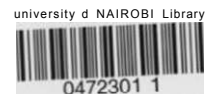


**THE ROLE OF CHRISTIAN PASTORAL CARE AND COUNSELLING IN  
THE REHABILITATION AND REINTEGRATION OF THE DESTITUTE  
AND STREET CHILDREN IN KENYA: A CASE STUDY OF NAIROBI.**

**BY:**

**MURIITHI SAMUEL MURIGU**

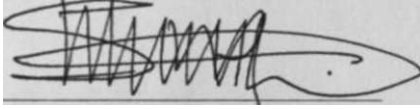
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THE REQUIREMENT OF THE AWARD OF A DEGREE OF MASTER OF  
ARTS OF UNIVERSITY OF NAIROBI.**



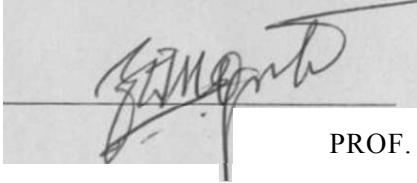
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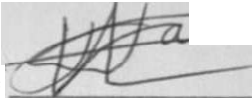
**DECLARATION**

This Research Project is my original work and has not been presented in any other university for academic purpose or any other research.

Signature  Date: 4 flCfo&cd 2jDQ 7  
SAMUEL MURIGU MURIITHI

This Research Project has been submitted for examination with our approval as the university supervisors.

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(Department of Philosophy and Religious Studies)

## DEDICATION

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Rachel and Daniel.

## **ACKNOWLEDGEMENT**

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May I thank my colleagues David, Millicent, Madin, Thabit and Jeizan because our interactions with them made me to understand and to appreciate other peoples' cultures

I owe you all what I now have. May God bless you.

## **ABSTRACT**

A phenomenon of Destitute Children (D.C) and subsequently Street Children (S.C) is surrounded by mysteries, a magnitude of challenges and a lot of complexities. However, many people in Kenya are not aware on how to achieve a lasting solution over the issue of destitution and S.C in Kenya.

Destitution and poverty have caused, accelerated and increased the number of Street children (S.C) especially in urban centres in Kenya over a period of time. Many intervention strategies and measurements have been applied by government and private sectors to deal with S.C problem, but it remains a challenge. In an attempt to arrest the problem of S.C, this study has been done to highlight what is happening to these children especially those in Rehabilitation Centres.

Christian pastoral care and counselling are services that were found out by this study to be effective tools that, if well used, they would arrest the plight of the D.C. nevertheless, the study found out that churches in Kenya are doing something small about this challenge, though it is not enough. Majority of rehabilitation homes provide health care, general counselling, education, food, shelter and clothing. This is part of Christian Pastoral care (C.P.C).

This study found out that 'professional' pastoral counselling of which it's an instrumental pillar within C.P.C is yet to be fully exploited in rehabilitation homes. It has fallen short of it's potentiality. Policies on destitution in Kenya have not fully played significant roles in order to achieve success in the war against fighting the phenomenon on S.C.

The aim of carrying out this study was therefore necessary. The study investigated the history of rehabilitation work over the S.C in Kenya. It found out some of the major causes of S.C especially in Kenya. It evaluated the types and services of C.P.C that are offered in rehabilitation homes. This is necessary since this study is seeking to find out what is needed in order to advice on the way forward. It also seeks to help the churches and other agencies that have been designed to deal with S.C phenomenon, on what should be done especially on professional pastoral counselling.

The study is based on both secondary and primary forms of data gathering. The secondary form data gathering was conducted in a number of libraries within Nairobi. Printed and computerized data was reviewed. Published books, unpublished research work, special reports and other documented materials dealing with S.C in Kenya were reviewed. Further, primary data gathering was conducted in six rehabilitation homes within Nairobi. Children and "parents" in those homes were interviewed and they also answered some questionnaires. Then, a few eminent leaders who have been involved with work of S.C were interviewed. All the data was analyzed and discussed in tables and figures. Field data was collected through questionnaires, formal and informal interviews, direct and indirect observations and there was reading of materials, like registers, children's personal files and computerized data.

This study is making several germane suggestions that will be categorized into two groups. One group will be on policy-oriented issues while the other one will be on issues that could be subjected for further research. On the first category, the study suggest that an application of professionalism in the Christian pastoral care and counselling services in all the rehabilitation work is of a paramount importance. This is where all agencies dealing with rehabilitation work in Kenya need to employ professionally trained care givers. The government is urged to introduce counselling as a compulsory subject at all levels of Kenya system of education. There is a dire need to have professionally co-ordinated policies on destitution in Kenya and well co-ordinated campaigns and seminars on D.C

On the second category, this study suggests that further researches need to be done to boost this study and others. Thorough research can be conducted on social classification between the rich and the poor in order to bridge the gap between these two classes of people in our society. Another research can be conducted on how leaders can be trained to specialize in Christian pastoral care and professional counselling.

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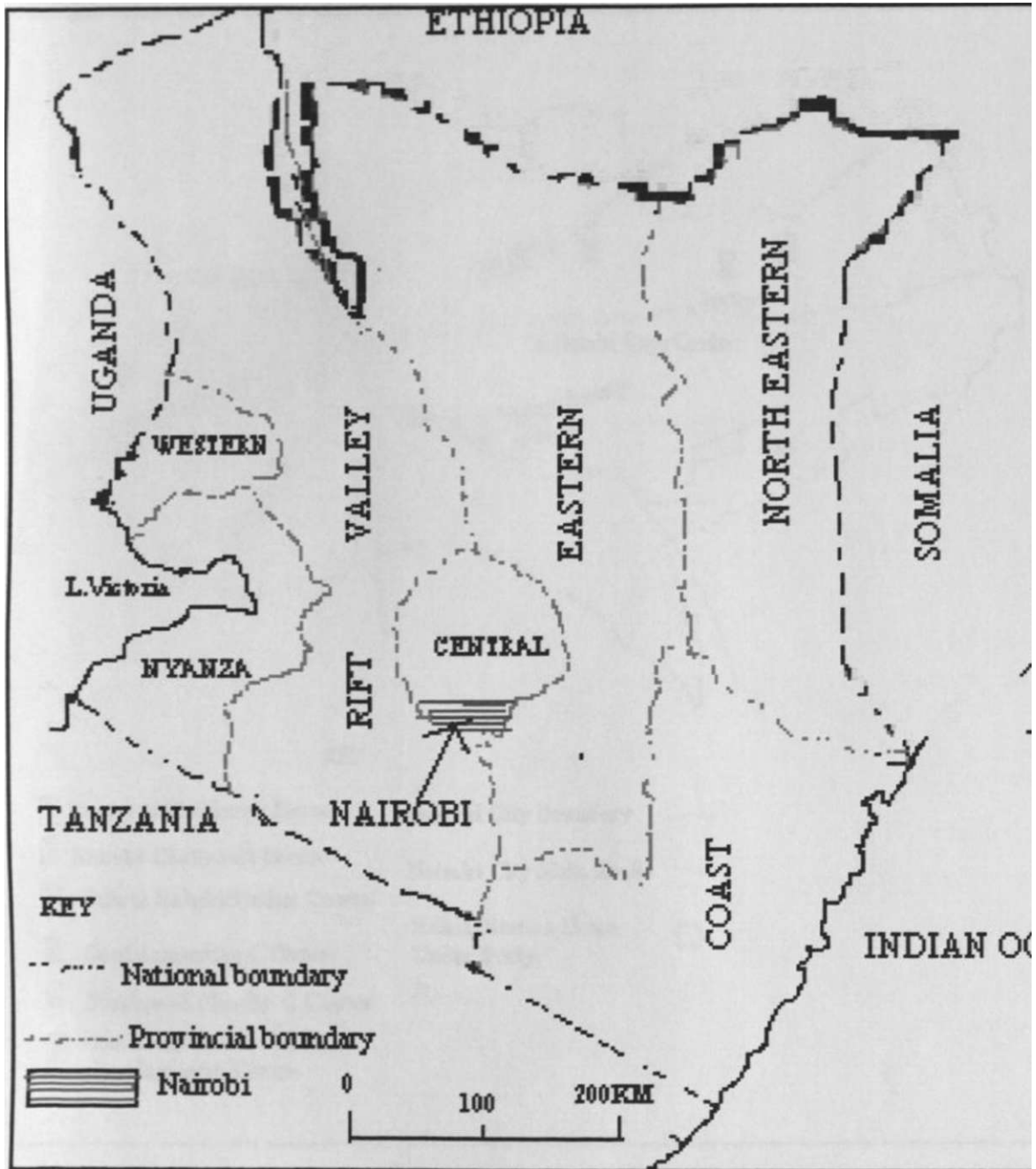
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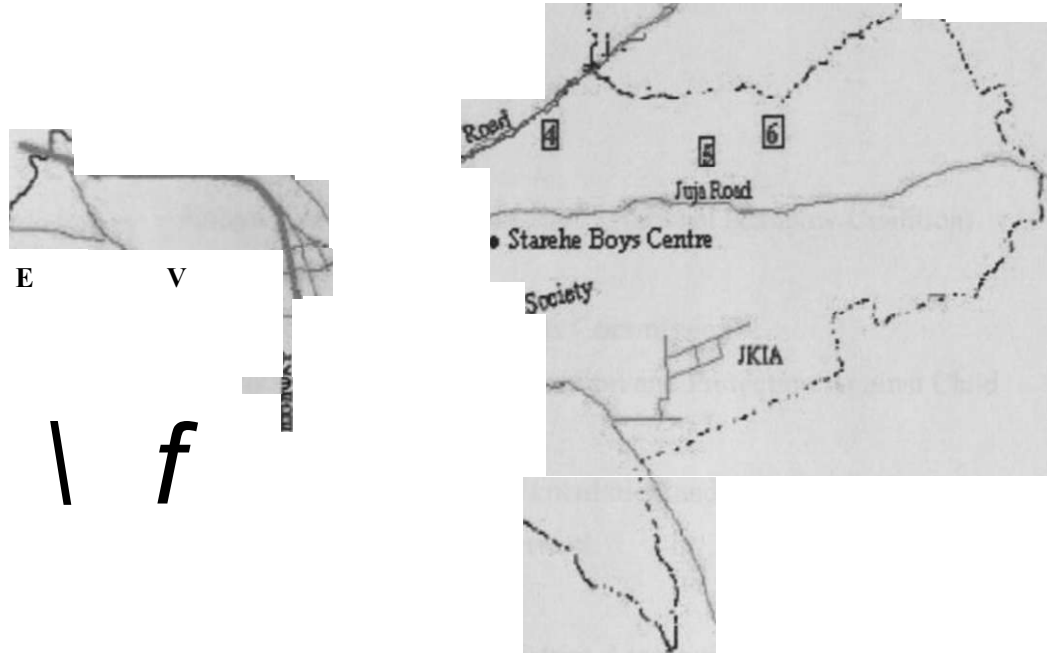
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Map (A) Showing Nairobi Province



**Map (B) Showing Rehabilitation Centres in Nairobi**



**KEY**

- |  |                                   |
|--|-----------------------------------|
| [1] Da^rettiChildren'f Home                | Nairobi City Boundary             |
| 0 Nairobi Children'* Home                  | Nairobi City Main Road            |
| 0 Kahete Rehabilitation Centre             | Rehabilitation Home Under Study ● |
| S Good Samaritan C Home                    |                                   |
| S Miwion of Charity C Centre               |                                   |
| m Kariobagi North Child Development Centre |                                   |

## **LIST OF ABBREVIATIONS**

C. P. C	-	Christian Pastoral Care
D. C.	-	Destitute(s) Child (ren)
S.C.	-	Street Children
C. H.	-	Children's Home
R.C.	-	Rehabilitation Centre
N. Y .S.	-	National Youth Service
N.A.R.C	-	Kenya's Ruling Party from 2003 (National Rainbow Coalition)
C. D.	-	Children's Department
K. N. H. R. C	-	Kenya National Human Rights Commission
ANPPCAN	-	African Network for the Prevention and Protection Against Child Abuse and Neglect
CRADLE	-	Child Rights Advisory Documentation and Legal Centre
CLAN	-	Children's Legal Action Network
UN	-	United Nations
NCBDA	-	Nairobi Central Business District Association
NGO	-	Non-Governmental Organizations
FBO	-	Faith Based Organizations
CBO	-	Community Based Organizations
CWSK	-	Child Welfare Society of Kenya
USK	-	Undugu Society of Kenya
S.T.D.s	-	Sexually Transmitted Diseases
C.D.A.N	-	Children Development Association Network
CUEA	-	Catholic University of Eastern Africa
USIU	-	United States International University
NCKK	-	National Council of Churches of Kenya

## **OPERATIONAL DEFINITIONS**

- 1. Destitute/street child** - These terms are used to classify those children who have no or have very little access to the major basic needs (resources) needed for the healthy and wholistic development of a child. A child denied basic needs within a society such as food, good shelter, clothing, education and good health. In other words, these are poor, needy and suffering children.
- 2. Pastoral Care-** This term is used here to refer to a situation where the church leaders and the congregations are expected to deal with the burdens and the needs for the destitute people through listening, praying, offering words of counsel and showing concerns. Mostly it involves guidance, bible study and counseling. It is about the wholistic care of the destitute and the street children.
- 3. Counselling** - This is a relationship, a process and a form of therapy that is given to a person in problems. A person is helped to understand, to solve and to cope up with problems. The term here is more spiritual than otherwise. It has a religious orientation. It is more of the relationship between humanity, environment and spiritual factors. Waruta and Kinoti (1994) define pastoral counselling as "an approach which is religiously oriented and backed by a theological point of view. A theistic universe". Dortzak and Kiiti (1994) define Christian counselling as "a process of helping a person to see his own problems in a realistic way in wisdom that a Bible gives". All people with various problems are accommodated by the Bible in Christian counseling.
- 4. Impact** - herein, the study uses this term to mean effects. The effects will depend on reasons, will, economy, culture, social, emotions, politics and spiritual aspects. This could also refer to effects. The results in an impact will either be negative or positive to the child, the family, the nation, the society and the church.

5. **Borstal institutions** - these are correctional institutions, under the administration of the department of prisons. Children who are 15 years and above may be committed after being found guilty of criminal offences.
6. **Juvenile Remand Home** - This is a temporary detention centre under the administration of children's department, to which children are committed by court pending adjudication or final disposition of their case.
7. **U.N Rules** - United Nations rules for the protection of all people/Juveniles deprived of their protection and their liberty.
8. **Approved school** - correctional institutions, under the administration of the children's department, to which children aged 10 years and above may be committed by courts after being found guilty.
9. **Re-integration** - This is the reinclusion of a D.CAS.C to society through methods such as counselling and in involving them in community life.
10. **Rehabilitation** - This is means to encourage or to restore person (s) so that they can live well and exploit their potentiality for the common good of society. After rehabilitation one becomes profitable to society.
11. **Anathema** - This is a Greek word here-in used to mean a curse or a taboo or an abomination. The society/community abandons a cursed person to experience a life of pains, sufferings and misery.
12. **Chokora** - This is a Kiswahili term connoting a street child. A street child goes around looking for food in dustbins and dumping sites.
13. **Stakeholders** - This study uses the term stakeholders to refer to people who are concerned with the welfare of street children. These are people who devote their time, talents and resources for the welfare of these children.

## CHAPTER ONE

# INTRODUCTION

### 1.1 Background to the Problem

The phenomenon of S.C (Street Children), poor and suffering children is a glaring reality in many parts of the world today. Many of these children are found in major cities and big urban centres. In Nairobi city, according to A. Shorter (1991: pi 13) the S.C number around 130,000 which is about 7% of the total population in this city. They comprise of boys and girls ranging between 3 and 16 years of age.

Most of these children are poor, dirty and malnourished. They roam along the streets aimlessly. They commonly eat from dust bins and garbage heaps. They beg for money and other valuables like food and fruits. At night, they sleep on the pavements whether it is cold, rainy, wet or dark.

These children risk eating poisoned foods which are dumped in dust bins and garbage sites. They risk dying of poor weather conditions, poor health and harassment along the streets. They survive by means of theft and expediency. They are abused physically and sexually. They are misused by criminals for drug peddling, stealing or even killing. They learn to sniff glue, gum and petrol. They also learn to take alcohol, beer and cigarettes. Some fend for younger siblings (Daily Nation 13 January 1993 Wednesday Magazines).

Some of the impact of S.C phenomenon goes with lynching. Those who engage in theft, if caught, are likely to be lynched or when they catch a victim, they sometimes lynch. Through sheer brutality some of them lose their lives. Some others are victims of child prostitution and this at times leads to transmission of S.T.Ds, including AIDs. Those that get used up to effects of inhaling gum, glue and petrol at times depress their brains which leads to poor health, apathy, impaired judgment and aggressive behaviour, lack of appetite, or even death through poor breathing or liver and kidney failure. There is also the feeling that one is being unloved. This leads to the sense of rejection. A child feeling



unwanted harbour's bitterness and enmity to other members of society including the relatives. In the Standard on Sunday 1 November 1992 "Now magazines' P. 8, some people go on empty stomach yet others drive Mercedes Benz. Some S.C, force clean walking people to give them money through embarrassments. They threaten to smear or throw dirt at smart looking ladies and gentlemen if they are not given money, food or other valuables. They at time pick on smartly dressed people and claim that they are their run-away parents. To avoid inconveniences in public along the streets the victims part with something.

