opportunity to form secure, long-lasting attachments. They have less or no access to

family contact, they have restricted selection of friends, mostly from outside the institution and they are not adequately prepared for future after leaving the institution.

2.3 Education services and social development

According to the Convention on the rights of children (CRC 2009) education is a basic children's right. Education is crucial in moulding the future of all the children with emphasis to the orphaned and vulnerable children. With education, these children have a hope for a better life and also they get to learn about protection against HIV and Aids which they are prone to (UNICEF 2009). Also, it's a key ingredient to an upright child in different aspects like intellectual, physical, emotional and social development (International HIV and Aids Alliance 2010). Education as noted by Ishakawa et al (2011) is critically important to children's social integration and psychosocial wellbeing. It's therapeutic for children who come from traumatized backgrounds as well as those who suffer from trauma as the result of institutionalization because through it, these children regain sense of normalcy.

In Ethiopia the Standard Service guideline for Orphaned and Vulnerable Children and Support Programme 2010 states that education services are to ensure these children receive vocational, curriculum activities, occupational opportunities to enable them be productive adults. Also they should engage in co-curricular activities which give them opportunity to have social interaction. To avoid stigma and discrimination education offered to them should be similar to what is offered to other children. Some of these children are infected by HIV and Aids, it's the responsibility of the school to safeguard them by not disclosing their status to reduce cases of stigma, isolation, bullying and other forms of harassment.

However, it's not all rosy as Roger Kwakye (2010) points out that the education services in one of the Charitable Children's Institution (OSU Children Home) was for lack of a better word pathetic. Through an investigative journalist (Aremeyaur 2010), these children were

enrolled to public schools that had no facilities, they did not receive any assistance with their school work, they suffered stigma in school and had unsatisfactory performance. Because of unfinished school work, they were subjected to corporal punishment which led to physical abuse because it was done to extremities. These conditions led the children to repeat classes and others dropped out leading to frustrated young adults, shattered dreams and results to low self-esteem.

According to Tadesse et al 2014, most CCIØs in Ethiopia did not have a supplementary to curriculum activities that is extracurricular for instance; ball games, drama, television or musical instruments to enable the children nurture their talent as well as aid their scope in terms of interacting. Whenever they had leisure time, they would spend it roaming up and down the compound with no visible activity to engage in. this idleness would lead to loneliness and hence increase in stress levels among some children.

2.4 Shelter services and social development

According to the Standard Service guideline for Orphaned and Vulnerable Children and Support Programme 2010 in Ethiopia, the factors that determine the quality of shelter services that promote social development in Charitable Children Institutions include; it should have walls, roof that doesnØt leak, properly ventilated, the proximity to clean water source, appropriate adult supervision who should have parenting skills, it should be free from any abuse and violation of childØs right, shouldnØt be overcrowded, children should be admitted to the institution on the need. The formation of human relationships that enhance trust and normal development.

Most CCIØs hold children with different capabilities and are overstretched in terms of space, utilities and safety measures, relevance of equipment, instructions and cleanliness (Murugu

2013).The CCIø also have the responsibility of safeguarding the children from any kind of crime and also ensure that they are also protected from both internal and external factors can threaten their safety (Michael Corey and Wayne 2008). In European residential care, observations made revealed the institutions with poorer quality had children who were socially withdrawn. They did not engage in interactive activities and as Albert Bandura states in his Social Learning Theory, people learn through observation and imitation; the younger children failed to interact because the older ones were not interacting and to add on that their caregivers were unresponsive (Nelson et al, .2007). The ratio of child to caregiver too hindered social interaction, effectiveness and efficiency of the caregivers, a case study in a Serbian home (regarded as a national centre of excellence) had a ratio of 2 caregivers to 16 children.

Safety and protection of OVCø can be achieved when they are retained within the community where they will have a sense of belonging and identity (Tolfree 1995, 2005). This sentiment is also shared by Singeltary (2007) that it is in the best interest of the child if he or she is sheltered within their extended families and that institutional care should be the last resort and temporary as the child is looked for placement.

Some of the CCIø have been constructed in a way that when a child leaves the institution does not feel safe outside. For instance, perimeter walls and electrified fences, which suits the definition of a gated community. Children have no exposure whatsoever of what happens outside those walls. In the extreme cases, all the activities take place within the institution for instance they school, play, worship and even get medical attention there. The OVCø grow up knowing just themselves which hinders their interaction ability to the rest of the world. It is important to ensure that these children are enables to have a smooth transition back to the society by giving them adequate exposure to prepare of life after the institution.

2.5 Nutrition services and social development

Nutrition encompasses regular and consistent provision of diversified meals, primary care, medical attention to ill children and monitoring drug administration for HIV positive children and also taking preventive measures of the virus.

In research done by UNESCO 2005, the findings stated that in least developing nations, in every four children under the age of five, one was underweight. Children who are malnourished suffer from childhood and respiratory diseases which if not treated can result to death (Alston and Kent 2006). They also perform poorly in school because they have a short span and they are less active in extracurricular activities. These children are withdrawn, isolated and in the extremities they drop out of school (Murugu 2013). In a study carried out in Dagoretti Nairobi, the findings were that only 7.2% of children in CCIØs has access to balanced meals while 92.9% ate unbalanced meals which mostly contained cereals. Also, their meals completely lacked eggs. These children suffered from stunted growth, 26% for boys and 21% for girls. Children who stayed longer in the CCIØs continued to suffer from malnutrition (Mwaniki, 2013).

Children in the CCIØs are likely to suffer poor health as result of trauma and deficiency in parental care (UNAIDS 2005. Cater, 2005; Mulheir and Browne, 2007; Smyke et al, .2007): congestion in the institutions results to poor health and increased rate of sickness and infection of contagious diseases also, the children are deprived opportunity to explore their environment which infringes development of immune system. It was noted that when these children got sick, instead of being given tender love and care, they were isolated from the staff and other children which traumatised them.

2.6 Guiding and counselling service and social development

Guiding and Counselling are psychosocial support services provided for vulnerable children with the intention of helping them cope with situations, emotions and feelings they go through. This helps them become resilient and also enables them to make informed decisions. This service ranges from peer counselling that is children of the similar age going through similar challenges, crisis counselling which is done when a child has experienced traumatic event that makes him/her feel scared and emotionally scared for instance death of a loved one, rape or witnessing murder. Due to the difficult backgrounds experienced by these children, CCIØs need to employ competent counsellor who will be able to respond to the complex problems faced by these children (Dessler 2008).

Children in CCIØs suffer from stress. They have experienced difficulties like death of a parent/guardian which leads to psychosocial factors that hinder a childØs development, they go through grief and sorrow. Also, some have cared for sick parents/guardians/their own siblings and others are living with HIV and they need to be helped to come to terms with accepting and managing the conditions. All these conditions lead to isolation/withdrawal, aggressive behaviour, a child gets angry easily and finds it difficult to calm him or herself down, sleeping disorders and use of abusive language this is stated in supporting orphans and vulnerable children through communication and basic counselling Uganda 2008.

As a result of the challenges that the OVCs in the institutions encounter, they are bound to perform poorly in academics, there is need for them to go through academic counselling and also career guidance and counselling in preparation to the different professional fields they intend to find themselves in future that is nurturing their human development capital.

2.7 Theoretical framework

The study is guided by theories that explain the influence of Charitable Children's institutions on the Social Development of Orphaned and Vulnerable Children in Trans Nzoia County. They are; Social Development Theory (VYGOTSKY) by Lev Vygotsky (1896-1934) which has three concepts that is; social interaction, The More Knowledgeable Other (MKO) and The Zone of Proximal Development (ZPD).