Rehabilitation and reintegration of these people is highly needed now in order to harmonize life of humanity. CPC and counselling has a better opportunity to help these children come out of their quagmire. It is also better placed to educate the public how to deal with these children and how to remove all aspects that causes children to run to the street.

## **1.2 Statement of the Problem**

Despite various intervention strategies that have been employed over rehabilitation and reintegration of the D.C. there have been still some gaps. Some children after being taken to various homes have run back to the streets. Others have ended up at mental hospitals due to psychological and mental ailments. There are others who have ended up being locked in as criminals for committing various crimes.

For many years now, different organizations and agencies, such as the Government, NGOS, CBOs and privately owned organizations have been employing various strategies to curb proliferation of D.C. in Kenya. For a very long history of our country Rehabilitation and Reintegration of D.C. has been done through use of police department. The police do arrest and detain these persons in police cells. According to Human Rights Watch Report (1997), these persons once arrested, often by plain clothes police in round up operations, are processed through the revolving doors of the Kenyan Juvenile Justice system. They pass back and forth between remand detention centres and courts before a final disposition is reached in their cases. They spend indefinite periods of time in

remand, where they are further neglected, sexually and physically abused. They may be finally sentenced to institutions such as approved schools, borstal institutions or adult prisons, which do little to improve their lives.

Various homes have come up over the years especially in the urban centres in Kenya. The number of D.C. on the other hand is still going up. This study therefore is very necessary. It is expedient therefore that C.P.C and counselling can be allowed to play a role in hastening the reintegration process, much more than it is acknowledged. Use of professional Christian counselling to S.C is a crucial idea. This is because; pastoral care has positively brought human society out of sufferings in many other areas such as times of wars and conflicts. C.P.C and counselling in normal circumstances seek reconciliation and not partisanship. During wars and tensions in many times and in many parts of the world, C.P.C. and counselling has been used to bring harmony and reconciliation. It has brought in encouragement and understanding among warring or suffering groups. For example, after Apartheid in South Africa, a committee chaired by religious leaders called Truth and Reconciliation was formed and it really brought a lot of healing to that nation. It is therefore necessary to undertake a study on the role of C.P.C and counselling a ministry to bring reconciliation, rehabilitation and reintegration of the destitute and S.C. This may help understand where the real problem lies since other methods have proved ineffective.

C.P.C and counselling as the study suggests if professionally handled will be effective in handling the fight against the issue of D.C. in Kenya. Kenyan's should now change the mind which has been there for a long time as indicated by the hypotheses in regard to the issue of D.C. The phenomenon of S.C. cannot be solved through harsh punishments or be treated as a crime. That aspect of destitution is an issue that is big and need to be treated in a more civilized way rather than through use of force by punishing S.C yet not all S.C are delinquents.

According to Ngure (2005 p 38), punishment for criminals in any society over deviant behaviors has always been a state matter. Probations, community service orders and

supervision have been viewed as the responsibility of the state machineries and not the church. This mentality should now change and allow C.P.C and counselling to be partners with other players in helping in the war against destitution in Kenya. C.P.C and counselling is a key player. It awakens society's conscience on the crisis of destitution. It proclaims messages of hope and offers answers to the ultimate meaning of life. It is so much concerned with the welfare of human beings.

According to Waruta and Kinoti (1994 p5), "**...human crisis have spiritual dimensions and they cannot be fully overcome until the spiritual yearnings of the human beings have been met**". C.P.C and counselling serve the emotions, psychology and traumas of human beings. They address feelings such as fear, shame, rejection, confusion, guilt, anger, denial, weak self esteem, stress, depression, stigma, pains, hopelessness and helplessness. These feelings are synonymous with D.C.

### **1.3 Objectives of the Study**

The general aim of this research is to study and to analyze the role of Christian pastoral care and spiritual nurture to the D.C. in rehabilitation homes within Nairobi. The Christian pastoral care services to be studied include professional guidance and counseling services.

The specific objectives of the study will include:

1. To find out the history of rehabilitation work in Kenya.
2. To evaluate the major causes of D.C. /S.C as a pandemic in Kenya today.
3. To establish the type of Christian pastoral care services offered at children's homes and rehabilitation institutions in Nairobi.
4. To find out the forms and methods of C.P.C. and counseling services that are offered at rescue and rehabilitation centres in view of reintegrating them to a normal and humane life.
5. To investigate the impact of professional counseling skills in Christian pastoral work to the D.C. and their counsellors.

#### **1.4 Justification of the Study**

Justification of this study rests on two main grounds. On one side it will be working on policy level and on the other, it will be on academic level.

At the policy level, this study seeks to find out and to observe what is needed in order to sensitize the churches and members of the public on what can be done in order to make the process of the rehabilitation of street children more effective. In the findings and the observations, this study will assist the churches to unearth what is happening in rehabilitation and rescue centres especially on the effectiveness of Christian pastoral care and counselling. With the knowledge found this study will help the churches and Kenyans in general on what should be done in order for Christian pastoral care and counselling to be effective. Such knowledge would enable all those involved in care giving to modify what is already provided and enhance Christian pastoral care and counselling in the rehabilitation and reintegration of the destitute and street children.

At the academic level, this study seeks to find out what kind of Christian pastoral care and counselling is available to the D.C so that it can suggest ways of improving it in Kenya. It seeks to investigate and to evaluate what is lacking in Christian pastoral care and counselling to the S.C in the rehabilitation centres and provide information that would be effective to care givers. The researcher is of the opinion that this study would strengthen other strategies that are and have been employed in order to give a greater meaning to the work of rehabilitation of the S.C. This study is intended to fill in gaps on what has been already studied, but lacking in most books on causes, remedies and anticipated future to the children and to the rehabilitation process in Kenya.

The knowledge to this study offer benefits to SC. This is where; they are enabled to understand their rights, strengths, abilities and limitations through pastoral counselling. Consequently the study helps the care givers to imbued D.C to be more active rather than being reactive. In part this may be as a result from lack of knowledge on how to transform and to understand negative attitudes to real life to greater meaningful living.

Further, this study sensitizes and challenges care givers to the D.C to modify curricula and other relevant issues so that they can better and appropriately cater for SC and those in rehabilitation and rescue centres.

Lastly, this study seeks to sensitize and to challenge different leaders and Christians churches to correct their unbalanced and unprofessional ministry of S.C More so the ministry on Christian pastoral care and counselling in the rehabilitation work in Kenya.

### **1.5 Literature Review**

There are several studies and research work that has been done and carried out on the problems of delinquency, juveniles and rehabilitation of the D.C. A lot has also been done on the reintegration of the same. There are so many reports, paper works and published materials on S.C with views on the causes, effects or impacts and anticipated future. There is a lot about the various treatments, protections and care given to the destitute, disadvantaged, those at risk, those suffering and those in need.

Several methods and bodies are on the increase that all try to envisage and to curb the issue of S.C. According to Nairobi Central Business District Association (NCBDA 2001), there were over 350 registered homes and bodies in Nairobi working on rehabilitation of the D.C. These centers are listed as managed and sponsored by various players. There are those that belong to the Government, the Non-Governmental Organizations (NGOs), the Faith Based Organizations (FBOs), the Community Based Organizations (CBOs) and Privately Owned Companies. Several have been registered and are regulated by either the Ministry of Home Affairs or the Ministry of National Heritage. Several centres have co-operated and formed Child Development Association Network (C.D.A.N) which co-ordinate and regulate the various care given to the needy children in and outside Kenya.

Report by HABITAT (2000) gives an estimated figure of about 100 million S.C in the world; 32 million in Africa and over 250,000 in Kenya. NCKK (2002) has a report that at least over 60,000 D.C are in the street in Nairobi alone. The report further estimated that the number would double by the year 2005. Undugu society of Kenya (1992) estimated

that over 90% of S.C in Nairobi are suffering from poor health and malnourishment. Standard on Sunday 22nd November 1992 and The Standard on 1<sup>st</sup> October 1992 estimated that S.C. makes a total of over 7% in Nairobi city, most of them ranging between 3 and 16 years old. The report further says that, it is common to come across crawling or sleeping babes/infants on pavements and verandas. One might also come across very tiny children between 3-7 years old carrying babies giving a very sorry spectacle.

Waruta and Kinoti (1994, pp 137-140), argues that there are many factors that are responsible for the presence of D.C. Most of these factors are linked to the homes and families. Others are socio- economic and catastrophic phenomena. The home situation is found wanting on several factors, forcing the children to seek refuge in the streets or rehabilitation homes. Poverty, unemployment, lack of food and other basic needs, prostitution, polygamy, sometimes have made life at home very difficult and street life and rehabilitation homes have become an alternative. Mistreatment at home, negligence by the parents, prolonged absence of parents from home, mental ailing parents, mothers engaging themselves in prostitution are among the factors that dictate children to get engaged in ill activities in order to survive. Some engage in taking of drugs to overcome fear and misery. Some sniff glue in order *to gel high* and forget their hunger and cold. Waruta and Kinoti (1994 p 140) says that, "...unfortunately, Street Children have neither the power nor the voice to be protected". It is very difficult for them to improve their lot. This means that their help must come from somewhere. The big question is. **Where will the help of the S.C. come from?**

According to Suda (1997, P 80), the major function of a family (nuclear, extended or otherwise) is to give care to a child or its children. To Suda. care is a basic right to every child. The care involves both substructures (basic needs) and superstructures (basic wants). Basic needs involve food, shelter, and clothing while basic wants involve education, religion, social and political values.

Dallape (1987, p67) outlines the care provided for disadvantaged children in rehabilitation centres. To him, it includes provision of residential care, good physical facilities such as solid buildings, food, medication, education and recreation. This work however leaves out spiritual care (C.P.C), so that the child may be given a holistic care.

According to Njogu (1995, p78), rehabilitation is best based on residential care. This is where the client here in the D/C/S.C will participate well in all the programmes offered in a rehabilitation centre while in a residential institution. Such programmes include feeding, vocational training, games and camping trips. This kind of rehabilitation is so common in Kenya today.

According to Rutter (1972, p98) on the role of rehabilitation work in Kenya, children are offered parental care. This is very necessary. A child needs parental love, feelings, care and warmth. So those who are orphaned miss something very essential in their development. They need a guardian who wears the position of a parent. Further any parent-child relationship need not be too strained or embarrassing. When a parent or a substitute parent fails to be a good role model or becomes a poor committed Christian, Rutter has left a gap over the spiritual care to the child. Rutter did not address the role of C.P.C in his work.

Walton and Elliot (1980, p47) support rehabilitation of children through keeping them in rehabilitation home to reduce and to degenerate most of the problems associated with D.C.. The work mentions some of the problems here in environmental decay and unemployment crisis in a nation. However, the whole of this work hardly mentions the role of C.P.C and Biblical dimensions towards the D.C.

Njambi (2005, pp58-77) brings into light various intervention strategies aimed and applied at the rehabilitation of street children in Kenya today. Her study enhances a re-evaluation of the same so that increase of D.C. into the street may be reduced. According to her, strategies applied since 1950 continues to be unsuccessful until an effort is put in modifying them. She came up with a conclusion that there is a need to undertake a study

on the running of the institutions set by various intervention bodies to help understand where the problems is.

She approaches her study from a sociological perspective. She brings out very many important points dealing with social aspects for the need to make rehabilitation of D.C a success in Kenya through re-evaluation, modification and adaptation of the intervention measured which initially were lacking.

In Njambis work nothing specific about spirituality is brought out. This now gives us the basis of the current study that along with other methods as studied by Njambi, the Christian pastoral care aspect can be used in the rehabilitation and reintegration of D.C.

Gerald in his book, "A Manual for Theory and Practice of Counselling and Psycho Therapy (1992, pp28-36) makes a summary of various methods that can be used in counselling people with various problems. Some of these are psychoanalysis and behaviour therapy. He argues his points well, giving various techniques and procedures that can best be followed in counselling and psycho therapy.

However, in this work, there are no mentions about C.P.C. and counselling. Thus the current study is justified to fill the gap left by Gerald's work trying to help human beings in whole - physical, mental and spiritual.

Considering spiritual counselling, P. Welter (1928, p10) makes a point that all cases that need Christian counselling have their roots in meaninglessness. He tries to define the word **meaning** as, "*the significance we attach to our existence*". He makes suggestions that Christian counselling helps to give meaning to life and the future.

Through C.P.C and counselling, "meaning" as Welter defines it, becomes possible to the lives of the destitutes. If D.C. are made attached to an Ultimate Being (God), they will find peace. The book of psalms 23 is a biblical figurative concept of a good care giver to those under him just as it would be to counselors to D.C. They will find joy, happiness,



peace, calmness in life and forgiveness. Christian Pastoral counselling is a factor that influences the behaviour of persons in a community. C.P.C counsellors play the role of good shepherds

In Swihart and Richardson traversed world of counseling, they come up to a conclusion that the bible has a power and skill to effectively solve some human crisis (1987, pp13-14). This therefore becomes very relevant to our study because for effective rehabilitation and reintegration of S.C., the stakeholders need to be equipped with the necessary Christian and biblical methods and techniques in C.P.C. and counselling.

In An Introduction to the Psychology of Religion Thouless (1971, p.76) argues that Christianity if well applied can help a person to see his own problems in a realistic way in the light of the wisdom that the bible gives. The study emphasizes on the spiritual aspect in counseling. It is thereby practical in the rehabilitation and reintegration of the D.C. This work of Thouless challenges the world to recognize the role the church can play to the "affected" and the "infected" with the problem of destitution. Biblical education is confronted to practically address and provide families more so the young people to be positive in life; not to engage in drugs and pre-marital sex. Churches with "closed fists" are advised to stop condemning the poor but instead to embrace them. Christianity well used can be an instrument to give support and care to both the D.C and their relatives without being judgmental or condemning.

D. Waruta and H. Kinoti in their work. Pastoral Care in Africa Christianity (1994, p4) tried to define pastoral care as an approach which is religiously oriented and backed up by a theological point of view. The Christian approach described by Waruta and Kinoti can be applied in the help towards rehabilitation programme in Kenya for the destitutes, the orphans, the needy and those in the streets. The stakeholders must know the distinction between preaching and counseling, between spiritual needs and material needs, between the physical and spiritual/pastoral disciplines to this programme. They therefore need to be retrained if they are not to acquire the right and necessary skills in order to succeed in giving the right pastoral care through professional Christian guidance and counseling.

L. Magesa in his book. African religion: The Moral Tradition of Abundant life (1997), argues that Africans throughout have had moral perspectives to life. He says that even after the coming of Christianity in Africa, Africans have continued to view life in spiritual senses. This work gives us the grounds to argue that Christian Pastoral Care has a role in the modern rehabilitation and reintegration of the destitute.

J. S. Mbiti (1969, pi) argues that, Africans are notoriously religious. Religion in African soil permeates every department of life. That is supernatural powers, God, mystical powers, divinities and ancestral spirits, are all included in all aspects of life. They are viewed everywhere. Life is spiritual and spiritually is life. The two cannot be separated.

J. Kenyatta in his book, Facing Mt Kenya (1969, pp231-268) Views that religion is perhaps the most important factor in any culture. It makes people to believe, obey and reverse a higher sacred power which governs their life. A supernatural power gives African people an identity. God is a symbol of unity in African setting and so religion is a key player in African culture and cultural setting. Spirituality and Africans are inseparable. So this issue of D.C. need to be addressed through religion and here in C.P.C counselling and guidance.

The Kenya society for Deaf Children (KSDC), newsletter of December 2000 has an inspiring article entitled "KSDC Rehabilitated a hearing - impaired street boy". The Street boy is said to have been abandoned by his family because of the hearing problems. The society rehabilitated the boy completely and did a lot of spiritual counselling which transformed the desperate situation of the deaf boy. There are two major lessons to learn from the incident. First, the trauma and stigma that a S.C goes through even in the hands of family members and their loved ones. Second, how the church and Para Christian Organizations can "emulate with this inspirational rehabilitational approach" of the KSDC society in their endeavour to care for the rejected people.

In the Code of conduct, commentary to Article 3. of U.N code of conduct for law enforcement officials, G.A. RS 34/169, Annex, 34, U.N GAOR Supp. (No. 46) at 186,

UN. DDC A/34/46 (1979), Director of probation services Joseph K. Gitau, who serves on the board of visitors for each borstal institution, said that socio -spiritual assistance for the children however is virtually non-existent upon release, and they invariably end up on the streets again, and often reoffending. Several boys, interviewed from borstal were on the streets, unemployed and with no connection with church and para church organization - Two D.C. who stayed with relatives have not been visited by any church for any assistance (spiritual included).

Discipline and Punishment is a booklet for borstal institutions. It's a guide providing rules. It offers detailed guidelines on the authorized disciplinary measures in Borstal institutions but, without Christian pastoral guidance, counselling and spiritual discipline. Authorized punishments include: corporal punishment, solitary confinement in a room for up to 14 days and restriction of diet but under medical certification. There is no pastoral care or spiritual dimension.

This study seeks to find out what kind of C.P.C. and counseling is available to the D.C. so that it can suggest ways of improving it in Kenya.

## **1.6 Hypotheses**

The following hypotheses were tested in the course of this study:

- (i) The role of Christian care and counselling has not been fully exploited in the rehabilitation process to the delinquent children and the juveniles here in Kenya.
- (ii) The professional pastoral counselling services offered to the S.C at the rehabilitation and rescue centres in Kenya have fallen short of their potential.
- (iii) Poor policies on destitution play a significant role in the unachievability and lack of success in combating the challenge on S.C phenomenon in Kenya.

### **1.7 Theoretical Framework**

This study followed a pastoral and a biblical framework from both the Old and the New Testaments. The Old Testament one is connected with the good shepherd and his sheep in the book of Psalms 23. The good shepherd gave care, initiated kindness and guided carefully the flock of his sheep. This framework emphasized a complete restoration and satisfaction of the sheep by the shepherd. This means that the sheep had experienced want but through the good shepherd, it is rescued from "life threatening" and brought to comfortable state. This connotes that the caring of S.C through Christian pastoral care and counselling should aim at restoring them to the society.

The New Testament framework is connected with Jesus Christ's teachings, which set best examples in caring for the SC in and out of the rehabilitation centres. These teachings will follow the major emphasis in this study. First, the teaching on John 10:1-18, Jesus used a figure of speech while he was teaching the Jews and his disciples. He declared himself as the good shepherd (pastor) who has given his life for his sheep: As a result he described himself as a good care taker of God's people with all the qualities and characteristics of a good shepherd. He also described the relationship between a good shepherd and the flock.

Jesus Christ sent his disciples to be pastors and shepherds to the needy in the world, so that they would continue with the task of feeding his sheep (John 21: 15-17).

This form of conceptual framework stresses the point that Christians need to ask themselves, "how can we offer Christian pastoral care and counselling to the S.C in and out of rehabilitation centres?" This would help to rehabilitate and to reintegrate them into a more humane state of the society.

It also means that God initiated the mode to care to those in need in any society with a biblical concept in both Testaments. Through this study, the churches are now faced with the challenge to give care to the destitute children in a wholistic manner. This conceptual framework could be used to investigate whether Christian pastoral care and counselling is

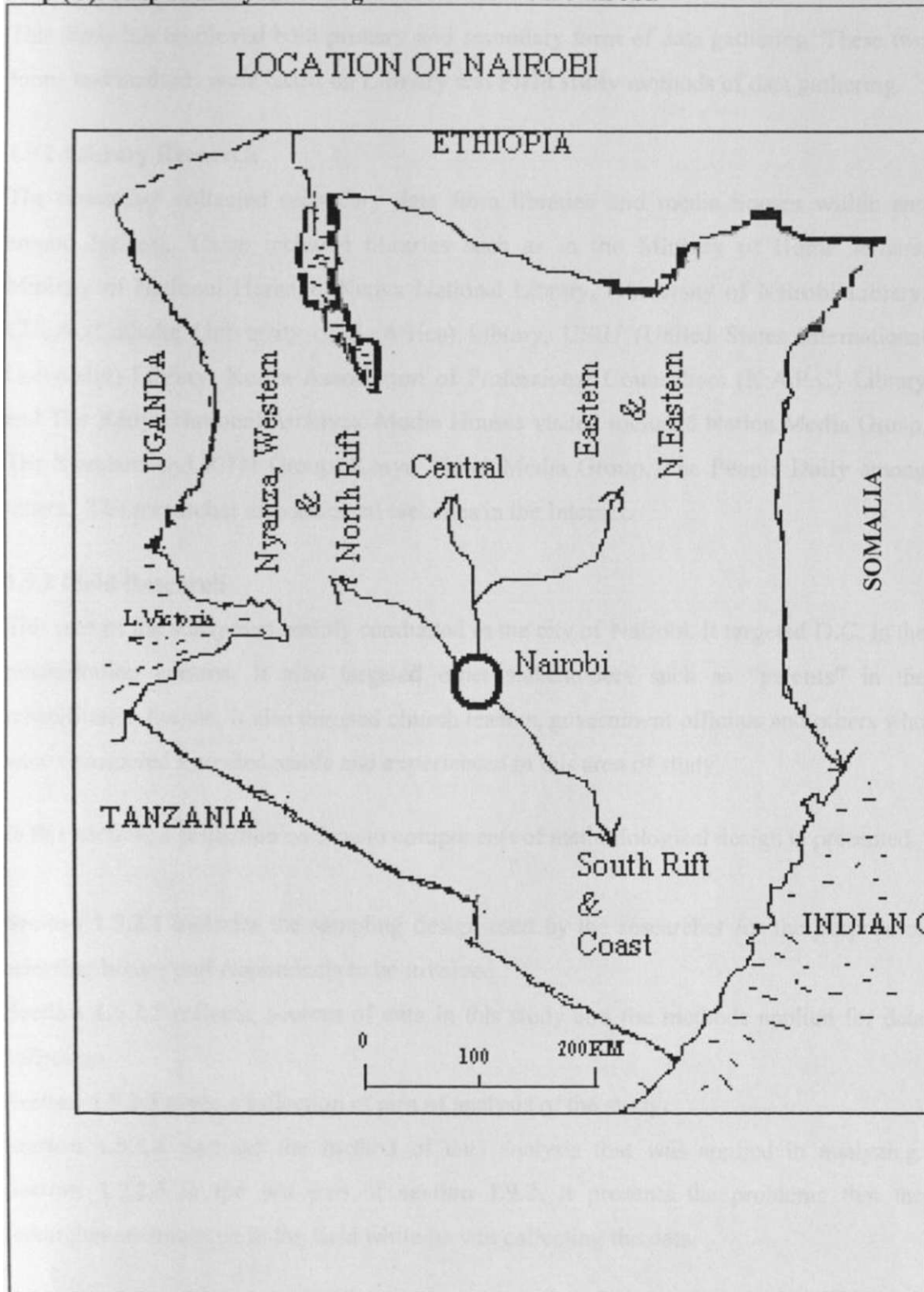
provided well in Rehabilitation centres. Whether all methods of Christian pastoral care are applied to provide physical, mental and spiritual well being of the D.C in and outside rehabilitation centres. Practical example that can be applied in Kenya today is that of Starehe Boys Centre and school where wholistic care is given to all children and their "parents". That is why Starehe School has produced leaders in our society. Leaders like Prof. G. Magoha - the Vice Chancellor of the University of Nairobi is an old boy of Starehe Boys Centres. Other leaders like Hons. Raphael Tuju and Peter Kenneth to mention a few are products of Starehe Boys.

### **1.8 The Scope**

Geographically, this study was conducted within Nairobi in some selected homes and institutions designed for the rehabilitation of the destitutes and the S.C. Sampling was done to select 3 categories of these homes due to time and economic factors. These 3 categories include **Government institutions** - Kabete Boys and Dagoretti Girls Children's Rehabilitation Centres, Nairobi Children's Home. The researcher has also searched for a history of Starehe Boys centre and that of Undugu society of Kenya. **The Faith Based** Homes include Mission of Charity and Good Samaritan Children's Home. **The privately owned** includes Dagoretti Feed the Children's Home and Kariobangi North Child Development Children's Centre.

Factors considered by the researcher to pick up on Nairobi as a field of study are; 1) The uniqueness of Nairobi city over other urban centres in Kenya for being the capital city. 2) The Centrality of Nairobi from all corners of our republic 3) Being a cosmopolitan centre 4) Being a gate way to the 3 main routes of Kenya namely; The route to the Rift Valley and Western Kenya; Route to the Central, Eastern and North Eastern Kenya; Route to the South Rift and Coastal Zone.

Map (C): Map of Kenya showing main routes from Nairobi.



## **1.9 Research Methodology**

This study has employed both primary and secondary form of data gathering. These two forms and methods were based on **Library** and **Field study** methods of data gathering.

### **1.9.1 Library Research**

The researcher collected secondary data from libraries and media houses within and around Nairobi. These included libraries such as in the Ministry of Home Affairs, Ministry of National Heritage, Kenya National Library, University of Nairobi Library, CUEA (Catholic University of E. Africa) Library, USIU (United States International University) Library, Kenya Association of Professional Counsellors (K.A.P.C) Library and The Kenya National Archives. Media Houses visited included Nation Media Group, The Standard and KTN Group, Kenya Times Media Group, The People Daily among others. The researcher also accessed websites in the Internet.

### **1.9.2 Field Research**

This part of the study was mainly conducted in the city of Nairobi. It targeted D.C. in the rehabilitation centres. It also targeted other stakeholders such as "parents" in the rehabilitation homes. It also targeted church leaders, government officials and others who were considered knowledgeable and experienced in this area of study.

In this section, a reflection on 5 main components of methodological design is presented.

Section **1.9.2.1** includes the sampling design used by the researcher for the purpose of selecting homes and respondents to be involved.

Section **1.9.2.2** reflects, sources of data in this study and the methods applied for data collection.

Section **1.9.2.3** gives a reflection of unit of analysis of the study.

Section **1.9.2.4** portrays the method of data analysis that was applied in analyzing.

Section **1.9.2.5** is the last part of section **1.9.2**. It presents the problems that the researcher encountered in the field while he was collecting the data.

### **1.9.2.1 Sampling Design**

The study purposively selected six rehabilitation centres, one school (The Starehe Boys Centre) and one organization (The Undugu Society of Kenya). All these are stationed in Nairobi. Their offices are within Nairobi city. The six rehabilitation homes represent three agencies that either manage or sponsor them. These include Kabete-Dagoretti Rehabilitation Children's Home and Nairobi Children's Home. These are managed by the government of Kenya through Children's Department within the Ministry of Home Affairs. There are also Mission of Charity Children's Home and Good Samaritan Children's Home which are both managed by F.B.Os. That that represents the category of private ownership includes Dagoretti Children's Home and Kariobangi North Child Development Home. Each of the three categories of the agencies (the Government, NGOs and Private organizations) is represented by two homes for the purpose of comparison.

Children interviewed were both male and female. The selection of the homes and that of the children was also done purposively.

The researcher interviewed 10 children from every home. The selected and interviewed children were all 8 years old and above for the purpose of ability to respond to the formulated questionnaire. A list was made of all children between 8-20 years and a sample frame was provided. From the sample, K was determined and every kth item was interviewed ( $N/n=k$ ). In total 60 children were interviewed and for the purpose of confidentiality, their names, location and personal response will be kept confidential.

### **1.9.2.2 Sources of Data and methods of data collection**

This study focused on both quantitative and qualitative research methods in data collection and analysis. The primary data was collected from key informants. These were, 60 children, 12 "parents" in the rehabilitation centres, 2 church leaders, 2 government officials, 8 administrators and 4 members of the public who are highly experienced and knowledgeable in this field of study. They were purposively selected.



Structured questions were prepared which was a guide to the indepth interviewing method. There was a pre-planned outline of topics, which were asked in a reasonable and consistent manner to the selected group of participants. Appendix II of this study shows the interview guide for the key informants under this study.

Standardized questionnaires were also used to collect data from the 3 groups of informants above - the D.C., "parents" and leaders. Further, observations were made by the researcher in the study. For example, the physical set up of the rehabilitation centres. This was done in order to try to observe the facilities provided to the children that were meant for Christian Pastoral Care. Among them were a Chapel, a counselling room. Christian literature, the atmosphere to find whether there are tensions, the rules and guidelines among others.

In addition, secondary data, which refer to the documented information, were assessed through the children's personal files in the homes. The homes that were visited were requested to provide the researcher with documented information about their history, personal details of the selected children and this supplemented the primary data.

### **1.9.2.3 Unit of Analysis**

The unit of analysis is the rehabilitation work of the disadvantaged children in Kenya and the case study is Nairobi City. This includes the perception and response of the rehabilitated children on the Christian pastoral care services offered to them in the homes, the quality of Biblical and Christian counselling services offered and factors that explain the impact, success and failure of rehabilitation programme provided.

### **1.9.2.4 Methods of Data Analysis**

Descriptive statistics and inferential statistics were compared using a computer under the package - statistical package for Social Sciences (SPSS) Programme. The descriptive statistics helped in condensing and summarizing description of units in regards to emunerable or measurable characteristics. Raw data has been summarized and condensed to give useful information efficiently.

The inferential statistics were used to deal with methods of drawing conclusions. They have been of a great help in making decisions about the population on the basis of samples. It is well explained through cross tabulation. The next chapter deals more with these methods as data analysis is made.

#### **1.9.2.5 Problems Encountered in the field**

Mainly, the researcher encountered a few problems and they were sorted out. Most of the children were schooling and therefore not available until in the evenings and the weekends. This did not only delay the researcher but also meant that the researcher had to visit the homes during the only hours available. For example he had to visit the homes in the evenings and the weekends.

Some few children opted to be difficult some were absolutely unwilling to answer questions and others were sick mentally or physically. The researcher was forced to look for alternative children to fill the gaps.

There were some children who could not communicate in English or Kiswahili. The researcher however, in the course of study enlisted the services of interpreters.

## CHAPTER TWO

### 2.0 SIGNIFICANCE OF CHRISTIAN PASTORAL CARE AND COUNSELLING

#### 2.1 Introduction

This section is centred on the value of pastorology with special reference to churches. This is because pastoral care and counselling are strong and priority aims of church ministry. The pastor and the congregation are expected to deal with, handle and share each other's and those outside the church day to day burdens and needs. This is done through and by listening, praying and caring for each other, giving counsel, comfort and showing concerns. Pastorology is a responsibility viewed by Mary M. Getui in Waruta and Kinoti (1994 p. 134) as a 'doctor' of the peoples souls. The pastor or the shepherd is involved in guiding others to the 'spring of living water', which is the word of God.

#### 2.2 Christian pastoral care and counselling.

Christian pastoral care and counselling to the destitute and the needy are well placed to improve these people's problems. This is because there is a linkage between the role of Christian pastoral care and counselling and the rehabilitation process to the destitute in the world and specifically in Kenya.

Western civilization, globalization and world economic order is suppressing all 3<sup>rd</sup> world countries into deep poverty. United States of America and Europe have and are plundering Africa and the Africans in the name of colonialism and globalization. Africans and more so Kenyans have continued to experience poverty and all forms of crisis associated with poverty. Many Kenyans have fallen into a state of deep hopelessness and helplessness. They have continued to live in sufferings and untold worries. Waruta and Kinoti(1994. P. 141) says that this problem is linked to the colonial past through the current economic disorders in the world.

### **2.3 Elements of Pastoral care and counselling**

The phenomenon about pastoral care is well indicated by an adjective 'pastoral' from a noun 'pastor'. The terms pastoral and pastor are derived from a Latin term '**Pascere**' which means '**to feel**' or '**to provide for**'. In view of the Latin version therefore '**Pascere**' offers the adjective '**pastoral**' as **an art** or **a skill** to feeding or to providing for. Pastoral care therefore is feeding and providing for especially those human beings who need help most.

Certainly, the concept of pastoral care is biblical. It is about feeding of the sheep (all those in the world). The Bible is replete with numerous references to God as the chief shepherd. According to Mugambi J.N.K and Magesa L. (1989 P. 136), God is referred to as the good shepherd who never abandons his sheep. He is a shepherd who always gives His sheep the best care. He treat His sheep with love and satisfaction. The Bible continues to refer God as 'the Lord' (creator) and a shepherd (pastor) (Psalms 23). Jesus Christ declared himself 'as the Good shepherd (pastor) who has given his life for his sheep' (Gospel of John 10:11). He also sent his disciples to be pastors to the world so that they would continue with the task of feeding his sheep (John 21: 15-17).

God as the chief shepherd has entrusted his sheep to his appointed shepherds (the pastors, priests, vicars and bishops). The term 'pastor' therefore takes the shape of God's appointed shepherd and servant. The pastors are the stewards and care givers of the flock of God. Their role and responsibility is that of giving care to those in need, the weak and the helpless. They perceive, defend, support and enhance human life in totality. Human life is sacred and caring of human life is very central in Church ministry. The sanctity of human life is based on the doctrine of 'Imago Dei' to mean that human beings are created in God's image.

Therefore, whenever the human life is threatened, undermined or destroyed, God is very concerned. According to Waruta and Kinoti (1994: P. 5). God sends pastors to restore and to perfect human life when it is endangered. Thus, pastoral care is an essence of ministering to God's people by meeting their needs in a wholistic manner and form.

It is about removing all forms of sufferings through restoring humanity towards wholeness. According to P. Welter (1928 P. 10) this 'wholeness' gives out the significance to the meaning to live and to life.