Vygotsky (1896-1934) in his Social Development theory denotes that social interaction paves way for development. One realises consciousness and cognition after experiencing socialisation and social behaviour. Vygotsky states that, "Every role in the child's cultural progress appears in two faces; first is on the social level, and later, on the individual level; first between people (inter psychological) and then inside the child (intra psychological). The More Knowledgeable Other (MKO) refers to any other person who has more or better understanding than the child in the case of this study the staff at CCI's who children look upon as parent figure and lastly the Zone Proximal Development (ZPD), this is the level at which a child can perform tasks under the guidance of an adult and also independently. A child needs to play active role in learning and explore children in CCI's are deprived this opportunity of exploration as a result of the monotony in the routine of activities for instance they sleep, eat, play, interact, wash, school and even toilet at the same time, their social development is mechanistic.

Ivan Pavlov states that learning goes hand in hand with environment, associations and also pairing events. Behaviour is learned through operant conditioning, classical conditioning and observation. In operant conditioning, an individual's behaviour is modified by consequences which leads to changing or strengthening of the behaviour. Classical conditioning involves response to a neutral stimulus by pairing with an unconditioned stimulus to get desired

response and observation learning is looking and imitating. The services offered in the CCIØ have an influence in the social development of OVCØ the quality of education, shelter, nutrition and guiding and counselling services are all determinants on the kind of adults these children turn out to be. Children raised in CCIØ are different compared to children raised in family setup in terms of behaviour and issues surrounding social development.

2.9 Knowledge gap

A number of researchers have linked charitable children institutions to development of children in different aspects, but there has been no specific research on the extent to which the services offered influence self-image. A lot of research focus on the physical and emotional effects with no much regard to what challenges these children face in terms of forming loving and trusting relationships, their self-image or self-esteem after they leave the institution and the burden of Institutional Syndrome as they are reintegrated back into the community. This study therefore filled these gaps in knowledge.

2.10 Summary of Literature Review

The concept of social development has been looked at in terms of interaction and the act of forming loving, lasting and trusting relationship by a child as a means that will help this child get his or her way around the community. The studies pointed out that this is a key area in children and should be nurtured because it is one of the determinant factors on the kind of adults they will be (Goldfarb 1994; 1945, Bowlby 1951, Johnson et al 2006, Beckett et al 2002, Rutter et al 1999; 2007b, Sweeney and Bascom 1995, Powel et al 2004).

Different scholars have discussed the influence of education service on social development of OVCØ in CCIØ. Education is viewed as a key ingredient in an upright child, it helps these children retain normalcy, if the conditions do not favour a good education, and this can lead to stigmatisation, low self-esteem and frustrated young adults. Also the issue of

extracurricular activities should be put into consideration as this is the opportunity the children get to interact and form trusting relationships and learn their abilities (Ishakawa et al 2011, Roger K 2010, Aremeyaur 2010 and Tadesse et al 2004).

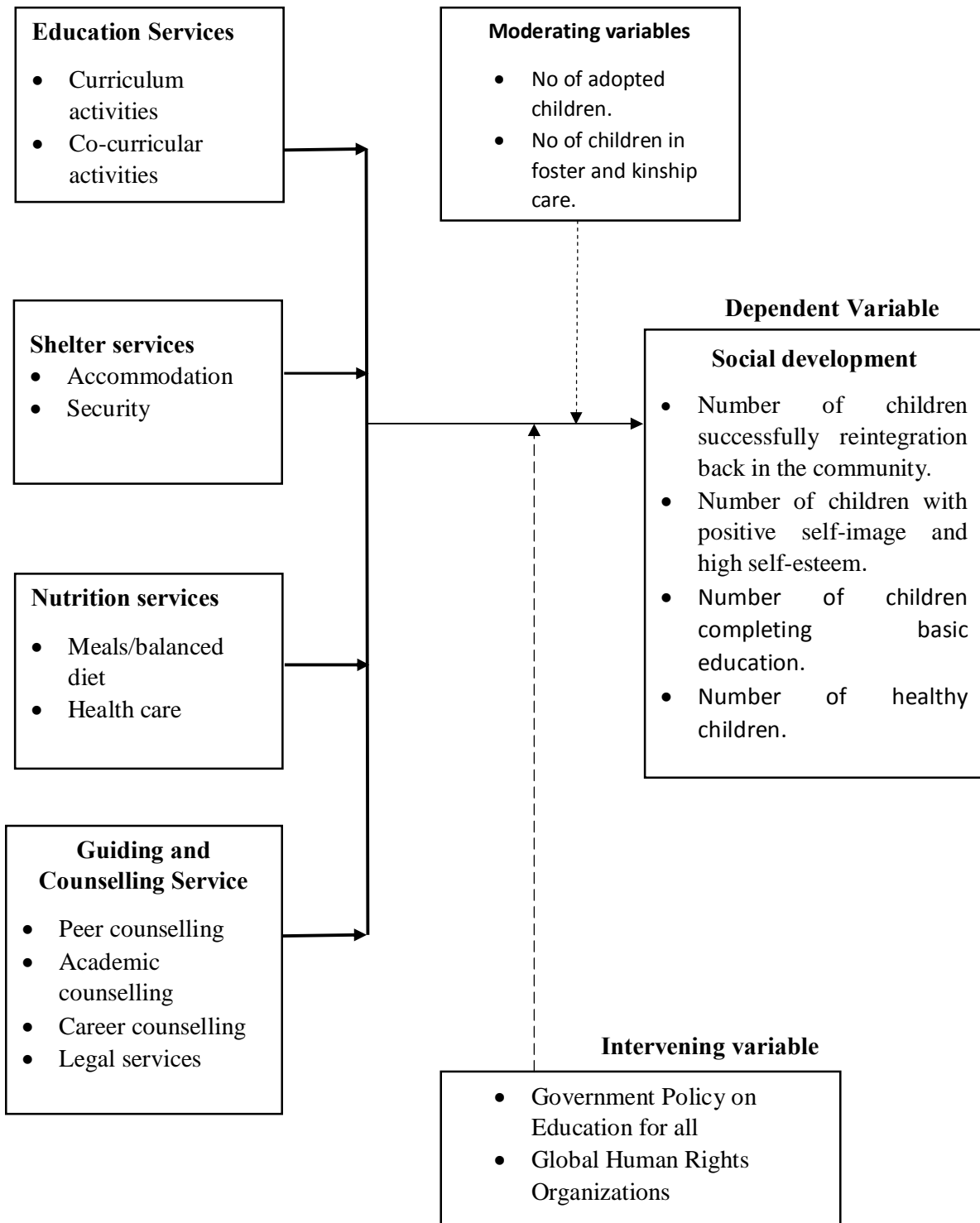
In addition, the quality of shelter services has adverse effects on the children. If they stay in a place that is congested with no facilities like playground, latrines, water points and enough ventilation they are bound to feel insecure and also it will limit their ability to exercise their talents and interact freely (Murugu 2013, Michael Corey and Wayne 2008, Tolfree 1995; 2005 Singeltary 2007)

Many CCIØs give children meals without the consideration of the components that is balanced meals. They look at quantities and not qualities. Also some do not attend to their medical concerns and children have died because of negligence. Such is traumatic for children and a malnourished child is a withdrawn and sad child (UNESCO 2005, Alston and Kent 2006, Murugu 2013, Mwaniki 2013, Carter 2005; Mulheir and Browne 2007 Smyke et al 2007)

The literature also views the areas and importance of guiding and counselling services, having lost parents or nursing sick parents is traumatising for a child, the idea of being away from their family, separation from siblings, challenges with adolescent, career choice and facing legal proceedings is also stressful and they need to be given support and be assured that everything will be okay (Republic of Uganda 2008).