Pastoral care values humanity in totality. Humanity is given care physically, spiritually, intellectually and all the surrounding needs. Pastoral care, heals souls, removes forms of miseries and restores humanity from states associated with poverty and sufferings. John Macquarrie and James Childress (1989 pp. 105-106), argues that pastoral care restores wholistic health and wholeness to the humanity. All human beings are treated as brothers and sisters for whom they are cared. The integrity is restored and this suggests why this study seeks how Christian pastoral care and counselling can be used to bring about this form of restoration to the street children in the rehabilitation centres and post-rehabilitation life.

#### **2.4 The Need for Christian Pastoral Care in the Human Society**

Majority of scholars on matters appertaining to Religion approach it from an anthropological and social perspective. This is where religion and man is said to be inseparable. Man cannot do with a religion and any religion originated with man's perspective. Therefore, Christianity and Christian pastoral care is a response by man to the needs that are not fully satisfying or satisfied in this world. Humanity is believed and understood to be very vulnerable rather than sovereign. Thus human society must depend on a higher being. This higher being can only be well explained in Christianity by Christian pastoral care through teachings and counselling.

Human society is in all forms of crisis. To echo J.S. Mbiti, all departments of human life is imbued by spirituality on religion. Human society is inseparable to religious feelings and aspects. Human society in one way or the other cliff towards a particular higher power when all is not well or when in crisis. Faith and spirituality offer answers to some basic needs and questions in human life. C.P.C. and counselling offer answers to various crisis especially in a cruel, hostile world. Answers to peace, justice and harmony is well explained in spirituality.

Man is spiritually conscious. This emphasis is well explained by Fredrick (1987). Humanity needs some help which it is not able to provide. Therefore human society discovered that there is a higher being which is indispensable and dependable. Out of that conscious, humanity discovered the essence of spirituality and Christianity in one of the religion that was discovered that gives answers to the inadequacy that man is in.

Man and spirituality or spiritual consciousness are so interrelated that destiny of man is always shaped by religion. Although at times spirituality is disregarded and plays either a feeble or a second role in shaping the destiny of this world and man, it is impossible to isolate faith, spirituality and religion in mapping human destiny. Philosophies have emerged and died but religion has remained. Science and technologies have at times almost subdued religion and faith but have failed to "bury" it. It is in this view that religion and much more Christianity through C.P.C. and counselling need be given some space, and rooms to handle the problems faced by the D.C.

The relation between spirituality and humanity is so strong and real that humanity cannot do without identifying itself with a higher power. Even Atheists have some aspects that there is a power beyond what they are able to do. This higher power shapes the destiny of man. This power is the origin or mover of things that came; that are there and those that will come. This can well be justified by the way African people even long time ago lived and are living today after the coming of Christianity. To an African, God is everywhere. There is no other place that humanity will go after this life. The life here after will be our spirits living amongst our people. Therefore all lived in harmony and with high regards to morality. This enabled them to enjoy fullness of life and did not destroy what is within them. Those who were destitute, the orphans, the widowed and the vulnerable were taken care of. They never felt loneliness or aloneness. They enjoyed life like all others. Thus, African human society was enjoined by religion and religious belief(s). The Africans believed that God is everywhere seeing them, happy or unhappy with them and nothing is behind God.

Human society is a home. A home has everything including the physical and the spiritual. You cannot separate the physical and the spiritual in a home and that is why there is a difference between a home and a house. Africans, value a home rather than a house. During the controversial and famous case over the late S. M. Otieno between Wambui Otieno and Umira Kager clan, the verdict was Otieno had a house in upper Matasia but his home was in Nyanza. He was laid to rest at home so that he would continue to live with his people. In African human society, home is the capstone because there is living and non living. Living is spiritual and at times physical and physical is at times spiritual/living, but at times it is non-living. Both are inseparable and they find meaning in their origin; their service to human society and to shaping the crisis of mankind and the environment. The clan of the late Judge S.M. Otieno feared being haunted by the living spirits for abandoning one of their own. Thus in the respect of spirituality and conscious of religions faith, there ensued a long and protracted court battle. The clan felt relieved when the court ruled in their favour. Therefore human society feels inadequate without religious affiliation because humanity feels naturally inadequate without an absolute dependence. Presence of God and His holiness in most human societies brings about *mysterium tremendum* to mean *mystery of fear and reverence*.

Human society's security goes beyond physical policing. The famine, disease, wars, and other hostile forces beyond mans ability is left under the security called faith. The destiny, the fate of life and life after, is well regulated by a religious believe because at times several philosophies, theories and teachings fails to give adequate answers. Therefore, for man to overcome various problems and challenges which causes suffering and pain, C.P.C and counselling is quite relevant. Christian guidance and counselling plays a very great role by upholding the faith of those suffering in any community that is religious and by keeping their faith awakened. Desitutes are well enabled to cope with the problems of everyday life, rather than resulting to acting destructively.

Faith gives hope. That is, faith in an absolute higher power or being offers human society comfort; real meaning in life and at peace when it is in crisis. They take it that God is doing something to help them move out of their suffering, pains and depressing

situations. It is Christian pastoral care that Christians are fully satisfied over all forms of sufferings and they find fulfillments in many painful drives. This gives us the reasoning that Christian pastoral care has a duty and a role to play over the needs, pains and sufferings of the destitute people and street children in their lives.

The researcher views the nature of God as a higher being and a higher power. All human beings must depend on him. God is sovereign. He created the whole universe (Genesis 1 and 2). Man is sustained by the grace of God and he will face judgment from God. According to Judaism where Christianity sprung, God is Omniscient, omnipotent and omnipresent (P.N.Wachege, Jesus Christ our muthamaki, 1992 p8-9). God is everywhere, all able and ever living. The Kikuyu cultural believes and values call God, *Ngai*. This is a concept that God has everything and subdivide all things according to His wishes — *Ngai* which is (*Mugai wa indo na maundu or kugaya indo*) is spread every where. He supplies well to His loved ones (P.N. Wchege ibid). The Bible describes God as a keeper, a good shepherd, a guardian, a proprietor and a preserver. He takes and gives care. He provides and protects all creation (of Psalms 23, 80). He is a rock of refuge (psalms 10: 17-18, 11:1 and 18:3).

Many religions teach through sacred stories, myths and theories about creation. Humanity was originally put in a state of happiness because there was a good relationship between the creation and the creator. When this relationship soared the separation brought in world's sufferings. In Christian doctrines, sin is a moral term and concept. It's as results of evil hence sufferings of creation. It is ascribed spiritually. Sacred stories and myths connect presence or absence of God (the creator) with sufferings and human destiny.

Bible gives an expression that God is very active in restoration of the lost relationship between the creator and creation (Gen 3). In African set up. history expresses God as still being merciful and providing. He loves mankind and therefore supplies the world with abundant rains, good harvests, good health, plenty of animals and children. He supplies help and deliverance.



Among the Agikuyu for example, God lives between the peak of Mt. Kenya and in the skies. He visits the Kikuyu land from time to time bringing with Him many blessings. God of the Agikuyu is generally ascribed through kikuyu myths and stories to have resting chairs on the four sacred mountains (Mt. Kenya, Abardares, Ol donyo Sambuk and Ngong Hills) (Jomo Kenyatta. Facing Mount Kenya pp 233-35).

Magesa (Ibid) says that all imbalances in Africa social life was due to God being angry with humanity. People must therefore cultivate for a harmonious relationship with our creator so that the original harmony is restored back. Africans relationship with God and other spiritual beings is highly regarded and respected. Sacrifices and prayers were offered, ceremonies were performed and society's norms and taboos were radically observed. This did not stop with the coming of Christianity. It is still practiced among the Africans both in the churches and outside the church sanctuaries. The destitutes and those suffering in the street can access meaning in life when the role of Christian Pastoral Care and counseling is given a chance to play a role in the problems facing D.C

With this kind of a background Christian Pastoral Care and counselling can be tied together and play the role of rehabilitation and reintegration of the D.C. The secular world and the church need to know 3 things:

1. Kenyans are theistic
2. Their lives are sacred and therefore must be taken care of, supported and enhanced
3. Destitution can be removed and fought against from a spiritual dimension.

## **2.5 Relationship between Counselling and Destitution**

Counseling brings wholeness of the life to humanity. The words **wholeness** and **holy** come from an English term "**hale**" to which it can mean entire. The entire can as well connote equality. This can be applied to bring the concept of peace and happiness in a society. One person is being figuratively described as a part or a portion to a body which is the whole society. So when a part is suffering the whole or the entire society is in pains. But many misunderstand the word "**wholeness**". Some views **wholeness** from the

medical point of view or from the physical being. Individual **wholeness** can also be viewed from the totality of society -physical, mental, spiritual and social dimension and they have to be completed and complimented for a society to claim **wholeness**.

For an African society to be whole and at peace (well being), it must have a state of harmony and there are calls for a national balance that all may love, care and feel with one another. A person can be derailed in life if physical and spiritual dimensions are not in harmony with the creator and the rest of the creation. Human beings can develop psychological, physical, spiritual or social misbehaviour. Lack can cause havoc to a person and extend the same to the society. For example, when one lacks basic needs (food, shelter and clothing), he or she will lack meaning in life but when counselling and pastoral care/spiritually is applied with a meaning, psychologically the person will find meaning and be at peace. Instead of becoming disturbed the person is made whole and at peace.

Some Christians explain the origin and cause of destitution as a punishment from God. That is God sends affliction to those who disobey him. African people regarded destitution as a misfortune and as a sign that somebody somewhere or some people were not in harmony with ultimate being, the divinities or spiritual/ancestral beings. Therefore destitution was/is seen as a social sanction. Members were/are encouraged to live at peace with neighbours, God, the ancestors, spiritual beings, environment and members of their relatives/families.

In the book of Deuteronomy chapters 28-29. Moses summoned all the Israelites to renew a covenant with God. They (Israelites) were carefully instructed to follow God's terms of covenant. The Bible promises that when Israelites followed God's terms of covenant, they prospered in life. Rebellion or disobedience to God by His people is viewed by some people as able to bring down God's wrath and one of the punishments is to becoming a destitute, poor or a beggar. The researcher came into contact with a religious leader who had this view (identity withheld).The pains or sufferings would be in terms of affliction or lack of prosperity and blessedness. Moreover, at times Christianity attributes presence

of poverty and suffering to sin, evil and disobedience to God who in turn thwarts the good, blessedness, wholeness which is the destiny or the fruits of obedience. Evil is expressed as having introduced sufferings to this world and in response repentance is expressed as able to reverse the same.

Removing sufferings and destitution challenge in Kenya from a spiritual perspective becomes an act of re-creation. **Wholeness** is being out of suffering. Wholeness therefore needs a spiritual engagement and divine supernatural dimensions. Christian Pastoral Care and counselling is essential in the course of rehabilitation and reintegration. It is concerned with the heart, the altitude and the physical care of a human life. It encourages the Kenyan destitutes to make the most of their capabilities. Christian pastoral care and counselling is one of the best approaches to rehabilitation of this group of people not just in Nairobi but also in Kenya. It has a spiritual dimension and therefore man reveres it as holy, real and with a meaning.

C.P.C. and counselling emphasis the development of an inner individual's life. The children are made to be in harmony with Kenyan environment. The people are helped to achieve a better integration and to find more outlets from their problem in a complex and confused world.

C.P.C. and counselling enhances human life and will out of sufferings. Religious leaders, faith healers, priests and pastors, are advised to enhance spiritual counseling. They are also challenged not to be narrow while they are doing counseling to the D.C., Vulnerable children and the poor. Christian caregivers are challenged to be broader, scholarly and insightful in knowledge on Christian pastoral care and counselling.

Spiritual counselling in pastoral care is necessary in our changing society especially here in to the D.C. They have a lot of crises in their daily life. Faith in a super natural reality is important. The researcher agrees with Waruta (ibid) that human beings are conscious, fragile and sensitive. They cannot do or live on their own. So in the world of sufferings and affliction, the supernatural beings make sense. Counseling can be done by those near

the victim or those who knows them. In African traditional way of life it was done by the parents, friends, relatives or the peer. Today, it should and has been the same only that those doing it, need to be equipped. Waruta (ibid) argues that all forms of counselling need some professionalism. Whether in African traditional way of life or in the modern society, the religious specialists, seers, medicine men and women must have some degree of professionalism while handling people in need. Christian pastoral care and counselling need some professionalism as well in order to help in this problem of destitution, rehabilitation, rescue or reintegration of D.C..

## **2.6 The role of Christian pastoral care in counselling the S.C and equipping care givers (the "parents") in rehabilitation homes.**

The D.C. history is full of crisis because of the fact that most are poor and have a weak family security. Otherwise, majority of them do not fit the category of those to be harassed, misused, remanded and victimized among others. Even if they cause disturbances in the society, it is sometimes due to fear, loss of meaning in life and at times being fixed up by difficult domestic circumstances. Some are later mistaken and mistreated, end up in the streets, approved schools, Borstal institutions, children's home or Juvenile remand homes. In there, they face psychological, spiritual, emotional and social problems. Some are anathematized and stigmatized. Some contract physical and mental diseases.

Swihart and Richardson define the word crisis as an event that causes human emotional adjustment and change in life (1987, pi7). News that one is an orphan, parentless, homeless, destitute while all was earlier well, usually produce a sudden, unexpected and negative emotion. The situation becomes a state of crisis. This is usually because there is loss of foundation, status, family and the open future. The child goes to denial status even about education and a darkened future. No more positive concentration on ones role and life turns meaningless.

So, a care giver is here in needed to enhance growth by offering support and hope in life. The victim is in dire need of being helped in order to cope up with the experiences and crises. Usually these people are rescued while at denial stage, anger, depression, fear of rejection, guilt, low self-esteem and even under stress. They need to be brought to the state of acceptance. The counsellor needs patience and spirit to offer a lot of support to the victim reasoning with him/her/them that God loves and cares. Bringing the victim to a point of acceptance knowing that inner healing needs patience and normally healing is gradual. It takes time.

Anger is another stage for many victims to destitution challenges in Kenya. The victim is angry with God, the parents or those who contributed to bring up the situation which they are in. some are jealous with other people who are well when they make comparisons. According to Ross (ibid) anger means grief or sorrow. Here, the caregiver needs some professionalism when dealing with such feelings. He/she should never react negatively to any form of outburst or attack. The caregiver needs patience and needs to reassure the victim that we are all human and vulnerable. The victim must calmly be directed to the path of forgiveness. Above all anxieties, guilt and grief of the victim must be directed in such away that God is faced as a loving and forgiving God. Not one that is condemning or judging but one that offers hope and a second chance. The book of Isaiah 1:18 can be a very good guide "come now and let us reason together, though your sins are as red as scarlet, they shall be as white as snow ... like wool".

Self-esteem can be uplifted by establishing friendship, trust and uplifting the sense of value and self-worth. There is need for physical touch and words of kindness. Mark 1: 40-45, has a story of a leper who was healed. Jesus as a good caregiver is theoretically framed as having uplifted the leper's sense of value and worth. According to Jewish tradition lepers were outcasted and made a destitute in the society. By Jesus touching him, the leper felt accepted. His self-esteem was uplifted. Caregivers on the other hand need some professionalism. Their approach to each case and each victim needs almost care. They should respond wisely to every demand and every need. They should address to every feeling of helplessness, hopelessness and demoralization.

They should give hope at best. C.P.C and counseling calls for the suffering and the burdened to get a rest (Mathew 11:28). God as an example to Christian caregivers offer help to needy victims (Psalms 121).

Caregivers need to decode myths and mysteries and correct untrue information. For example, most of Kikuyu clans demean one another with various mysteries about behaviours and characters. Caregivers should reduce fear and other emotional imbalances through providing correct information and by clarifying myths and misconceptions. Many victims commit suicide more so especially at depression stage. Signs of depression should be carefully checked by confronting the victim especially if it is suspected or there are signs that the victim is contemplating to take away life.

Proper C.P.C and counselling is needed at all levels. The clients must always if possible be distanced from causes, signs and sights which may provoke and enhance depression. Their mind must be occupied most of the time. At times with Christian messages, activities and programmes such as meditations, prayers, Bible Study Fellowships, Christian religious literatures, books, movies, magazines among others. The Christian pastoral counselors if well equipped will lead the D.C to peace and wholeness. The victim stops focusing on sufferings and sees beyond suffering. Mere the book of Revelation. 21 is a good guide where the sufferer can see new life: New Jerusalem, where tears will be wiped, no more mourning.

Lastly, the researcher views that, C.P.C and counselling can enhance life through helping the victim not to revenge, to engage in vice behaviours or withdrawal. Caregivers need to be equipped with spiritual attributes such as respect, empathy, acceptance, love and friendliness among others. They should cultivate the spirit of being interested with the D.C. they must be patient and strong in faith and character. Like Christ, all caregivers to the S.C must be willing to spend most of their time with the sick, the poor and the oppressed. A good counsellor, is one whom others would feel comfortable. A talented and professional counsellor must be one who accepts others non-judgmentally. A good counsellor is a person who genuinely expresses a genuine respect for D.C to be able to raise their self worth and value (Mathew 7:1).

People with no human feelings make very poor pastoral counsellors you cannot pretend. Feelings will show and expose you. Good pastoral counsellors must admit that they are also human beings who are vulnerable. They can be hurt and can hurt just as D.C are hurt and can hurt. They must therefore mature up physically, mentally, emotionally and spiritually in order to be effective.

An effective pastoral counsellor is one who recognizes talents and uniqueness of various D.C. Each child is unique but equal with another the before God. None should be forced to be like the other or to behave like another person. Counsellors should act as guides towards better choices for better of the D.C and the society. A good pastoral counselor should have wide knowledge on specialization towards D.C inorder to meet their needs.

## CHAPTER THREE

### 3.0 REHABILITATION OF DESTITUTE CHILDREN IN KENYA

#### 3.1 Introduction

This chapter reviews what others have done on this field of study on the role of Christian pastoral care in the rehabilitation and reintegration of the destitute and street children. Reflection also is briefly made on the history of rehabilitation work in Kenya. Typologies of the children who have gone through rehabilitation work in Kenya is also focused. Lastly, the various types, roles and services offered in various rehabilitation homes and centres and the programmes in Kenya are highlighted.

#### 3.2 History of Rehabilitation work in Kenya

The phenomenon on Destitution and street children in Kenya has a long history. The history of the rehabilitation of S.C. was started after the 1<sup>st</sup> world war. It was in 1953, when a committee was formed to study the phenomenon on the D.C. visa viz those in the street. The committee produced a report and submitted it to the colonial government with recommendations for approval. The D.C. were referred to as juveniles and delinquent. They therefore needed to be given special care and protection in order to help them reform.

Through the work of the 1953 committee, voluntary homes such as Orphanage Homes, Juvenile Remand Homes, Rehabilitation homes/Centres and Rescue Centres came into existence. These institutions were only required to provide children with home care and maintenance. They were not required to offer punishments, intimidations, harassments or any form of jail or enslavement. The children were to be provided with "**fatherly and motherly**" supervision.

Due to differences in the needs of these D.C., the institutions were made not to be prisons. This was because not all children who ended up being destitutes and who subsequently roamed in the streets were criminals. So, the 1953 committee's report recommended upon children social and economic reforms rather than harsh discipline.



The 1953 report was legislated into law in 1963. It was put in the children's and young persons act in the laws of Kenya. According to Rainer (1981), this was the birth of rehabilitation homes, institutions, work and modern care in Kenya for the D.C.. Approved schools began to be built in various parts of our republic. Some were however, meant for delinquent children. According to Mr. J. Gikubu, the current Deputy Director of Starehe Boys Centre and School, "...1953 committee is the mother to rehabilitation work and care in Kenya".

A report by NCBDA (2001) gave out statistics that there were over 350 registered rehabilitation homes in Nairobi. Njogu (1995) is of the view that many of the children rehabilitated in these homes are not delinquents. Documented statistics in the ministry of Home Affairs, Nairobi further indicates that in 2006, there were about 1.7m children in various registered homes in Kenya and 0.9m in Nairobi. The number is expected to hit 2.4m by 2010 in Kenya and 1.6m in Nairobi.

Registration of rehabilitation centres, homes and work has been under the Children's Department (C.D). Most children referred there (in those homes) are said to be due to poverty, domestic and socio-economic problems at home. Some children are orphans, imprisonments, abandoned, rescued and from abusive marriages.

Another reason why many rehabilitation homes have sprung up in Kenya in a big number has been due to a special report that was again produced in 1961. There was a conference that was organized by various organizations which regarded themselves as stakeholders of the Kenyan Child. On their survey of problems of child welfare in Kenya, their report suggested that institutions should be established for children who are orphaned and neglected (Rainer 1981). Recommendations to establish more special institutions in urban areas, to provide care to the orphans were made. It is the view of many that this report has greatly influenced the rehabilitation work and care to the destitutes from 1961 to the present times.

### **3.3 History of Starehe Hoys Centre and School**

The effects of Mau Mau war in central province touched a young colonial soldier by the name William Geoffrey Griffin. The whole thing started in an approved rehabilitation centre, in Mwea division of Kirinyaga district. The devastating condition of children whose parents had died in the war or were in detention camps all over the country made the late Mr. G. Griffin to mobilize some of the people who were closest to him. The late Mr. Geoffrey Gituru and Mr. Joseph Gikubu the current deputy director of Starehe Boys Centre and School were among them. The two would later become co-founder of Starehe Boys. They moved to Nairobi in 1959 and made a request to the city council to allocate to them a small plot where they could construct a rehabilitation centre for those D.C.

Two small tin huts were erected at the present compound known as Starehe Boys Centre (the two huts are still standing there). Barely ten (10) boys were brought here from the streets. They would come in the evening, have their meals but during the day roam the streets of Nairobi. The number increased with time. When they were able to be maintained there, the main activities were military drills and play (games).

Sponsors were sought and a form of learning was introduced using unskilled staff that was there. Starehe was registered as a school in 1964. A primary school by then was established. Then a technical school was born. Later a secondary school was established. Today Starehe has a college with several faculties and facilities such as computer, and accountancy.

Initially, only poor boys were sought from all over the country. Casual workers would travel all over Nairobi and beyond searching for them. They sourced information and assistance from the Children's Department, leaders such as District officers, chiefs, and religious leaders.

Then a three category of intake was introduced:

#### **Category A**

These are the very poor boys mostly orphans. Some get transfer from children's homes. They are fully sponsored and are boarders. To them, Starehe is their home. Some never leave Starehe even during the holiday. About 75% of the starehe community is in this category.

#### **Category B**

These too are poor boys but sometimes with a relative who can afford to stay with them and provide with food and accommodation. Starehe would then meet their schools fees and books. They are mostly day scholars. About 20% of all the boys in Starehe fall in this category.

#### **Category C**

These are boys from well to do families. They are minimal in number (4%) the idea of putting this group in Starehe was to neutralize the Starehe family and also help those parents especially civil servants who keep on being transferred from place to place and as a result disturb the education of their children. This category is a fee paying group.

Those who finish school and sometimes have no home to go do stay in Starehe while they look for an alternative. There is a leavers' hostel where they are catered for by the school.

Teaching staff (75%) is offered by the government (TSC). Starehe has produced very many prominent people such as Ministers, Assistant ministers, MPs, Ps", Managers Directors, Lawyers and Heads of Parastatals without mentioning many others in the field all over the country and abroad.

The main sponsors of Starehe are :- Save the Children Fund, Oxfarm, Shell Company, Kenya Government and quite a number of individuals all over the world.

The attachment of the old boys and their school is great. They have formed the old boys association which looks at the future of Starehe. They started an endowment kit which is today running into billions of shillings.

The founders' day which is celebrated every year is usually a great event where old boys from all the past and present years meet and exchange their experiences.

Many of them take pride to go and wed in the unique chapel at Starehe. Very many of the teachers and members of staff are themselves old boys of Starehe.

The Starehe Boys school and centre's motto is "*Natulettge jitu*" which means "**Let us aim high**".

### **3.4 History of Undugu Society of Kenya**

No study on the work of rehabilitation and reintegration on destitute and street children in Kenya can be complete and fulfilling without a mention on Undugu society of Kenya (USK). USK has a very special and rich history. The year 2003 USK celebrated 30 years since it was incepted in Kenya by a Dutch born catholic priest.

USK is one of the pioneer organizations in sub-Saharan Africa, focusing on the road to the well being of those who are marginalized in society due to destitution. Its key value is to empower communities in Kenya more so, those who are poor - the street children, communities from arid areas and the vulnerable youth through education and socio-economic enhancements.

The late Rev. Father Arnold Groel, a Dutch born catholic priest in 1973 founded a small organization which over the years has evolved and transformed into a society. He developed a vision to help parking boys (a phenomenon that was highly feared, stigmatized and neglected). He became so deeply touched by their plight-they were abused, rejected and trodden upon. More often than not police has harassed them, sometimes shot at them for no reason and others have been locked in police stations.

Father Arnold desired and succeeded in providing them with comradeship and solidarity. His vision has grown and the USK over the years has greatly contributed to the socio-economic empowerment of street children, vulnerable youth and marginalized poor people in Kenya. It has been doing this through advocacy in capacity building, accessing the needy to education and reducing poverty levels so that this group can attain a decent livelihood.

USK is currently carrying out children and youth programmes; education and training programmes; Undugu community empowerment programme (UCEP) at Kibera, Pumwani, Mathare and Ngomongo slums. It is also supporting poor communities especially in Northern Kenya to start projects that will raise their socio-economic status. Through its circle of networks, communities in arid areas also benefit with the work of USK such as Turkana women in waving and trade fair. Many Kenyans have acquired education and technical training skills such as building and construction, cookery, dressmaking and weaving, modern farming and technologies through this society.

### **3.5 The strategies employed by different agencies in the Rehabilitation process**

The study in this subsection tries to explore various states and conditions applied to children directly or indirectly in the rehab homes in Kenya. Focus will be on the role of Christian pastoral care more so the Christian counselling at the rehab homes in Kenya set by different players and actors. We shall explore the strategies adopted in the rehabilitation process.

According to P. Ngure (2005 p48), deviant behaviour is part and parcel of a child in any society. It cannot be totally eradicated. It is the responsibility of the concerned state/government therefore to reduce crime. Ngure further states that, in the medieval ages, punishment for crimes was in form of public corporal and capital punishments. He, however suggests that, prisons are no longer answers to every form of crime. This is because the modern world has now resulted to probation, parole, community service orders, supervision, rehabilitation and reintegration. Therefore the study here in will be

directed on the role of Christian pastoral care and counseling to the rehabilitation and reintegration of the D.C

According to Kanene (1989, p38), C.W.S.K (Child Welfare Society of Kenya) advocates rehabilitation through strengthening family codes. To CWSK strong family is the only answer to D.C. /S.C crisis rather than Rescue Centres. However, some families are weak and unstable to be responsible. Children from these homes are left with alternative to either end in streets or in various rehabilitation homes. These children continue to experience varying levels of psychological sufferings. They have been robbed of an opportunity to grow up in a stable family set up of which is an essential necessity to every child. In response to the above problem, FBOs. Government and C.B.Os have come up with an alternative mode of a home to these children. Children are offered among others food, education, health, security/protection, clothing and shelter.

According to Mbatia (2003), when NARC government took over power from KANU government in 2002, one of its major tasks was to collect children who were living in the streets of the urban centres and were put in various social halls. They were provided with food, shelter, clothing, educational, health, technical and mental skills. Some were placed at NYS Training Institute, Kabete Rehabilitation Centre, Dagoretti Rehabilitation Centre and Nairobi Children's Home.

According to Njambi (ibid) there are so many civil societies that have borrowed a leaf and have constructed rehabilitation or rescue centres. Some of these are Undugu Society of Kenya, Mama Ngina Children's Home, Starehe Boys Centre among others. There are others which are Faith Based intervention bodies, which have come up with homes such as Kwetu of peace. Gate of Good Hope, Homeless International and Rescue Dada Home among others. All these among others have made a large impact in our Kenyan society through identifying the needy cases and taking a stand in reforming the character to become a good citizen who is resourceful and progressive. Bodies such as Cradle, Clan and ANNPCAN work towards intervention strategies of the D.C.

**(i) CRADLE: The Child Right Advisor)' Documentation and Legal Centre.**

This organization was founded in 1997 to respond to the need of provision of juvenile injustice following a research and a baseline survey on the provision of justice to children. The research was conducted by team of legal experts who later became members of the board of trustee. The research evidenced urgent need to address the issue of legal aid for children and therefore the cradle was born to respond to this need. The members offer voluntary legal services to children. They also offer psycho-social support for children and especially the children whose parents are incarcerated.

**(ii) CLAN: Children's Legal Action Network.**

This is a charitable trust that was formed in 1998. It was founded to help reduce the social injustices to unprotected children. CLAN give children access to legal assistance both from within and without the court system. It promotes awareness and respect for children's rights based in the legal system. It also seeks to improve the ability of the civil society and Kenya government to respond to needs and the rights of a child.

**(iii) ANPPCAN: The African Network for the Prevention and Protection Against Child Abuse And Neglect.**

This is a Pan-African child rights organization concerned with the status of children in general and in particular those in need for protection. It was founded in 1986 in Enugu, Nigeria during the first African conference on child abuse and neglect whose theme was child labour in Africa. It is registered as an international NGO and has observer status with the African Union (formerly Organization of African Unity). It enhances prevention and protection of children from all forms of maltreatment in the whole of Africa.

**3.6 The Bible and the Destitute People**

Biblical and Christian values focus on encouraging people to have a positive self actualization (Waruta and Kinoti *ibid*). It is through C.P.C and Christian counselling that "Meaning" as Welter (1928, p10) defines, is made possible in the life of the destitutes. Life becomes meaningful when the D.C attach themselves to God who offers love (Luke 18:16), forgiveness (Luke 15: 17-24), peace and hope in life. There is therefore hope for a peaceful life to the destitutes. This care is based on Jesus Christ's story about the Good

Samaritan in Luke 10: 25-37. Here the D.C. can be compared to the injured man and the in-keeper to the church or a Christian pastoral counsellor.

Swihart and Richardson (ibid) pointed on the need to Biblical training of counsellors for the counselling to be more effective on top of other professional training skills. "Parents" of the destitutes need to be equipped with better methods of C.P.C and counseling. In James 1:27, Christians are commended to look after the orphans... in their distress. In Psalms 102: 17 "...The lord will respond to the prayer of the destitute, he will not despise their plea...." In proverb 31:8 "...speak up for those who cannot speak for themselves, for the rights of all who are destitute..." Proverbs 31:9 "...speak up and judge fairly, defend the rights of the poor and needy" In Hebrews 11:37 "...They were stoned, they were sewed into two; they were put to death by the sword. They went about in sheep skins and goat skins, destitutes, persecuted and mistreated. Hebrews 11:38 ... the world was not worthy of them. They wandered in deserts and mountains, and in caves and holes in the ground". In Mark 12: 38-44 Jesus recommended a Pious poor widow, he challenged Jewish social injustices and religious hypocrisy. He stood on behalf of the economically powerless as the book of Isaiah 1: 17 challenges leaders to do. Isaiah challenges leaders to encourage the oppressed, defend the orphans and to take care of the widow. The D.C and their "parents" should not live in a state of servitude. It is in this line that the Christians have been responding positively to the destitute, giving in physical as well as spiritual support. Adverts have been displayed on electronic and print media on campaign against drug abuse, immorality, child abuse: domestic violence etc. At the fore front have been churches. Christian's organizations and para church organizations. Most of the Christians in Kenya have responded well to the Bible in proverbs. 22:6. According to Njogu (1995) most of the rehabilitation homes in Nairobi are sponsored by Christians. Whether F.B.O. or privately owned. It is estimated by Njambi (2005) that about 78.4% children's homes are supported by Christian churches.

Further, the Bible has so many sacred stories about the destitutes. It portrays God being on their side caring and fighting on their behalf, restoring them to a dignified life. For example in I<sup>51</sup> Samuel 30: 11-14. David, through God's touch initiated mercy and kindness to an Egyptian slave abandoned by the road side by an Amalekite slave owner.



There are stories about Jesus and the needy people. Some of them are like Little Children (Luke 18: 15-17); caring for the poor and the destitute (Matthew. 25: 35-46); Messiah's Ministry (Luke 4: 18-19); about a banquets (Luke 14: 12-14) Jesus and a blind man (John 9: 1-7); Jesus and the S.C singing and praising (Matthew 21: 15-16) among others.

These stories are an indicator and foundation for Christian counselling and pastoral care to the D.C. There is neither rich nor poor in the eyes of God. The rich have equal halves with the destitutes within the membership of the body of Christ (the Church and the human race). The kingdom of God is therefore in complete without the poor - Luke 14: 11-14. It is not for the rich alone. It is also for the poor, destitutes, sufferings, rejected, abandoned and neglected so long as they have faith and love God.

### **3.7 Typologies of the Rehabilitated children in Kenya**

Kenya has various categories of the D.C. though rehabilitation and reintegration goal is one. There is always one common destiny of making the D.C to have a dignified future in the society. The rehabilitation work in Kenya has come across various types of children. There are the D.C., children who are disabled, children who have disabled parents, children who are either affected or infected with HIV/AIDS pandemic, children who are from very poor homes/families, children affected by land clashes, floods, famines and refugees, S.C, drug peddlers, prostitutes and young parents.

According to Kanene (1989), various children of these categories have been orphaned, battered, destituted, abused, abandoned or unwanted for various social, political, religious or economic reasons. Kanene further argues that, these children are in this state due to both natural and man made causes. Natural causes are like death of guardians, sickness or famine. Man-made causes are such as negligence of any kind, poverty or civil strives.

Walton and Elliot (1980) identify drug misuse, abuse and traffic as another cause/category. This implies the need to study the role of Christian Pastoral Care and counselling in and out of the rehabilitation homes for such category of children. The pastoral care will offer spiritual care and counselling facilities to help in re-socialize these children in order to lead a normal life in the society.