2.8 Conceptual framework

Independent Variable



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This Chapter described research methodology that was be used to conduct this study. The format is as follows; research design, area of study, target population, sampling procedure, data collection instrument which will show validity and reliability, and lastly data analysis methods.

3.2 Research Design

Research Design is described as a “glue” that knits all the aspects in research project (Orodho 2003). This study was conducted through descriptive survey which according to Orodho and Kombo (2002) entails administering questionnaires to respondents. This aided the researcher to collect qualitative and quantitative data as well as Key Informants and observation. This research design was appropriate because it enabled the researcher get information from respondents regarding their actions, perception, opinion and attitude on how CCI services influence the social development of OVCs.

3.3 Target Population

Target population is a large population that the sample population is derived from (Orodho 2005). The study was conducted in Trans Nzoia County which according to Childrens Department has 17 CCIs catering for 901 OVCs. The target population consisted of CCI staff and children who are in standard four to eight (5-8) of ages ten to seventeen (10-17) this is because this category was perceived to have stayed there for long, can express themselves as well as respond to the study items.

3.4 Sample Size and Procedure

The study used probability sampling and stratified sampling which consisted of strata in terms of age 10-17 which gave an equal opportunity for each category of the sample population to be reached. Krejcie&Morgan, 1970 table was used to determine the sample size for the two categories of the respondents. The sample size comprised of 269 children, 32 staff who are caregivers, teachers, managers, social workers and counsellors which gave a total of 301 respondents.

Table 3.1 Proportion distribution of the sample size

Respondents	Population Size	Sample Size
Children	901	269
Staff	35	32
TOTAL	936	301

Krejcie&Morgan (1970)

3.5 Instrumentation

The study used questionnaires for the children, interview guides for Key Informants who entailed the staff (caregivers or house parents, teachers and managers) of the institutions and observation by visiting the CCIØs to enable the researcher get uncorrupted data in its natural setting.

Questionnaires were administered to children in the CCIØs between ages 10-17 with the assumption that they have stayed longer in the institutions and have the ability to respond to the study items. These items will obtain information from the four objectives.

Interviews featured key informants these were the staff in the CCIØ consisting of the directors, managers, caregivers, social workers, counsellors and teachers.

Observation schedule was performed by the researcher on the services undertaken within the institutions and how they influence social development. These included checking if the children were in school and involved in meaningful activities. The state of the structures where children sleep, feed, play and the security measures in place. The kind of food the children are served as well as whether they are attended to when they are unwell and lastly presence of guiding and counselling services and if it is utilised.

3.6 Data Collection Procedure

After the proposal was approved, the researcher applied for a permit and upon receiving it, the researcher went ahead to collect data. The instruments were administered to the CCIØ for ten days and the researcher waited as the respondents filled hence attaining 100% questionnaire return rate. The researcher compiled the data and analysed.

The instruments had a number of sections for instance the demographic which captured the age of the children, their current class, years of service of the staff, their marital status and their designation. In addition, study items that were categorised according to the objectives, the questionnaires had closed ended questions while the interview guide gave room for the respondents to share their opinion and attitude of the research study.

Piloting of the instrument helped in removing ambiguity in the instruments that were used in the study, this measure also helped in determining the validity and reliability of the instruments.

3.7 Validity of the instrument

According to Kerlinger (2007), validity is the extent to which the data collected is current and true leading to objective findings. This study granted questionnaires to respondents who were credible and could give relevant feedback on the items of study. Also a pre-visit and phone calls were made to the CCIØs to form rapport and make appointments with the persons in charge and finally a pilot study was conducted on population with similar characteristics that is Charitable Children Institution outside Trans Nzoia County.

3.8 Reliability of the instrument

This is the measure of the consistency of the results from a test done. The reliability was achieved by doing a test-retest on the same subjects under the same conditions. This was done after a period of one week. After which a Pearson's product moment correlation was used to measure the coefficient between the variables.

3.9 Data analysis techniques

This is a process used to simplify data obtained from the sample study. In this study, data was organised, categorised and evaluated using Computer Programme that is Statistical Package for Social Sciences (SPSS). The Key informant interview response were analysed using thematic analysis.

3.10 Ethical Consideration

In their article on guide to writing researcher proposal and project, Osoo and Onen 2005 state that despite the need to obtain information, human dignity should be put into consideration. In this study, the researcher obtained consent from the respondents to ensure that participate voluntarily. They were also informed of the true aim, perceived benefits and also likely hazards of the study. The information given was treated with utmost confidentiality and used only for the purpose intended. To enable the respondents feel comfortable while giving feedback, the researcher also explained and interpreted the study items to the respondent (Rukwaru 2007). The instruments did not require names of the respondents or the institution this was also to ensure that the respondents be assured that the information would not incriminate them.

3.11 Operationalisation of variables table

Table 3.2 Operationalisation of variables

Specific Objective	Variables	Indicators	Measurement Scale	Methods of Data collection	Data analysis Technique
Education Services influencing social development	Curriculum activities Extracurricular activities	Admission Retention Completion Performance in school	Ordinal and nominal	Questionnaires Key Informants	Descriptive statistics SPSS
Shelter services influencing social development	Accommodation Security	Level of Physical, emotional and sexual abuse	Ordinal and nominal	Questionnaires Key informants Observation	Descriptive statistics SPSS
Nutrition services influencing social services	Balanced diet Medical attention	No.of children looking healthy	Ordinal and nominal	Questionnaires Key Informants Observation	Descriptive statistics SPSS
Guiding and counselling services influencing social development	Academic and Peer counselling Career guidance Legal services	Percentage of children with positive selfimage No. of Successful reintegration in community Justice obtained	Ordinal and nominal	Questionnaires Key informants	Descriptive statistics SPSS

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter entails presentation, interpretation and discussion of findings of Influence of Charitable Children Institution Services on the Social Development of Children in Transzoia County. This was guided by the four objectives of the study which focused on education, shelter, health and nutrition and guiding and counselling services.

4.2 Questionnaire return rate

According to Nachmias and Nachmias (1996), a 75% return rate of questionnaire is valid for a social research to be carried out. The questionnaire return rate in this study was 100%, this included 269 children and 32 staff who were randomly selected to participate in the study.

4.3 Demographic information of the respondents

The demographic information of the respondents discussed in the study include; age, current class of the children, marital status of the staff, years worked in the institution, designation of the staff. All this information was useful in the study.

4.3.1 Age of the respondents

The importance of establishing age of the respondents was to ensure that the researcher gets children who can respond to the study items promptly.

Table 4.1 Distribution of respondents by Age bracket

Age (years)	Frequency	Percent
10-13	91	33.8
14-17	178	66.2
Total	269	100.0

The United Nations Convention for the Rights of Children (UNCRC) defines a child as someone who is below the age of 18. According to this study, 91 (33.8%) children were between 10 years and 13 years while 178 (66.2%) were between age 14 years and 17 years.

4.3.2 Marital status of the staff

Marital status was also established because of the assumption that the staff who are married better positioned to give effective and quality care to the children as biological parents would compared to those who are single.

Table 4.2: Distribution of respondents by marital status

Marital status	Frequency	Percent
Yes	24	75.0
No	8	25.0
Total	32	100.0

Most of the staff 24(75.0%) were married, while only 8(25.0%) were single this implies that most of the CCIØs consider staff that are married more that the single. This could be attributed to the fact that they have experience with parenting hence can easily attend to the needs of the children in a more sensitive manner.

4.3.3. Years of experience

The years of experience translates to the knowledge on matters regarding the children in the CCIØs hence the researcher found it necessary to find out the years the staff had worked.

Table 4.3 Years of experience of the staff

Years of experience	Frequency	Percent
1-2 years	9	28.1
3-4 years	10	31.3
5 and above	13	40.6
Total	32	100.0

According to the table, 9(28.1%) of the staff had worked for 1-2 years, 10(31.3%) had worked for 3-4 years while 13(40.6%) being the highest had worked for 5 and above years. This implies that the information they gave during the interview was based on their experience taking care of those children.

4.3.4 Designation of the staff

It was importance to establish the designation of the staff to enable the researcher analyse only the targeted population.

Table 4.4: Distribution of respondents by designation

Designation	Frequency	Percent
Teacher	7	21.9
Manager	6	18.8
Social worker	10	31.2
Counsellor	1	3.1
Caregiver	8	25.0
Total	32	100.0

According to the table 7(21.9%) of the respondents were teachers, 6(18.8%) were managers, 10(31.2%) were social workers, 1(3.1%) counsellor and 8(25.0%). From the study, the CCIØs lacked counsellors. Due to the difficult backgrounds experienced by these children, CCIØs need to employ competent counsellor who will be able to respond to the complex problems faced by these children (Dessler 2008).

4.4 Education services and social development

4.4.1 School enrolment of the respondents

The researcher found it necessary to find out if children in the institutions were enrolled in school because education plays an important role in moulding children socially they learn how to interact.

4.5: School Enrolment of the respondents

School enrolment	Frequency	Percent
Yes	269	100.0
No	0	0
Total	269	100.0

The table above shows that in all the institutions involved in this study, the respondents 269 (100.0%) were enrolled in school. This revealed that the CCIØs acknowledged education as a primary requirement in moulding an upright child as noted also by Ishakawa et al (2011).

4.4.2 Current class of the respondents

The importance of establishing current class of the respondents was to enable the researcher know the category of children who interpreted the items and hence give relevant answers.

Table 4.6: Distribution of respondents by class level

Respondents current class	Frequency	Percent
5-6	112	41.6
7-8	148	55.0
Above 8	9	3.4
Total	269	100.0

According to the table, 112 (41.6%) of the children were in standard 5 and 6, 148 (55.0%) were in standard 7 and 8 while 9 (3.4%) were above standard 8. This also helped to the successful questionnaire return rate that were completely filled.

4.4.3 Student-teacher relationship

Student-teacher relationship is essential in ensuring that the student performs in different aspects of his/her life inclusive socially. Students tend to emulate their teachers hence when the teachers are friendly it helps the student openly share challenges with confidence knowing that they will be heard. The following table shows the children's opinion on their teachers.

Table 4.7: Student-teacher relationship

Approachable teachers	Frequency	Percent
Yes	238	88.5
No	31	11.5
Total	269	100.0

The analysis showed that 238 (88.5%) of the children perceived their teachers as friendly while 31 (11.5%) thought their teachers were not friendly. This implies that there is need for the CCI's staff to ensure that children can express themselves to the teachers since this will help them perform better and this will enhance their self-esteem in the community as they grow.

4.4.2 Participation in extracurricular activities

Participation in extra-curricular activities is one of the ways children learn to interact and form relationships is through play, it was necessary to find out whether children in the CCI's are involved in extracurricular activities.

Table 4.8 Participation in extracurricular activities

Participation in extracurricular	Frequency	Percent
Yes	251	93.3
No	18	6.7
Total	269	100.0

The study revealed that 251 (93.3%) of the children participated in extracurricular activities while 18 (6.7%) of the children did not. This implies that despite the efforts for the CCIØs in providing these activities, not all children participate in them hence it is important for the staff to be on the look out to ensure that all the children are helped to interact with them and form relationships with their peers.

On the other hand, staff in the institution stated the following regarding influence of education services on social development of the OVCØs. Education was viewed as the vehicle of civilisation and itØ through it that children learn the art of communication skills which helps them to express themselves and be heard, it gives hope in knowing that they have a bright future hence build their self-esteem and improve their self-image, through group discussions they learn to help those who are weak academically and also form trusting relationships. The extracurricular activities help the children interact with each other and showcase their talents, this is important because it helps children discover their potential in different fields and this makes them feel valued and accepted. Because of the difficult backgrounds faced by these children, some do not excel academically but are good at games, sports, music dance and drama. When they get this opportunity it gives them a sense of self-worth.

In addition, it helps in changing the children's attitude towards each other hence they have a smooth relationship with their peers. Apart from learning good behaviour, children unlearn undesired behaviour too hence shaping them morally and they fit well within the society. However, some of them mentioned that CCI's that have their own schools keep these children away from others from the community hence this hinders them from socialising well whenever they meet kids who do not stay within the institution.

The observation made on this objective was that, in all the institutions visited, children were in school. They interacted well with their peers and teachers responded fairly well to the children when they came to them. Most institutions had a field although there were very few playing equipment seen.

4.5 Shelter services and social development

4.5.1 Attitude towards staying with other children in the institution

CCI's consists of children from different cultural and religious backgrounds as well children with special needs it was important to find out how the children view this aspect.

Table 4.9: Attitude towards living with others in the institution

Enjoy living with others	Frequency	Percent
Yes	230	85.5
No	39	14.5
Total	269	100.0

The table indicates that 230 (85.5%) enjoyed living with other children while 39 (14.5%) of the children did not enjoy living with other children. Children are brought to the CCI's because of various reasons and some of these reasons hinder their ability to fit in and interact

freely. When in this institutions, these children are considered as siblings by themselves as well as the adults that look after them. Closer monitoring should be done so that children in tis places can feel accepted and loved.

4.5.2 Visit by children from similar institutions

The study found it necessary to analyse whether children in CCIØs are visited by children from similar institutions. This was important because the researcher intended to establish how these children felt knowing that they are not the only ones in the institutions.

Table 4:10 Visit by children from similar institutions

No. of times visited	Frequency	Percent
1-2 times	118	43.9
2-4 times	111	42.2
Any other	40	14.9
Total	269	100.0

The study revealed that 118 (43.9%) of the children respondent stated that they were visited 1-2 times by children from similar institutions, 111 (42.2 %) stated that they were visited 2-4 times while 40 (14.9%) had other responses like they were never visited. When children know that there are other children who have similar circumstances it motivates them just by knowing that they are not alone.

4.5.3 Children’s response on whether they go home

Since most children at some point they go back to their homes or in the community, the researcher found it necessary to analyse this information to determine the preparedness of the children to be reintegrated back into the community.

Table 4:11 Children’s response on whether they go home

Visit home	Frequency	Percent
Yes	204	75.8
No	1	24.2
Total	269	100.0

The table indicates that 204 (75.8%) of the children went home while 65 (24.2%) of the children did not go home. It is in the best interest of the child to be brought up in the family or community setting (Masindano, Wasilwa & Singletary, 2011). The implication on the children who do not go home is that when they finally exit from the institution, they will have challenges fitting in the society. He/she may be looked at as a social misfit or he/she could suffer from ðinstitution syndromeö.