## CHAPTER FOUR

### 4.0 DATA ANALYSIS AND DISCUSSION

#### 4.1 Introduction

This chapter presents the data that was collected from the research field. The data is analyzed, processed and presented in tables, charts and graphs. Further the data is discussed and interpreted.

Comparison of three categories of rehabilitation centres that caters for the welfare of destitute and street children is shown in **table 1** on page 45. There are different agencies that run children's homes in Kenya and homes for the destitute, but the researcher has picked on three different agencies. This is for the purpose of representation and management of the population for this study. The 3 categories shown here below include Government of Kenya (G.K), Faith Based Organization (F.B.O) and Private Sponsored Companies.

Questionnaires were prepared and presented to cater for three categories of respondents or informants.

- There were sixty (6) children from six (6) homes shown below. These children were categorized in the ratio of 30:30 (Thirty boys and thirty girls).
- There were 12 "parents" in the ratio of 6:6 (Six men and six women). These were selected as 2 "parents" from each children's home.
- There were 2 church leaders, 2 government officials, 8 administrators and 4 persons of experience with the work of rehabilitation of the destitute.

So, a sample of 88 informants was used for this research.

The questionnaires were arranged in such a way that, it required simple answers, which the respondents(s) needed to put a tick or simple sentences (words) on boxes, spaces and lines provided for (**Refer to the appendix I and II**).

The collected data was qualitatively and quantitatively analyzed. The research population was manageable, and because the emphasis of the study is on the quality based, then the quantitative aspect of data analysis was not subjected to complex statistical packages.

All the 3 questionnaires were subdivided into 3 sections with the variety of questions to be responded to. These questions and sections were well arranged in numbers. In each section, there was a subheading indicating what is needed from the respondents.

#### **4.2 The rehabilitation homes covered by the study**

All rehabilitation homes and rescue centres for the D.C the vulnerable youth, the delinquent and the street children that were covered by the study, are all presented in table 1 on page 45. Their names, sponsors, categories of children, services that are offered and sexes of the children are also presented. Kabete Rehabilitation centre is for the boys and Dagoretti R.C. is for the girls. Both are sponsored by the Kenya Government. They are classified as one home because one is for the boys and the other is for the girls. Nairobi children's home is also government sponsored. Dagoretti Feed the Children Center and Kariobangi Child Development Centre are private owned companies while Good Samaritan and Mission of Charity are F.B.O.

**Table IX rSummary of Churches (hat are near rehabilitation homes under study**

**Summary of the Rehabilitation Homes, categories and services covered by the study**

Name of Rehabilitation Home	Sponsor	Category of children	Services offered	Sex
Nairobi Children's Home	Government	Orphans/abandoned abused/neglected destitute malnourished rescued	- Health care - General counselling - Education - Rescue services - Protection - Food - Shelter	Male and Female
Kabete Boys/Dagoretti Girls Rehab Children's Centre	Government	- street children - orphans - abandoned - delinquent	- food - clothing - upper school - health care - shelter	Male and Female
Dagoretti Feed the Children's Home	Privately owned	- street children orphans abandoned - HIV/AIDS cases - -Disabled	- Mobility equipment Education Health care - protection Food - Shelter	Male and Female
Kariobangi Child Development Children's Centre	Privately owned	Street children Orphans Abandoned Destitute - HIV/AIDS cases	Food - Shelter - Counselling Education - Health	Male and Female
Mission of Charity	N.G.O (Catholic sisters)	Orphans Street children - HIV/AIDS cases Abandoned Destitute Disabled	- Food - Shelter - Clothing - Education - Health care - Counselling	Male and female
Good Samaritan Children's Home	N.G.O (F.B.O protestants)	- Orphans Street children Abandoned Destitute - Neglected/abused	- Health care - General - Counselling - Education - Rescue services - Protection - Food and shelter	Male and female

The various agencies managing these homes are shown in **table I** on page 45 as well as the type of the category of the children they target. All the targeted children in all the categories are children from different, depressing and difficult circumstances. Some are orphaned, HIV/AIDS victims, abandoned, malnourished, abused among others.

From **table 1** of this study on page 45, it is shown that all the homes offered similar services, such as provision of shelter, food, health care, education and counselling.

**Table II: Distribution of Respondents by Sex**

<b>Sex</b>	<b>Children</b>	<b>"Parents"</b>	<b>Leaders</b>	<b>Total</b>
Male	30	6	8	44
Female	30	6	8	44
Total	60	12	16	88

Table II above presents a sample that the researcher used in the study. The three categories of the respondents which included children, "parents", and leaders also included male and female at a ratio of 50:50. This was 44 males and 44 females giving a total of 88 respondents. This was for the purpose of representation of both sexes. All the 88 questionnaires that were distributed to the respondents were received back. Some questions were responded to and out of them we have the research findings and recommendations. Some others were explained to the researcher by the respondent during interview sessions. Some reasons were personal or private but others were not. To some it was due to some fears that they might be victimized. Others were due to respondents levels of understanding while some other questions were not applicable to various respondents.

**Table: III Distribution of respondents by ages**

Ages							
Categories	<10 yrs	10-20yrs	20-30yrs	30-40yrs	40-55yrs	>55yrs	Total
Children	10	40	10	0	0	0	60
"parents"	0	0	2	4	5	1	12
Leaders	0	0	1	3	7	5	16
Total	10	40	13	7	12	6	88

The researcher found out that majority of the children in the rehabilitation homes and centres were at the age of 10-20 years. This could be attributed to the fact that majority were the bread winners of their siblings before they were rounded up and landed in these homes. These children need an urgent and resourceful help. They easily understand when wronged and in sufferings. Majority of them made the decision to move from their homes and their families in search of help such as food, employment and other basics.

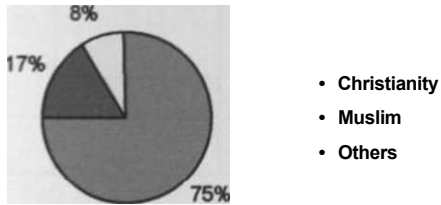
The study discovered that majority of "parents" and leaders were at the age of above 40 years. So given the proper training on care for the D.C they can help in handling these children, because majority have children of ages corresponding to those of the IXC.

**Table IV :(A) Distribution of Respondent by Faith**

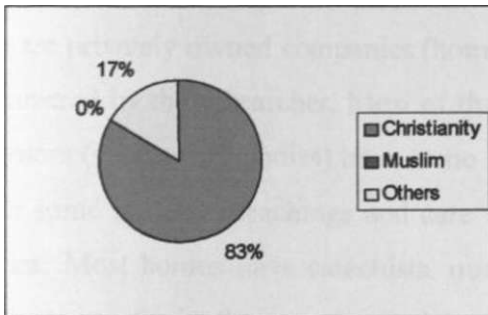
Faith	Category			Category		Category	
	Children			Parents		Leaders	
Christianity	45	75%		10	83.3%	12	75.0%
Muslim	10	16.7%		Nil	Nil	2	12.5%
Others	5	8.5%		2	16.7%	2	12.5%
Total	60	100.0%		12	100.0%	16	100.0%

**Figure I: Distribution of Respondents by faith**

**a) Category of Parents**



**b) Category of children**



**c) Category of leaders**



**Table IXr Summary of Churches (hatare near rehabilitation homes under study)**

Category	Catholics	Anglicans	Presbyterians	Africa Inland Church	African Instituted Churches	Others
Children	16	10	10	8	12	4
Parents	5	1	2		1	3
Leaders	8	2	1			5
Total	29	13	13	8	13	12

From **tables IV (A) and (B) and figures I (a), (b) and (c)** on pages 47 to 49 of this study, plus the research that was carried out by NCBDA in the year 2001, it is implied that most of the rehabilitation work in Nairobi is done by Faith Based organization. Even the ones that are privately owned companies (homes) have also some religious foundations as was discovered by the researcher. Most of the "parents" and stakeholders of the 3 categories sponsors (sponsoring bodies) have some religious orientation. Most of the visited centres offer some religious teachings and care to the children, "parents" and workers in those homes. Most homes have catechists. nuns or evangelists to organize prayers and bible readings mostly in the morning and in the evening. However, as study has found out, most often than not, professional guidance and counselling is properly unutilized in the rehabilitation process. What is conducted in most times is denominational teachings and preaching (teaching and preaching of denominational doctrines.).

A report adapted from the files of the ministry of Home Affairs, shows that the Roman Catholic church sponsors 158 C.H. which is equivalent to 45% of the over 350 homes for the D.C in Nairobi. The mainline protestant churches sponsors 105 C.H. which is 30% of the same while other bodies sponsors 87 C.H. which is about 25%.

The majority of the respondents viewed that Christianity has the biggest following in Kenya and the care to needy and Christianity's main teaching and emphasis. Other factors that were put forward however, give an impression that Catholic church is very



aggressive on social welfare of the society. It is also in competition for members and followers with other faiths. In the process, many homes for the needy and destitute children have sprung up in Nairobi and especially in the slum areas and in the Estates. To run these homes nuns, priests, pastors and catechists have been trained and deployed to cater for the administrative, physical and financial roles in those homes. They are to run the spiritual and pastoral roles. There are also some personnel that have been seconded by Christian churches to facilitate spiritual and pastoral roles in the Government sponsored homes and centres. The researcher found out that most of the times during pastoral programmes, it is the doctrines of some various denominations that are taught rather than C.P.C. and counselling.

**Table V: Distribution of respondents by place of birth**

	A	B	C	D	E	F	G	H	Total
Children	40	4	12	0	0	2	2	0	60
Percentage	66.7	6.7	20	0	0	3.3	3.3	0	100

Key

A - Nairobi Province

E = Western province

B - Central Province

F = North Eastern Province

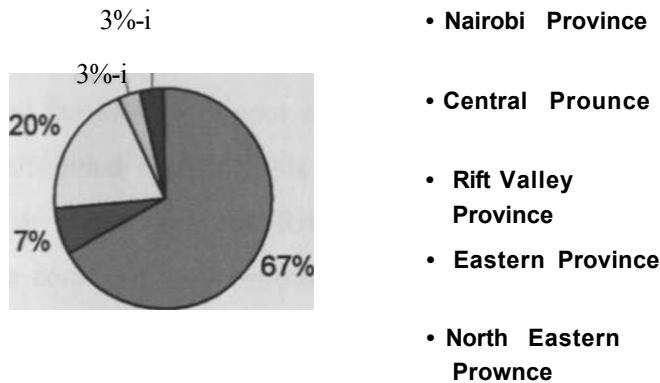
C = Rift Valley Province

G = Eastern Province

D = Nyanza Province

H = Coast Province

**Figure II: Distribution of Respondents by place of Birth**



**Table V** and **figure II** on pages 50-51 implies that the highest number of the respondents from the children category was from Nairobi at 66.7%. This was followed by the Rift Valley at 20%. The major contributing factors to this phenomenon were cited as the land and civil clashes, population explosion and inflow to urban areas in search of employment; growth of slums, cattle rustling effects, HIV/AIDS pandemic and high poverty level in the rural areas. Others cited are breakdown of African cultural and traditional values where matters of the family today is no longer a community affair rather they are private and individual care and concern. Inclinations to issues such as taboos, curses, early marriages, polygamy and divorce cases have worsened securities for the children. Children who are by product(s) of the above cases suffer and in search of what they are missing, they either end up in the street life and subsequently majority of these children ended up living in rehabilitation or rescue centres and homes. Breakdown of African Traditional values, western civilization and modern concept of developments have impacted negatively to lifestyles of an African home. Some of the negative impacts have led to family crisis. Some of these are separation of families, divorce, single parenting and children being orphaned. There is also the socio-political impacts such as land clashes, cattle rustlings, family feuds which have led to death of some guardians leaving children as orphans. The study has also found out that immoralities and promiscuities are causing children to become destitute.

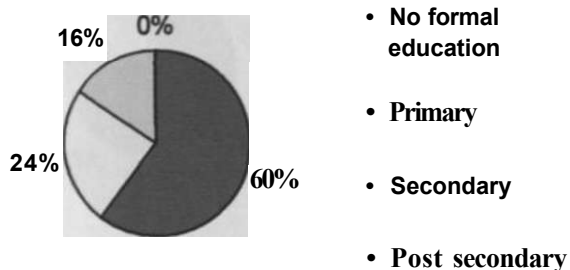
The highest number of S.C. place of birth background was found to be from Nairobi. This could be due to population migration from rural to urban areas in search of fortunes. High population in urban areas leads to lack of some social amenities such as housing. It leads also to lack of enough jobs for all. This leads some to the street life. They breed up street families and families from poor slum areas. Nairobi was followed by Rift valley. This could be attributed to the 1990s civil and land clashes which tendered many people homeless in many parts of Rift Valley. Also insecurities due to cattle rustlings phenomena could be a contributory factor for some to seek refuge in the streets. The 3.3% from North Eastern could be due to influx of the refugees from our neighbouring countries. It was very interesting to note that there was no respondent from Nyanza, Coast and Western provinces.

**Table VI Distribution of respondents by levels of education category**

Category	No formal education	Primary	Secondary	Post secondary	Totals
Children	0	57	13	0	60
"parents"	0	6	2	4	12
Leaders	0	0	6	10	16
Totals	0	53	21	14	88
Percentage	0%	60.23%	23.86%	15.91%	100%

All the 88 respondents to this study have some form of education, which is at least primary level of education. **Table VI** above portrays that 53 out of 88 respondents have had or are in primary form of education. It was also found out that, 21 of the 88 respondents have had or are in secondary school level of education while 14 have formal education beyond secondary school. This is also tabulated in the **figure III** on page 53.

**Figure ID: Distribution of respondents by levels of education**



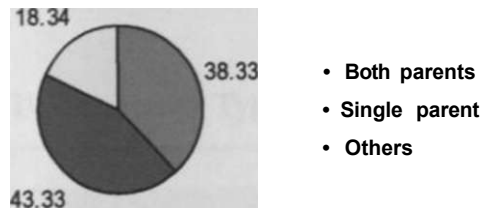
Some of the respondents attributed Kenyan Government of the day, implementation of a free primary school form of education to all children in Kenya as a contributory factor to the 60.23%. All homes have very little constraints if any to providing primary form of education to its children and "parents" who did not have any formal education. Other factors considered were sponsorships and scholarships for these needy children from donors and well wishers (The Government, NGOs Foreign Aids, local well wishers and religious bodies). These among others have contributed greatly to the well being of children and "parents" that have performed well and needed the assistance to access secondary form of education.

**Table VII: Family typology for Rehabilitated children**

**Presence of both parents**

Home	Sponsor	Yes	No	Do not now	Total
Kabete/Dagoretti R.C	GK	8	2	-	10
Nairobi C. H.	G.K	2	5	3	10
Mission of charity	E B O	3	1	6	10
Kariobangi North	F.B.O	3	6	1	10
Dagoretti Feed C. H.	Private	3	6	1	10
Good Samaritan	Private	4	6	0	10
Total		23	26	11	60

**Figure IV: (A) Family Typology for Rehabilitated children**

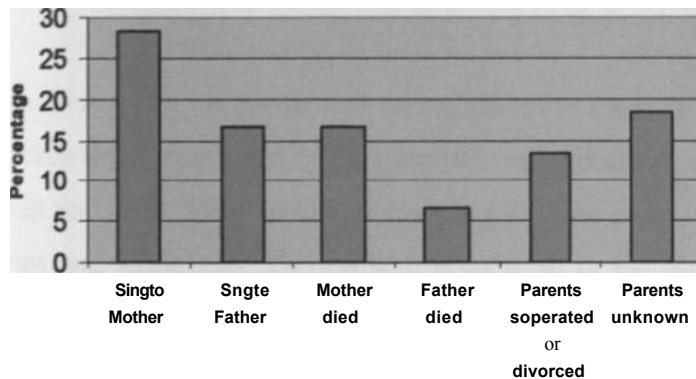


The study found out that 38.33% of the 60 children that responded to the questionnaire have both parents although their families are in very difficult and depressing circumstances. For instances, some claimed that both parents are very sick either physically or mentally leaving the children to be the breadwinners. Parents of some children were jailed for operating illegal businesses and trade. Some claimed that they ran away from home because their parents engages in constant quarrels leaving the children embarrassed. Some ran away because they could not feel comfortable sharing the same single room with their parents (slums houses).

The study also found out that 43.33% of the interviewed children are from single parents. Several girls interviewed revealed that they ran away from home from constant sexual assaults either from brothers or their fathers. Several boys could not bear more humiliation of witnessing their mothers entertaining male guests at night in the same single roomed house. Some boys and girls found themselves in the street begging for food, money and clothing after being sent by either their parents or relatives and subsequently were rounded up by police officers and taken to rehabilitation homes. Some claimed that they are from polygamous families and because their parents or relatives are not able to provide all their basic needs, they opted to leave home for survival in the slums, urban streets and dumping sites. Some others are from divorced or separated families. The rest, about 18.4% are either orphans or do not know who are their parents or where they come from. Some were found abandoned along the roads, dumped in the forests or bushy areas; along the streets or dust bins in the estates or slums.

They were rescued and taken to rescue centres where they have been growing and have known these places as their homes. Some were collected by social workers, police or "good Samaritans".

**Figure IV (B): Family Typology for Rehabilitated children**



Family typology

This **figure IV B** above draws a form of family typology that was found with children in the field of study at the six rehabilitation centres. Those from a single mother family were 17 children out of 60 children who responded in the questionnaires. This is figure of 28.33%. Those from single father form of a family were 10 children which is 16.66%. Those who said that their mothers died were 10 children which is 16.66%. Then, 4 children said that their father died which is 6.66%. There were others who said that their parents either separated or divorced and they were 8 which make a percentage of 13.33%. The other 11 children said that they do not know anything about their parents. They do not know even their tribe or home. These were about 18.34%.

With this kind of an observation, most of the children from these family typologies are prone to rehabilitation work. Their families sometimes are unstable and therefore require some forms of care and attention. They need some form of guidance and counselling. They should be treated as needy cases. Some of these children are delicate and vulnerable. Some easily fell under negative vices/influences. These vices caused them far reaching effects in life. They therefore need a lot of love, C.P.C, guidance and counselling in order for them to find "meaning" and "wholeness" in life.

The researcher has found out that several children in rescue and rehabilitation centres are not delinquents but due to domestic, socio-economic and political factors, they are in rehabilitation centres. They are not in a typical African family kind of a home where there is a father, a mother the siblings and relatives. Thus, most of the children are left in a state of psychological and emotional imbalance. Some have had traumatic experiences, feelings of rejection and states of low social and self esteem.

The position of the a loving and caring parent to some is empty and there is a vacuum. This leads these categories of children becoming destitute, hence a start to the long road towards the street life. In the streets, they find no comfort but an extension of more miseries and sufferings. To one who responded in the interview sessions, all he could state was "*.../ have to survive with or without care from my people*". Some end up engaging in ill tactics and activities such as pick-pocketing, mugging, drug abuse, drug trafficking, theft and other immoral activities.

In some of the rehabilitation centres, such as Nairobi Children's Home and Mission of Charity, some children depicts very touchy view. The researcher met some children who were very sick, some with open wounds that were even scaring. Some had various disabilities, physical and mental. The period of the interview, prayers, counselling and comforting some cases in those homes was at times emotionally difficult for the researcher.

The study has found out that most of the basic needs that were provided in most homes and centres were food, shelter, clothing, health and education. There are clinics or health facilities provided either within homes or nearby, either by the sponsoring body or some other bodies outside the home. Majority of the respondents inclusive of children, "parents" or leaders attributed availability of education and health to the fact that government of Kenya has implemented free primary education and cheap medical care to all Kenyans.

### 4.3 Counselling Programme

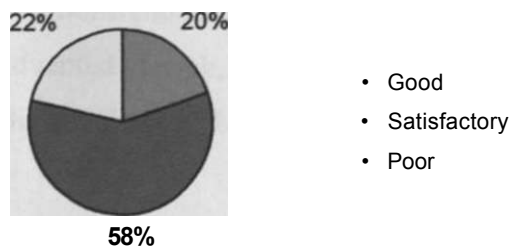
All the six rehabilitation homes provide counselling services to the children, the "parents" and other members of staff. **Table 1** on page 45, presents all the categories of children that were found by the researcher at the homes and centres. It also present the various forms of services offered at the homes including counselling services.

However, there is a general feeling from the respondents concerning counselling programme. Though it is an essential tool to the rehabilitation programme in Kenya, more so in Nairobi, it is not properly utilized. If well utilized, the process of rehabilitation of the **D.C** in Kenya would be enhanced.

**Table VIII Respondents classification of counselling**

Category	Very good	Good	Satisfactory	Poor	Very poor	Total
Children	-	12	32	9	-	53
"parents"	-	1	6	5	-	12
Total	-	13	38	14	-	65
Percentage		20%	58.5%	21.5%		100%

**Figure V: Respondents classification of counselling**



Majority of the respondents with a mean percentage of 58.5% are of the view that counselling is offered as a tool of rehabilitation programme. However, it is not done well. Those who rated counselling in these homes, 38 respondents out of 65 rated



counselling 4 marks out of 10. The rest rated counselling at between 6-7 marks out of 10 marks. Out of 60 children, 32 stated that food, clothing, shelter, health and education are the best care given in their homes. The average rated by the 32 children above was between 6-8 marks out of 10 as compared to counselling and bible study which were given an average rate of between 3-5 marks out of 10 marks. Coincidentally, 26 children of the 32 above were between the ages of 14-20 years and were found in both government and private sponsored homes.

Out of 12 "parents" majority of them felt that counselling as a tool is not offered appropriately. This is where, 6 of them stated that proper and professional counselling in rehabilitation home is still wanting. An average of between 5-6 marks out of 10 was given by the 6 "parents". Another group of 5 "parents" stated that counselling is poorly given with an average mean of 3-4 marks out of 10 marks. Most of them blamed it on poor training of counsellors, lack of funds to train counsellors, fee charged by those who are professional counsellors as too high. A significant number felt that most administrators do not give counselling an equal footing with other services that are offered in rehabilitation homes.

#### **A summary of the respondent's attendance to Churches**

Respondents in the category of the "parents" and children, indicated that the following churches were near their homes and rescue centres; The Presbyterian Church of East Africa, Roman Catholic church, Anglican Church of Kenya, Methodist Church in Kenya, Seventh Day Adventist Church, African Inland Church, Full Gospel Churches of Kenya, Kenya Assemblies of God and Luo Nomiya Church.

**Table IX rSummary of Churches (hat are near rehabilitation homes under study**

Home	Churches that are neighbouring
Nairobi/GOK	<ul style="list-style-type: none"> <li>- Catholic</li> <li>- Presbyterian (P.C.E.A)</li> <li>- Anglican (ACK)</li> <li>- Full Gospel (FGCK)</li> <li>- Children's Home Chapel</li> </ul>
Kabete Boys/GOK	<ul style="list-style-type: none"> <li>- Catholic</li> <li>• - Presbyterian (P.C.E.A)</li> <li>- Anglican (ACK)</li> <li>- Full Gospel (FGCK)</li> <li>- Children's Home Chapel</li> </ul>
Dagoretti Girls (GOK) and Dagoretti feed the children centres (Private).	<ul style="list-style-type: none"> <li>- Presbyterian (P.C.E.A)</li> <li>- Anglican (ACK)</li> <li>- Full Gospel (FGCK)</li> <li>- Methodist (MCK)</li> <li>Roman Catholic</li> <li>- Chapel</li> </ul>
Kariobangi C.D.C (private)	<ul style="list-style-type: none"> <li>- Presbyterian (P.C.E.A)</li> <li>- Catholic</li> <li>KAG (Kenya Assemblies of God)</li> <li>- Full Gospel (FGCK)</li> <li>- Anglican (ACK)</li> <li>Luo Nomiya</li> <li>- AIC (African Inland Church)</li> </ul>
Mission of Charity (FBO)	<ul style="list-style-type: none"> <li>- Catholic</li> <li>- Presbyterian (P.C.E.A)</li> <li>- KAG (Kenya Assemblies of God)</li> <li>Luo Nomiya</li> <li>- AIC (African Inland Church)</li> </ul>
Good Samaritan (FBO)	<ul style="list-style-type: none"> <li>- AIC (Africa Inland Church)</li> <li>- Romans Catholic</li> <li>- Full gospel (FGCK)</li> <li>Anglican (ACK)</li> </ul>

All the churches indicated above are neighbouring the specified homes. The farthest was less than 200 metres from the rehabilitation centre's compound. All the respondents indicated that they attend churches. Out of the 72 respondents 56 which were 77.78% attend churches and chapels near their places of residence while 16 of them which were 22.22% did not attend churches near where they stay. Out of the 72 respondents, 52 indicated that their relatives, friends, "parents" or home authorities guide them to which church they should attend. Some 10 children and 4 "parents" whom the nearest church is of the same denomination, indicated that they are forced to attend in another, 2-3/5 Kilometers away because, some of them are in church leadership. Some others indicated that their churches where they attend offer programmes that are catering for young person - one named their group as "*youth at the cross roads*" where they explore challenges young people go through in the world today. Some 6 others did not attend the church near them because when they attend, they feel that some pastor are insensitive to the respondents need. Some respondents cited sermons or prayers addressing to them as a kind of ridicule or personal attack. As a result, they are forced to attend a different church where they feel comfortable and not embarrassed. Where they are given a "warm" welcome without embarrassments.

Out of the 72 respondents, 60 of them indicated that they enjoy Sunday worship services offered at the churches they belong to. The praises, songs prayers and sermons. Most of the ministries given include baptisms, Holy communion, pastoral visitations, counselling, bible studies and church choir activities.

### **Seminars and campaigns on destitute**

Out of 60 children, 45 stated that they have never heard of a seminar or a campaign organized to create awareness on the needs of the destitute. Some other 15 children stated that they have ever heard of such a seminar but they were not sure, who were the organizers the facilitators or the sponsors.

Out of the 12 "parents" respondents, all have had worked in their current stations at an average of between 3-20 years, some 8 " parents", indicated that, though few, seminars and campaigns on the awareness for the destitute children have been organized once in a while. However, some have been facilitated in some expensive site, such as "five star hotels", where majority of those involved in rehabilitation work were not able to have access because they could not afford the entrance fee. Publicity was also cited as a hindrance, for many people to know that there are such, seminars, conferences or campaigns organized, to sensitize the public about the needs of destitute families and people.

A significant number of leaders have attended a seminar organized to create awareness and rights of the destitute. Out of the sixteen (16) leaders who were respondents, 14 have ever attended more than 3 times. All the 16 indicated that such seminars are important and should be facilitated in such a way that many Kenyans would be able to attend.

**Table X :seminars and campaigns on destitute awareness**

Category	Heard	Not heard	Total	Attended	Never attended	Total
Children	15	45	60	0	60	60
"Parents"	8	4	12	6	6	12
Leaders	16	0	16	14	2	16
Total	39	49	88	20	68	88

The **table x above** shows that **49** out of 88 respondents were not aware that there were ever seminars or campaigns to create awareness to the Kenyan public on destitution. This shows that those people who have been organising such seminars and campaigns are yet to reach most of Kenyans. Extra effort is needed in order to make an impact on eradication of D.C. It is also noted from these figures that majority of those who have heard and attended are mostly leaders. This supports the hypotheses 1.6(iii) on page 12 that poor policies on destitution play a significant role in the unachievability and lack of success in combating the challenge on S.C. phenomenon in Kenya.

**Figure VI: Summary on sponsors, organisers and facilitators of Seminars on destitute phenomenon**

<b>Category sponsor</b>	<b>Organizers</b>	<b>Facilitators</b>
- World Bank	- N.C.C.K	- K.S.D.C
- Ministry of Finance	Min of Home Affairs	- K.S.B .
- N.C.B.D.A.	- Catholic Church	- C.W.S.K
- Kenya Breweries	- Catholic Church	- U.S.K.
- Nakumatt	- A.N.P.P.C.A	Cradle
Supermarket	- K.N.H.R.C.	- Clan

The **table X** on page **61** implies that a very small percentage of Kenyans have had some access to seminars and campaigns on awareness to the destitute in Kenya. Out of 88 respondents, only 20 which is 22.73% has had attended such a seminar and 39 which is 44.32% has had heard of such a seminar. So 19 respondents have ever heard but have never attended, could be due to financial challenges, laxity, lack of interest or poor communication.

Figure **VI** above also offers an explanation of the respondent's view of who is who, on this campaign to create awareness on the destitution in Kenya.

A significant number of leaders indicated that their department/organization/institution provide special care to the destitute children. Some of the care provided by those leaders stated on the **table XI** on page 63.

**Table IX Summary of Churches (that are near rehabilitation homes under study)**

<b>Category</b>	<b>Care/Services Provided</b>
Church Leaders	Bible study, video show, Christian magazines, counselling, pastoral visitation, food, prayers, educational scholarships, clothing, donations
Government of Kenya	Public fields, games equipments, social halls, libraries and literature books, education, health, rescue services
Administrators	Education, health, counselling, food, shelter, security, protection of children's rights, clothing
Eminent persons	Rescue services, financial donations, scholarships, health services, speaking for rights of children

The researcher found out that all the selected 6 centres provided a counselling programme. The study further uncovered in an indepth manner, the quality, types, modes and methods of counselling that it offered in those home. Table XI above gives a summary of all CPC that are availed to D.C. by various stakeholders in Kenya.

**Table IX r Summary of Churches (hat are near rehabilitation homes under study**

a) Respondent Number of children who knew a Counsellor	They were all 60 children
b) Children's comments on their feelings about their counsellors.	<p>- 51 out of 60 (85%) said they loved their counsellor.</p> <p>9 out of 60 said they hated their counsellor.</p> <p>9 out of 60 said they fear their counsellor.</p> <p>9 out of 60 said they feel irritated by their counsellor.</p> <p>9 out of 60 said they are bored by their counsellor.</p> <p>51 out of 60 said they are confident with their counsellor.</p>
c) The activities children are commonly provided with by their counsellors.	<p>Christian message 58 out of 60 (96.7%)</p> <p>Counselling 58 out of 60</p> <p>Prayers 58 out of 60</p> <p>Songs 58 out of 60</p> <p>Bible study 51 out of 60</p>
<p>d) Availability of counsellors to children</p> <p>e) Counsellor's Relation with children</p> <p>0 Children who shared feelings with counsellors</p> <p>g) Children whom counsellors apologized</p> <p>h) Grading of Counsellors by Children</p>	<p>51 said yes and 9 said no.</p> <p>40 out of 60 said they have ever been hurt by their counsellor.</p> <p>33 out of 60 said that they have ever received an apology from their counsellor.</p> <p>- 33 out of 60</p> <p>- those who said very good - 4 children</p> <p>Good - 15 children</p> <p>Satisfactory - 28 children</p> <p>Poor - 8 children</p> <p>Very poor - 5 children</p>

**(B) Summary of evaluation of Counselling by "Parents"**

a) Homes with professional counsellors	1 out of 6 homes
b) Number of counsellors who are professional	2 out of 12 respondents
c) Respondents who use Christian Counselling	5 out of 12 respondents
Respondents who use secular Counselling	3 out of 12 respondents
Respondents who use both Christian and Secular	3 out of 12 respondents
d) Respondents who are not sure of their method of counselling	1 out of 12 respondents
Total number of counsellors	12 in all the homes
e) Counsellors who attended - refresher course awareness seminars	2 out of 12 - 6 out of 12

Some "parents" reported that a professional counsellor would be availed once a month or in two months. Most of the times, it is either catechists or "parents" who meet with their children, read a scripture verse and offer a prayer. Two "parents" stated that some invited pastors and counsellors fail to turn up yet the two "parents" have no basics of counselling techniques. One actually stated *"we teach these children Christians songs with an expectation that they will be able to learn moral values and norms in those songs. We encourage them to memorize bible verses. We also counsel them to shun all forms of evil and immorality"*.

One church leader stated that "with or without physical care, spiritual care is a core value for proper bringing up of every child". One child, who was 15 years old, admitted that he has forgiven his parents. One girl at Mission of Charity, who was disabled, stated that she has found comfort in that home.

One of the homes invites a brother of the manager who is professional counsellor and provides free services. Two directors from different homes complained that counselling has become very expensive service although it is very essential commodity in any part of



the world. One of them had this to say *"...due to lack of finances, the home is not able to source for a qualified chancellor as this is a very expensive exercise. So I normally invite my brother. He is a trained counsellor. He has been positive and we are doing well although..."*

In this view therefore, we are obliged to conclude that, most rehabilitation centres lack professional Christian counsellors. C.P.C. and counselling is handled professionally. Yet professional counselling services when well provided help the destitute, the vulnerable and the needy children to have "meaning", considering the view of P. Welter (Ibid). Waruta and Kinoti (Ibid) further suggests that, professional counselling gives healing to worries and all forms of human challenges. So, when professional Christian counselling lacks, rehabilitation work in Kenya continues to suffer some setbacks.

All stakeholders of the rehabilitation work to the destitute people need now to prioritize professional counselling. There is need to invest in professional Christian counselling. Finances need to be availed and prioritized to enhance counselling services. "Parents" administrators, children and others who are involved in rehabilitation work need to be trained in C.P.C. and counselling. They need to be taken to refresher courses on guidance and counselling the destitute. They also need to be provided with seminars and campaigns dealing with awareness and care for the destitute in Kenya.

### **C) Summary of evaluation of counselling by Leaders**

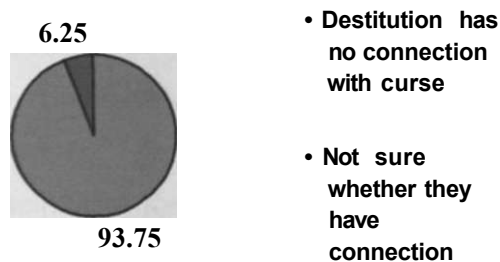
Out of 16 leaders, 14 of them stated that they have attended seminar(s) or have been involved on a campaign that was organized to create some awareness about destitute people or destitution in Kenya, their impacts and solutions to the reverse.