Table 4:12 Children experience at home

Experience at home	Frequency	Percent
No response	65	24.2
Good	144	53.5
Bad	60	22.3
Total	269	100

(24.2%) of the children did not give their experience whenever they went home, 144(53.5%) had a good experience while 60(22.3%) had a bad experience whenever they visited their homes. This implied that some children will face difficulties whenever they are exited from the institutions and this poses a risk because it can result to relapsing in the intervention which the institution was offering. For the county to ensure deinstitutionalization, there is great need to work closely with the children to address the underlying issues that make them view life at home as hard.

On this objective, majority of the staff said that children are put in clusters of 6-10 referred to as families, they have a male and female caregiver as father and mother who are couples. This has helped the children live in harmony as they value and accord each other respect just like the families in the home setting. There is a separate dormitory for boys and girls. Shelter enables the children who come in from the street feel safe, they are protected from the harsh weather and molestation experienced in the streets. The CCIØ give them common resources no one is poor or rich and this equality makes them feel they are treated fair and with dignity. These children greatly improve in terms of behaviour modification for instance, when they are new they are hostile and have the 'survival for the fittest' attitude, but after staying in for a while, they torn down and learn how to live peacefully and ask for whatever they need politely hence they are fully accepted by their peers. Similar institutions visit them and this helped the children know that they are not the only ones who stay in CCIØ. They learn that it is not their fault hence they look at the future with certainty.

However, some mentioned that factors like change in staff makes children have issues with self-esteem, because each people walk in and out of their lives treat them differently. They stated that children are congested in their dormitories hence denying them a sense of privacy. Also, everything the children do is routine, the monotony in the activities denies the children an opportunity to freely explore and grow naturally. For example, they are all required to wake up, shower, eat and play at the same time. Life in the CCI is more of school setting that home setting. The society perception about children who live in the CCIØ also hampers their esteem, image and interaction. Most are thought to be infected by HIV/Aids hence they are labelled as 'sick' while other are labelled as the 'abandoned babies'. Also the aspect of donor influence, some of these children fail to fend for themselves because they are used to being given, they have a problem differentiating fantasy from reality they view themselves as

very important and above the standard of the community they end up joining later, this causes detachment. This is one of the reasons they fail to fit in the community when reintegrated.

Others pointed that despite the effort by the CCIØs in ensuring the safety and accommodation for the children, there is a huge gap between the social development of the children brought up in the institutions and those raised in a family setting. The stated that children who stay in CCIØs have inadequacy in forming trusting relationships, children who live in CCIØs take longer to fit in the society, children who are raised in the family setup interact better and form closely knit relationships unlike their counterparts from the CCIØs. In addition, children in CCIØs have insecure and disorganised attachment hence they may not be able to open up freely whenever faced with challenges. Also, having come from different backgrounds and culture children in CCIØs have difficulties accommodating their difference. The circumstances make them lose their identity in terms of culture, traditions and religion and adopt others. The ration between staff and children hinders formation of trusting relationship and also staff keep changing the children find it hard to form lasting relationships compared to the home setting.

Observations made included; there was a separate wing for boys and girls. Some institutions had worn out buildings and lacked cubicles to enable children have some sense of privacy. Most of the institutions had put their children in clusters of 6-10 with two caregivers as mother and father, this was geared towards teaching children the value of family and forming long and trusting relationships even with the community whenever they visit them. Some dormitories had more children than the capacity it should carry. Also in some institutions, there were no seen emergency response plan for instance an emergency exit, fire extinguisher or sand in the buckets to help curb such situations in case it arose. This implies that the childrenØs safety is not fully adhered to and could lead to fear in the children when an incident occurs.

4.6 Nutrition services and social development

As stated by UNCRC one of the rights of children is provision of nutrition and healthcare. A part from the quality of food given, the number of meals given to children is very important too. Malnutrition has been cited by World Health Organisation (WHO) as one of the causes of death in children, a malnourished child is a withdrawn and sad child. Hence it was important to establish the number of meals the children respondents had per day.

Table4:13 Number of meals served to the children in the institution

Number of meals	Frequency	Percent
5	6	2.2
4	165	61.3
3	83	30.9
2	13	4.8
1	.2	.8
Total	269	100.0

The study revealed that 6(2.2%) of the children respondents in CCIØ ate 5 meals a day, 165(61.3) ate 4 meals a day, 83(30.9%) ate 3 meals, 13(4.8%) ate 2 meals while 2(0.8%) ate a meal per day. The high number of children provided for meals signifies that most children in CCIØ in Transzoia are given at least 3 meals daily implying that nutrition needs are responded to.

4.6.1 Children’s response on how feeding helps them

It was important to establish the respondents view about feeding, through their response it would be possible to depict components of the relationship between feeding and social development in relation.

Table 4:14: Children’s response on how feeding helps them

Results of feeding	Frequency	Percent
I am healthy	218	81.0
We enjoy sharing food	41	15.2
I am happy	5	1.9
Any other	5	1.9
Total	269	100.0

218(81.0%) of the children respondents stated that feeding helps them stay healthy, 41(15.2%) indicated that they enjoy sharing food while 5(1.9%) of the children indicated that feeding makes them happy. CCIØs in Trans nzoia provide nutritional needs adequately hence have children who are healthy and have learnt to share food amongst themselves as well as happy.

4.6.2 Children’s response on quality of foods served in the institution

Nutrition is one of the key components in ensuring children are health, hence it was important for the study to establish if the meals given in the institution was healthy or not.

Table 4:15: Children’s response on quality of foods served in the institution

Food served	Frequency	Percent
Healthy	175	65.1
Not healthy	94	34.9
Total	269	100.0

39

In the table, 175(65.1%) of the children respondents stated that they ate balanced meals implying it had all the components; vitamins, proteins, carbohydrates and minerals while 94(34.9%) of them stated that they did not have balanced meals.

4.6.3 Children’s response on medical attention

Establishing whether children received medical attention was important as this would enable the researcher know whether or not the health of the children was being addressed whenever they are sick. In their study Cater, 2005; Mulheir and Browne, 2007; Smyke et al, .2007 noted that children in CCIØs are isolated whenever they are sick instead of giving them medical attention. This isolation denied them the right to interact and form relationship with their peers as well as it tainted their self-esteem.

Table 4:16 Children’s response on medical attention

Access to treatment	Frequency	Percent
Yes	245	91.1
No	24	8.9
Total	269	100.0

Of the children respondents picked, 245(91.1%) indicated they received medical attention while 24(8.9%) indicated they did not receive medical attention. This implies that there is still

need for more emphasis and mechanisms to be put in place to ensure that all the children are attended to when they are sick.

The highest response of staff on this objective was that feeding children made them healthy and active hence they easily bond with other children because a child who is weak and unhealthy is withdrawn and antisocial. Also while they were in the streets or difficult family situations they could not afford decent meals hence they were aggressive to survive but in the institution, they find enough and this has made them calm and made them feel valued.

Children who need special diets are also provided for, these are cases like kwashiorkor, marasmus and children with human immunodeficiency virus among others. These children also receive medical attention whenever they are brought in the institution, as part of the requirement for admission they undergo intensive medical examination to ascertain the health status of the children and if there are any found ill they are treated. While they are in the institution, they are also attended to medically when need arises.

However, some were of the opinion that the CCIØs cannot fully give balanced meals always, the childrenØs food is mostly carbohydrates and most suffer from iron deficiency diseases.

Some childrenØs medical needs is too costly for the CCIØs to handle and children suffer because they cannot be attended to this makes them withdrawn. Children who are infected by HIV/Aids have challenges understanding their medical state like why they have to take drugs daily and when they are at adolescent stage, we have heard cases of drug adherence, undesired behaviour and also they fail to interact with their peers.

In most institutions children looked healthy and happy, in some institutions, the children served their own food while in others they were given by the cooks. There was order during meals and their food had at least two components of the balanced diet.

4.7 Guiding and counselling services and social development

This service is very important to children living in institution for a number of reasons; it helps in behaviour modification resulting to acceptance into the society, this also enables children form trusting relationships hence giving them a positive self-image and high self-esteem.

Table 4:17 Children’s response on how guiding and counselling helps them

How G&C helps children	Frequency	Percent
I relate well with others	121	45.0
I can guide and counsel my friends	115	42.8
I am happy living with others	23	8.6
Any other, specify	10	3.6
Total	269	100.0

The study revealed that guiding and counselling helped 121(45.0%) of the children to relate well with their peers, 115 (42.8%) could guide their friends this could go a long way in ensuring that there is minimal socially unacceptable behaviour. 23 (8.6%) were happy staying with other children as a result of undergoing guiding and counselling.

4.7.1 Children’s response on who they confide in

The importance of this concept was to be able to know which of the staff do children approach most for guidance and counselling, this helped the policy makers know where they need to reinforce the human resource needed as well as sharpen skills of other staff to be able to attend to psychosocial needs of the children.

Table 4:18 Children’s response on who they confide in

Confidantes	Frequency	Percent
Counsellor	56	20.8
Caregiver/teacher	128	47.6
Friends	53	19.7
No one	32	11.9
Total	269	100.0

According to the study, 56 (20.8%) of the children confided in the counsellors, 128 (47.6%) confided in Caregivers/teachers, 53 (19.7%) confided in their friends while 32 (11.9%) did not have anyone to turn to.

4.7.2 Children’s preferred future career

The researcher intended to find out whether the career choice of the children in the institution required them to fully interact with people or they chose careers that had little interaction.

Table 4:19 Children’s preferred future career

Preferred career	Frequency	Percent
Doctor	63	23.4
Teacher	23	8.6
Finance	9	3.3
Lawyer	5	1.9
Any other, specify	169	62.8
Total	269	100.0

From the table, 63 (23.4%) of the children wished to be doctors, 23 (8.6%) wanted to pursue teaching 9 (3.3%) desired career in finance, 5 (1.9%) lawyer while 169 (62.8%) wanted other careers. Children in the CCIØs need career guidance too, this will give them a direction in

their future as well as enable them be competitive in the job market. Knowing the direction to take will also help have confidence in themselves and this will enhance their self-image.

4.7.3 Children’s response on knowledge on children’s rights

The question sought to find out whether the children knew about their right, this way they would easily tell whether they are being abused and what they deserve.

4.20 Children’s response on knowledge on children’s rights

Know children rights	Frequency	Percent
Yes	228	84.8
No	41	15.2
Total	269	100.0

From the table, 228(84.8%) of the children were aware of their rights while 41(15.2%) did not know about their rights implying there are children still at risk of being abused in the CCIØs. It is important for the staff in the CCIØs to teach these children about their right this way, they will be able to stand for themselves whenever their rights are being infringed.

Most members of staff in the CCIØs were of the opinion that guiding and counselling helps children follow the rules set in the CCIØs and also understand the consequences of breaking the rules this helps them know the desired behaviour and act accordingly. Also, it boosts their self-esteem hence they do not feel intimidated especially for children who were once isolated this psychosocial support system helps them interact well while children who were once hostile are accepted by others. During the guiding and counselling sessions, the children get an opportunity to open up and share their thoughts and feeling the audience given to them motivates them and gives them a sense of belonging and self-worth.

Moreover, it is through this service that the CCIØs prepare children for exit from the institution, they are guided on how to live in the society as well as the importance of valuing

other people. Apart of behaviour moulding, the children are given career guidance. The study showed that most of the children in the CCIØs want to pursue causes that have less interaction with people.

The response on whether CCIØs influence children self-esteem was highest towards negative influence. The study revealed that the society brand children in the society as 'sick' referring to infected by H.I.V and Aids this hinders their ability to adapt in the society. Also some children suffer from 'institutionalisation syndrome' having stayed in the CCIØs for long, they fail to find their bearing within the community hence they indulge in dubious behaviour or drug related behaviours as a result of the frustration and waste away. Donor influence in the CCIØs has led to dependency syndrome and the children have the fear of fending for themselves and being independent because they cannot finance their own lives even after completion of education and obtaining a source of income.

The children lack distinct culture/tradition and the institution setting has monotonous routine denying the children opportunity to freely exercise their rights. They have so many questions about who they are and their roots and they hardly get answers hence there is a feeling of being lost not knowing who you really are. Most children who have grown in the CCIØs don't want to identify themselves as having grown in these institutions.

On the other hand, some staff are of the view that the CCIØs influence the children's self-esteem positively through provision of education which gives them a hope and a future, provision of shelter and meals give them a sense of belonging and helps them feel loved and valued.

The researcher's observation on this aspect was that guiding and counselling is done in closed doors and since there is need for privacy, the researcher did not have an opportunity to attend any session. Also, the researcher did not encounter any scenario of unruly behaviour

conducted by the children hence the assumption was that guiding and counselling does help in moulding children's behaviour hence they interact well.

4.8 Ranking in percentage of the services offered by the CCI's that influenced social development of the OVC's

It was important for the researcher to establish which of the services offered by the CCI's influenced social development of the OVC's most.

Table 4:21 Rank in percentage of staff respondents on services offered in institution

Services Offered	Frequency	Percent
Education	15	47.0
Shelter	6	18.8
Nutrition	3	9.4
Guiding and counselling	6	18.8
Others	2	6.2
Total	32	100.0

From the table, education services was considered to have highest influence on social development on the social development of the OVC's, this was stated by 15(47.0%) of the staff in the CCI's, this implies that the CCI's should ensure that they give quality education to the children as well as invest in extracurricular activities. This was followed by shelter 6(18.8%) and guiding and counselling 6(18.8) which had similar scores, it is therefore necessary for the CCI's to provide adequate accommodation and safety for the children and have a professional counsellor who can adhere to the psychosocial needs of the OVC's.

Nutrition was ranked three 3(9.4%) CCI's should provide meals in terms of quality and not quantity to enable children stay healthy which in turn enables them interact well. Other services 2(6.2%) included kinship program.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, RECOMMENDATION AND SUGGESTION FOR FUTHER RESEARCH

5.1 Introduction

This chapter entails the findings in relation to the research study, the discussion of the findings, the conclusions made from the findings, the contribution to the knowledge, recommendations and suggestions for further research.

5.2 Summary of the findings

This was done based on the objectives of the study and the research questions that were meant to be answered.

The first objective intended to find out how education services in charitable children institution influences the social development of orphaned and vulnerable children. From the study, all the children 269 (100%) were enrolled in school, this revealed that the CCIØs acknowledged education as a primary requirement in moulding an upright child as noted also by Ishakawa et al (2011). One of the aspects of relationship formation is extracurricular activities, from the study not all children participated in extracurricular activities 18(6.7%) stated they did not, however small the number looks, it is important for the CCIØs to ensure that all the children are involved. On being asked about the services offered by the CCIØs that influence social development of children, most staff mentioned education as the priority service. They stated that education gives the children a ray of hope knowing that at the end of it they will be meaningful to the community and this gives them a positive self-image and esteem.

Also, provision of shelter enhances interaction 230 (85.5%) of the children stated they enjoyed living with others. The staff's response towards shelter was it gave the children a sense of security, children who are brought in the CCI's are from difficult backgrounds and this poses a danger to them for instance abuse and harsh weather for those who live in the streets. This is echoed by Michael Corey and Wayne (2008) who point out that the CCI's have the responsibility of protecting the children from and kind of crime and from factors that threaten their safety. As part of the exit plan, the children are normally released to the community or families in order for them to form relationships with the people outside to be able to fit it when they finally leave. Of the children respondents, 204 (75.8%) go back home while 65 (24.2%) did not go home. According to the Children's Act (2001), it is to the best interest of the child to be raised within the family setting hence children whose relatives cannot be traced should be fostered or adopted. For those who went home, 144 (53.5%) had a good experience while 60 (23.3%) had difficulties, the CCI's need to put measures in place to ensure that when these children go back home, they go to environments that will not cripple their self-image. The relatives should undergo trainings and where possible given support like cash transfers to be able to cater for these children.

The CCI's are able to provide children with at least four meals a day as revealed by 164 (61.3%) of the children respondents. Proper feeding protects children from nutrition related diseases, it ensure children are healthy and active. Also children get food without scrambling for it compared to when they were in the streets or back home where there was scarcity. The care given to the children through this service helped the children to feel loved and valued hence they also treat each other with respect and not hostility. Moreover, most of the children 245(91.1%) got medical attention whenever they were unwell, this enhance social development because. According to Cater, 2005; Mulheir and Browne, 2007; Smyke et al,

.2007, when children are not attended to medically, it makes children withdraw from the rest as they avoid interaction and on the extreme cases, some diseases if not treated can lead to permanent disabilities and instead of them receiving care and love, they are isolated and this is traumatic to them.

Charitable children institutions need to ensure that they encourage children to open up and learn to speak their problems in order for them to be assisted accordingly. Of the children respondents, 32(11.9%) stated that they had no one to confide in whenever they have problems. When a child harbours his/her emotions out of lack of a psychosocial assistance, they become isolated and lack sense of belonging and there is a likely hood of this child to turn to drug and substance abuse UNICEF (2004). Some CCI's also lacked counsellors there is need to have a professional counsellor who should be available whenever a child needs to air out his or her feeling about the challenges they are facing. This will enhance the children's self-esteem and image as they will be comfortable in their surrounding environment.

5.3 Conclusion

The study was meant to establish the influence of Charitable Children Institution Services on the Social Development of Orphaned and Vulnerable Children. The services looked at were education, shelter, nutrition and guiding and counselling. These are the basic services that enhance well-being of children in any given setting. The dimensions in education were both curriculum and extracurricular activities, shelter had security, nutrition had feeding and medical attention while guiding and counselling had peer and career guidance.

Not all children participated in extracurricular activities hence there should be provision of versatile activities encouraged to participate in extracurricular activities as this is one of the ways children interact as well as an opportunity for talent discovery. When a child knows what they are good in apart from studies it helps them have a strong self-image and more so

to the children who have challenges academically, they can indulge in other meaningful activities that will make them have a sense of belonging.

Provision of shelter is inadequate hence it needs attention. In addition, it is important for the CCIØs to establish ways of helping children who do not leave the institution at all as others get an opportunity to leave and go home. When a number of children leave while others stay within the institution throughout, it can be traumatising to the children who stay within throughout. Children who have no place to go tend to have dependency syndrome towards the institution, they find it totally difficult to bond with the community at large even when they are in their adulthood. They have low self-esteem especially with the thought that they have to identify themselves as having been institutionalised for the better part of their lives.

On nutrition, children should be given balanced diet the number of meals serviced can be very high but of poor quality. CCIØs should also ensure that all the children are attended to whenever they are unwell this has to be timely because delay in administering medical attention can have adverse effects on the children.

The CCIØs need to have a professional counsellor who will attend to the psychosocial needs of the children. Also, the staff need to undergo some training on how to handle children from difficult backgrounds in order to enable them understand these children better and this will enable the children open up to them whenever they have challenges.

5.4 Recommendations for policy and practice

From the research findings, the researcher has the following recommendations;

1. To the management of the Charitable Children Institutions. In order for all the children to participate in extra-curricular activities, the CCIØs should provide a variety of activities and also create opportunities for the children to be able to showcase their talents.

2. To the policy makers, to ensure successful reintegration back to the community, the CCIØs should have a clear exit plan for the children which should be communicated to from the onset. Also, they should ensure that all the children get the chance to be in a family over the holidays that is through finding their relatives (kinship) or finding for them foster homes or have them adopted because it is in the best interest of the child to grow within the family. These homes should be reviewed to ensure they do not pose danger to the children.
3. To the management of the Charitable Children Institutions. Nutrition should be provided in terms of quality, a balanced diet in all the meals given by the institution. Also provision of special diet for the children who need it because of health related issues. All the children should get medical attention, and the CCIØs should carry out routine medical examination for all the children.
4. To the Ministry of Gender, Children and Social Protection. A Professional counsellor should be available in all the Charitable Children Institution on fulltime basis in order to ensure children have psychosocial assistance at their disposal. The ChildrenØ Department at the county level should see to it that this service is delivered.

5.5 Suggestions for further research

During the study there were emerging issues which could not be addressed within this study hence there is need for a research to be done. These were;

1. Influence of Charitable Children Institutions on the Psychological development of Orphaned and Vulnerable Children.
2. How the society stagnates the economic development of children raised in the Charitable Children Institution.
3. The same research carried out in a different county.

5.6 Contribution to the Body of Knowledge

Table 5:1 Contribution of the Body of Knowledge

Objective	Contribution
1. To establish how education services in charitable children institutions influence social development of orphaned and vulnerable children in Trans-Nzoia County Kenya	Provision of a variety of extracurricular activities will ensure all the children are involved.
2. To assess how provision of shelter in charitable children institutions influence social development of orphaned and vulnerable children in Trans-Nzoia County Kenya	Adequate ratio of staff-children will enhance social development. In addition, the dormitories should carry the required capacity to avoid congestion.
3. To establish how provision of food in charitable children institutions influence social development of orphaned and vulnerable children in Trans-Nzoia County Kenya.	Routine medical check-up for the children as well as balance diet will ensure that the children
4. To establish the extent to which guiding and counselling influence social development of orphaned and vulnerable children in Trans-Nzoia County Kenya.	Professional counsellor is essential for children in the charitable children institutions.

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APPENDICES

APPENDIX I: LETTER OF TRANSMITTAL OF DATA

**Violet Kufwafwa Wesonga,
P.O Box 1475-30200,
Kitale.**

**University of Nairobi,
P.O Box 30197-0100,
Nairobi.**

TO WHOM IT MAY CONCERN

Violet Wesonga is an MA student at the University of Nairobi (UoN). She is undertaking an academic paper on the *Influence of Charitable Children Institution Services on the Social Development of Orphaned and Vulnerable Children in Trans Nzoia County* as a requirement of the qualification for the ward. The findings will contribute to improving the quality of care given to these children in Trans Nzoia County. Your response to the questionnaire below and other data collecting tools will make you a participant in better care for the children.

Whatever information given will be confidential and will be used for the study and nothing else, I will be grateful if you spare your time to answer the questions.

Yours faithfully,

Violet Wesonga.

9. How often are you visited by children from other institution?

- a) 1-2 times a term b) 2-4 times a term c) Any other

specify_____

Shelter and Social Development

10. Do you enjoy living with other children? Yes () No ()

11. How has living with other people in this institution helped you?

- (a) I have made friends (b) I have learned to share with others (c) I enjoy living with others

(d) I am helped with others (e) Any other specify_____

12. Do you go home sometimes? Yes () No ()

13. If yes how do you find life outside this institution?

14. Select activities you are involved in during your free time when you are not in class.

Tick where appropriate ()

Play with friends

Sleep

Watch television

Talent show

Nothing

Any other specify

Nutrition services and social development

15. How many meals do you eat in a day?

Tick where appropriate

5

4

3

2

1

16. Indicate how the food served in this institution has helped you

(a) I am healthy (b) We enjoy sharing food (c) I am happy (d) Any other_____

17. How would you rate the food served in this institution?

(a) Healthy (b) Not healthy

18. Are you taught how to serve food? Yes () No ()

19. Do you go to hospital when you are sick? Yes () No ()

Guiding and counselling and Social Development

20. Select a way in which guiding and counselling has helped you\

(a) I relate well with others (b) I can guide and counsel my friends

(c) I am happy living with others (d) Any other, specify_____

21. Who do you talk to when you feel sad?

Tick where appropriate

Counsellor

Care giver

Teacher

Friends

I have no one to talk to

22. Who do you want to be after you finish your education?

23. Do you know how to make friends?

Yes () No ()

24. Do you know about children's rights?

Yes () No ()

APPENDIX III: INTERVIEW GUIDE FOR CCI STAFF (MANAGERS, TEACHERS AND CAREGIVERS)

Violet Wesonga is an MA student at the University of Nairobi (UoN). She is undertaking an academic research paper on Influence of Charitable Children Institution Services on the Social Development of Orphaned and Vulnerable Children in Trans Nzoia County as a requirement of the qualification for the award. The findings will contribute to improving the quality of care given to these children in Trans Nzoia County. Kindly answer all the questions below.

Persona Data

- 1. Gender Male () Female ()
- 2. Marital Status_____
- 3. Designation/Position_____
- 4. How long have you worked in this institution? _____
- 5. What services does your institution offer that help children interact well?

Education and Social Development

- 6. How does education help your children form relationships with others?

Shelter and Social Development

7. To what extent does provision of shelter contribute to ability of children to interact?

8. What is the difference between children who stay in this institution and those who stay within family setup in forming relationships?

9. What kind of activities do the children engage in that enable them relate with each other?

Nutrition and Social Development

10. How does feeding of children help them live happily?

11. How do children with chronic illness and the rest interact?

Guiding and Counselling and Social Development

12. Do you offer guiding and counselling? Yes () No ()

13. How often are children guided and counselled?

14. How does guiding and counselling help children interact?

15. How would you rate the way children copy people they admire/want to be like?

16. How many times do the children attend activities with children from similar institutions?

17. When they are out of the institution on such activities how would you rate their interaction rate?

18. Have you had cases where you took a child in with critical health issues? Yes () No ()

17. What was your intervention to restore the child's health?

19. What kind of career choice do the children prefer?

20. How do you prepare them for exit? _____

21. Do you do follow up on the exited children? Yes () No ()

22. What percentage of children have successfully reintegrated back to the community?

High () Low () Average ()

Kindly give a reason for your answer

23. What are some are some of the reasons that hinder them from successfully reintegrating back in the community?

24. How does charitable children institution affect self-esteem? Positively () Negatively ()

Kindly give reasons for your answer

APPENDIX IV: OBSERVATION CHECKLIST

	Yes or No	Comments/Remarks
Education and Social Development		
Are the children in school		
Are they active in extracurricular activities		
Shelter and Social Development		
Are the children interacting well		
Do the structures enhance their interaction		
Does the institution provide privacy to the children		
Nutrition and Social Development		
Are the children given balanced meals		
Are they looking healthy or malnourished		
Guiding and counselling and Social		
Are the staff responding to children appropriately		
Do they have a professional counsellor		

APPENDIX V: KREIJCIE AND MORGAN SAMPLING TABLE

N	S	N	S	N
10	10	220	140	1200
291				
15	14	230	144	1300
297				
20	19	240	148	1400
302				
25	24	250	152	1500
306				
30	28	260	155	1600
310				
35	32	270	159	1700
313				
40	36	280	162	1800
317				
45	40	290	165	1900
320				
50	44	300	169	2000
322				
55	48	320	175	2200
327				
60	52	340	181	2400
331				
65	56	360	186	2600
335				
70	59	380	191	2800
338				
75	63	400	196	3000
341				
80	66	420	201	3500
346				
85	70	440	205	4000
351				
90	73	460	210	4500
354				
95	76	480	214	5000
357				
100	80	500	217	6000
361				
110	86	550	226	7000
364				
120	92	600	234	8000
367				
130	97	650	242	9000
368				

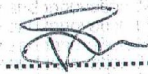
140	103	700	248	10000
370				
150	108	750	254	15000
375				
160	113	800	260	20000
377				
170	118	850	265	30000
379				
180	123	900	269	40000
380				
190	127	950	274	50000
381				
200	132	1000	278	75000
382				
210	136	1100	285	1000000
	384			

Note- N is population size s is sample size
Source: Krejcie & Morgan, 1970

**THIS IS TO CERTIFY THAT:
MS. VIOLET KUFWAFWA WESONGA
of UNIVERSITY OF NAIROBI , 4380-30200
KITALE ,has been permitted to conduct
research in Transzoia County**

**on the topic: INFLUENCE OF
CHARITABLE CHILDRENS' INSTITUTION
SERVICES ON THE SOCIAL
DEVELOPMENT OF ORPHANED AND
VULNERABLE CHILDREN IN
TRANS-NZOIA COUNTY KENYA**

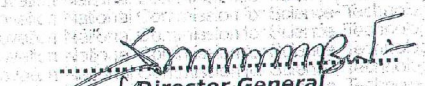
**for the period ending:
28th April,2018**



**Applicant's
Signature**

**Permit No : NACOSTI/P/17/23708/16703
Date Of Issue : 28th April,2017
Fee Received :Ksh 1000**



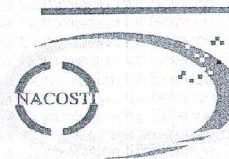

**Director General
National Commission for Science,
Technology & Innovation**

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officer will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice



REPUBLIC OF KENYA

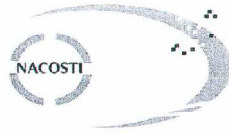


**National Commission for Science,
Technology and Innovation**

**RESEACH CLEARANCE
PERMIT**

Serial No. AL3818

CONDITIONS: see back page



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

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NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/23708/16703**

Date: **28th April, 2017**

Violet Kufwafwa Wesonga
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Influence of charitable children’s institution services on the social development of orphaned and vulnerable children in Trans-Nzoia County Kenya,”* I am pleased to inform you that you have been authorized to undertake research in **Trans Nzoia County** for the period ending **28th April, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Trans Nzoia County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

**BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner
Trans Nzoia County.

The County Director of Education
Trans Nzoia County.