- a) Those who have ever shared a Christian message to destitute were twelve (12) out of 16 respondents. Out of the 16 respondents, 2 were church leaders who indicated that they had received some orientation training on ministering to the destitute. Then the 8 administrators indicated that they had attended either a seminar or a refresher course on destitute awareness after employment. Majority

of the respondents indicated that they had held a session with children and "parents" of rehabilitation homes giving a word of counsel or teaching.

- b) An overwhelming majority of the leaders, 15 out of 16 (93.75%) whom were interviewed, stated that they did not agree that destitution is connected with curses, misfortunes, or any punishment because of rebellion from God. However, majority of those 15 stated that nothing happens without Gods approval. Out of 16 respondents, 1 which is 6.25% stated about not sure, if there is any connection between destitution and a curse. Figure VII below sums up.
- c) This implies that, majority of Kenyans are not sensitized on how to handle the problems and challenges that goes with destitution. Professionalism is therefore highly needed and prioritized.

**Figure VH: Destitution Versus Curses**



#### **4.4 Suggestions about Christian pastoral care and counselling.**

All the respondents made several germane suggestions as to how Christian pastoral care can be integrated into the work of rehabilitation of the destitute and street children in Kenya. Different respondents made different suggestions, in various cases. The majority of the respondents suggested that there is need to train all Christians in all formal sections of training on counselling and more so Christian pastoral counselling. Counselling can be made a compulsory unit that is examinable from primary school to post secondary school levels.

All pastors and their churches are challenged by the respondents to provide pastoral care to the orphans, disabled, delinquents, destitute and their families. This could be done irrespective of their denominational affiliation. This would encourage fellowships and other appropriate areas of concern.

All administrators and leaders could consider counselling as a priority by allocating funds in their budget to cater for this service. Counselling could be handled professionally, by professionals and competent personnel for its effectiveness.

Both secular and spiritual form of counselling could be incorporated in rehabilitation work. Secular methods is the application of scientific techniques of counselling. The spiritual methods is where the counsellor is expected to deal with the burdens and needs of the victims through prayers, listening and showing concern. All "parents", administrators, church leaders, government officials and eminent persons that deal with destitute, street children and rehabilitation work could be retrained on counselling. They could be taken to some seminars and refresher course on destitution and their care.

Professional counsellors, psychiatrists and consultants are urged to value human life, other than money. They are highly knowledgeable and effective. They can use their abilities to help other Kenyans who are in need. If they have to, they can try to charge low fee on the counselling services so that many are able to benefit from their abilities.

Churches can form and establish outreach arms to sensitize all people and bring to the fore the need to care for the welfare of the destitute, the orphans, the street children and those in rehabilitation centres.

Those involved in the rescue work and rehabilitation homes could be integrated in the pastoral care of the churches. Church leaders are urged to work as a team with the people above. This would help "parents", children and administrator to feel valued, appreciated and the value of Christian Pastoral care. They would feel that counselling and spiritual care have something to offer in rehabilitation programme.

Family typology of children in the rehabilitation centre can be addressed to by professional Christian counselling. Root causes can be addressed and solutions encouraged. This would minimize most of the challenges associated with destitution in Kenya with a higher percentage level.

Specific destitute and street child/children could be identified and considered especially if they cannot be affiliated in the ordinary society. Special pastoral care services can be recommended instead of neglecting these people as juveniles and delinquents. It was noted that some Christians are very conservative, rigid and "holier than thou". They are not prepared to allow these people either in the churches: to be sponsored or given scholarships for future training or to be allowed to interact freely with other ordinary Christians. They have already condemned them rather than liberate them.

All the above suggestions cannot be realized with the level of training and traditions in the churches today. Consequently, churches can invest in developing professional counsellors; professional workers in the various homes, sending professionally trained social workers; sending experts to conduct Bible studies to destitute and those in rehabilitation homes.

Christians in general can be well trained and given special seminars, so as to offer care to the destitute people and their families. Special counselling ministry can be established and constituted in order to promote and encourage destitute children and those in the street families. Churches can assure destitute, orphans, the street children and those in rehabilitation centre that God is able to meet their respective needs.

Churches can create, organize, sponsor and facilitate /regulate special services that would create destitution awareness to all. This would mean to give those in the streets, those who are orphans and those in rehabilitation centres, opportunities to explore their talents. For examples churches can introduce songs, dances, drama, playing musical instruments and poetry. This would create confidence and positiveness with them rather than continuing to be defensive, offensive and negative.

The churches and church leaders can express genuine appreciation to the children in rehabilitation centres and those in the streets. These children can be acknowledged and allowed to offer their contributions. Churches could be encouraged to hold fellowships with the street children. In this way Christ's unique care and teaching especially that of Luke 14: 12-24 would be felt practically.

Many children suggested that churches can design activities and programmes that would enable children in rehabilitation centres to feel welcome and comfortable. These would include integration of the said people without classifications, suspicions and starings.

Churches can develop specialized ministries such as St. Stephens's Ministry that operate in the Presbyterian Church of East Africa which sensitizes Christians and "parents" on how to care for the poor and their families.

Churches can train those in Rehabilitation centres on such programmes as St. Stephen's Ministries. These sorts of programmes create awareness and offer counselling to the victims on the need to participate themselves and how to lead a better life in the modern world.

Churches, administrators, government officials and other eminent persons were challenged to sponsor "parents" and other counsellors for further training. In turn these people would train children and families of the destitute. They would become trainers after the training. In other words, those would become trainers of trainees (ToTs).

A suggestion was made for the churches and church leaders to organize counselling programmes. Programmes that enable the destitute, those in the streets and the children in rehabilitation to get rid of their inferiority complex. Nairobi churches could initiate special schools and institutions to cater for the people who serve the destitute and in rehabilitation homes. This would enhance counselling services, rehabilitation work and services, it would enhance spiritual component which has been missing in the history of rehabilitation work in Kenya. It would help the home counsellors to offer more meaningful care for the destitute people and those in rehabilitation homes.

Professional counsellors and chief campaigners for the rights of the destitute can sensitize the rich to love the poor. This is because the gap that has been there between the rich and the poor makes each group to hate the others. The churches were accused of appreciating the well to do people and neglecting the poor.

Special care can be achieved by the churches through educational programmes. This is when and parents and relatives of the destitute children and those in street are enlightened on the proper child care. They can be helped to stop child labour, child abuse, child neglect and having proper parental care. General welfare of the children could be incorporated in the churches services.

Suggestions were made that churches should treat destitution and poverty as a communal issue, rather than leaving it to the destitute people and their families. Special funds can be raised, solicited and set aside to specifically promote the needs of the destitute people and their families. Funds would be advanced as grants or loans for the poor people to start small - scale businesses, to finance their training in the management of such businesses and make them selfreliant. This would also make them productive in society. Churches can approach rich people, NGOs and financial bodies to meet material and financial needs of the poor in our society, for example, in paying school fees for those who are bright and needy, paying health bills, offering food, shelter and clothing. "Parents" and those involved in counselling can be retrained in order to introduce bible studies and gospel sharing activities in rehabilitation centres.

Retraining of administrators and "parents" On the methods of C.P.C and counselling can be enhanced by all. This is where reasoning is more encouraged than giving instructions to the victims.

Destitute families can be encouraged to initiate social support groups. These would encourage and strengthen them in meeting their individual communal and parental challenges in their respective challenges and abilities. It would also be encouraging by borrowing loans and grants (should be encouraged for this group of people to advance their needs). It would uplift their morale and evade the stigma of poverty and ignorance.

Rich Christians are challenged to assist their poor brothers with various activities, facilities and in their functions. This is important in the African context. Traditionally the society is expected to care for all unless the person has been made an outcast. Similarly, Christians and churches can offer daily assistance of different activities to a destitute person or family that reside in their respective social neighbourhood.

The destitute, street children, the orphans and those in rehabilitation centres could be encouraged to avoid a negative attitude of their situation, which demoralizes them. Instead they can be inspired to positively contemplate on a better future. This suggestion is closely related to the suggestion that destitute people and children living in the rehabilitation centres could be sponsored to attend destitution awareness seminar or workshops, to enable them learn the secret of transforming their lives of poverty and misery into a life of greater usefulness.

Churches as one suggestion was made, could, discourage destitute people from wallowing in self-pity. They can instead be made to transform challenges of their lives into opportunities of great success. This would encourage others who might be in the same situation or in a worse condition.

Christian churches and Para- church organizations are challenged to initiate many community- based projects and involve the destitute in the running and management of the same. This would help them to participate in community work, earn a living and to support their families. There was a recommendation that, social amenities be provided where the destitute would access them easily. This would help them to live a happy and comfortable life. Churches as was suggested can set up vigilant follow up groups.

The work of these groups would be specifically to follow up the affairs of the poor people in their neighbourhood. For example, to find out those who are sick and cannot afford medical expenses: those who do not attend education institutions and the reasons: those who do not attend awareness seminars and other church related activities and the reasons. This suggestion is related with another one that proposed that churches could arrange

special agencies and organization. These agencies would only be involved in equipping the destitute families with the value of education, health care, human rights and other issues related to destitute and their rights.

Majority of "parents" suggested that there is need for the church to visit the destitute, so as to encourage them to face their challenges with strength. Formation of socio-spiritual groups for interacting was also encouraged. Parents and relatives of the destitute would meet, discuss, pray together and talk about themselves. They would be made to appreciate themselves and the role they can play in the society.

A suggestion was made by a leader that churches. Para-church organizations and church leaders can organize or facilitate destitute people to acquire skills of trade, business and artisan. This would help them become self reliant and would sustain their families, church work and the nation/society.

Parents and siblings of the poor children could be provided with employment. In job opportunities, they should be accorded no discrimination or prejudice with the rich. It is common in Kenya for the rich to enjoy an upper hand in various recruitments than the poor and the destitute. This providence would help to alleviate poverty in the society.

There was a suggestion that churches, irrespective of their denominations could find ways and means, take the initiative and identify desperate destitute people and give them care. These would include the street beggars, those who are disabled and all who appear helpless. Church social workers can be more active in their profession to meet the needs of the poor. However, this is not to say that all street beggars are destitute. Some may be con-men and con-women.

Those who may have gone through rehabilitation or rescue centers can be trained in counselling. They have the experience and some may serve others better than those who have only the theory. The destitutes, orphans, those in the streets and those in rehabilitation centres, who are literate, can be encouraged to further their training as this would enable them to become more self-reliant.



Using of positive terms such as "patriotic citizens" rather than "poor people in the society", discourages the diffusion of the stigma of poverty and destitution. Scholarships can be provided from the bright and needy students in our society beyond secondary school level of education. They could be assisted to train a medial personnel's, lawyers, engineers, teachers, counselors, pastors among other skilled professions.

Sickly and elderly destitute parents can be identified and placed in church institution, which cater for various needs. The examples of these are "Mji was Huruma" (City of Mercy) "Mji was Wazee"(Home for the Aged). This would lessen the burden to the young children who may be straining even to feed themselves. These persons who are sickly and elders would be provided with the necessary assistance and services.

A significant observation by many respondents was a call to church leaders and Christians to the discontinuation of embarrassing destitute children, especially, those in rehabilitation centres or those in the streets. They feel and express fear for being provided with a second class status in the society more so when they attend church services.

*"Where there is no counsel a nation falls, but where there are counsellors there is safety." Proverbs 11: 14,*

## **CHAPTER FIVE**

### **5.0 CONCLUSIONS**

This concluding chapter will deal with three main points namely: - The summary of the research findings: the results of the hypotheses and the suggestions.

#### **5.1 The Summary of the Research Findings**

This study explored the role of Christian Pastoral care and counselling to the rehabilitation and reintegration of the destitute and street children in Kenya with a case study at Nairobi. It was found out that counseling is one of the Christian pastoral care services that are offered in all rehabilitation homes and rescue centres. The sad conclusion born out by the findings is that professional counseling has fallen short of its potential in regard to what is given to the children and those involved in rehabilitation work.

Several main observations have emerged in this study:

Firstly, there is no co-ordinated Christian policy on destitution concerns in the church and to the public.

Secondly, few Kenyans are properly trained in rehabilitation process for the destitute and their families, many well to do Christians. Kenyan public in general and modern Kenyan culture are not very friendly to people who are destitute, those in the streets and those in rehabilitation homes.

Thirdly, many churches do not integrate people who are under rehabilitation within their ordinary gatherings without prejudices. Also, there are no provisions of funds to hasten the well being of their lives in many of our churches.

Fourthly, there are poorly co-ordinated campaigns and seminars organized to sensitize the general public about destitution in Kenya with its challenges and impacts.

Fifthly, it was found out that professionalism in C.P.C and counseling is poorly prioritized, coordinated and implemented as a service offered to those in rehabilitation centres.

Sixthly, the destitute and children in rehabilitation centres need to be encouraged to stop feeling selfpity, rather be made to have self confidence and face life positively.

The churches in Nairobi and the rehabilitated children in Nairobi are all part of the general public in Kenya today. They are all part of one family. None of them exist in a vacuum or in isolation. They are part of Kenyan society. They may comprise people of different denominational, religious or cultural persuasions, they are all Kenyans. So churches should only have one cardinal guide and that is the bible. All teachings related to love, care, guide should be practically implemented without biases. Bible should be used plus Christian professional counseling to bring up a more humane, accommodate, integrate and help to understand people of all social classes. In this regard. Christian pastoral care and counseling has fallen short of its expectations. It has a moral obligation and a duty to integrate all destitute in the larger society. It can enlarge a greater framework than it has today on integration of all destitute people and the challenges that go with destitution in Kenya today. The professional counseling will incorporate psychology, sociology, biology, medicine and many other disciplines that it may be found appropriate to study and to rehabilitate the destitute people.

This study has revealed that something small is taking place in caring for the destitute and street children through Christian pastoral care. However, there is still much to be done. The emphasis stressed in this study has to do with professional ways of handling the destitute and the destitution in Kenya today. It is hoped that churches, church leaders, government officials and the general public will prioritize professional Christian counseling on the services that are rendered to the destitute, need for more funding to promote this discipline, proper coordinated programmes for the same and prioritize of it in formal education sectors. There is need to create radical campaigns and awareness on destitution- impacts and challenges. "Where there is no revelation, the people cost off restrains" Proverbs 29:18.

## **5.2 Results of the Hypotheses**

According to the findings of the study, the followings have emerged:

First, according to the study it was proved that, the role of Christian pastoral care and counselling has not been fully exploited in the rehabilitation process of the delinquent children and the juveniles here in Kenya. This was emphasized especially in Table VIII and Figure VI on page 57 and 62 respectively.

Second, the hypotheses that pastoral counselling services that are offered in most rehabilitation centres for children are unprofessional. This is where. Table XII and discussions from page 64-74, professional C. P.C. and counselling services have fallen short of their potential.

The hypotheses on poor policies on destitution and lack of success in combating S.C in Kenya was proved by suggestions that seminars on DC is conducted in facilities that the poor cannot afford. There is also suggestions that few leaders and care givers have access to training to handle S.C phenomenon.

## **5.3 Suggestions**

This study's recommendations are in two major categories. The first category is dealing with policy- oriented issues. These emphasizes on the caring for the people who are destitute in Kenya. All churches and Christians are urged to face destitutions with all its challenges and help all those involved through integration and rehabilitation activities. The second category of recommendations is dealing with suggested issues within this study that may have a further research.

### **(a) Suggestions for Policy - Oriented Issues**

#### **0 Professionalism in Christian counseling.**

There is an urgent need for all (the government, the churches and other policy makers) to cultivate professionalism in handling the phenomenon of destitute in Kenya. As reported by some in rehabilitation centres, a lot of challenges on this aspect is still found. The quality given is poor and still wanting. Training of

personnel handling his aspect could be given an upper hand. Funds to further the C.P.C. and counseling process should be given priorities in the budget allocations. More people in this field need to be retrained. Those who have trained in counseling can be provided with employment opportunities, in rehabilitation centres, in churches and in slum areas. Refresher courses in order to improve the current personnel need to be offered. More seminars and workshops together with campaigns in creating awareness and sensitizing the members of the public can be well coordinated, facilitated and sponsored more often. The destitute people and all those involved with rehabilitation process need to be well equipped with proper skills in order to eradicate destitution, poverty and ignorance in Kenya.

Radical campaigns and creation of awareness.

There is need to organise destitution awareness courses in most secondary level institutions such as colleges and universities. There is also need for national wide campaigns on awareness of the destitute, street children, vulnerable youth and the orphaned children. Churches and government machineries could properly organize education, seminars and refresher courses to the public on destitution and challenges that goes with it. There can be public awareness on causes, the effects, the impacts and the remedies that can be done to rectify the present situation. More activisms and public barazas can be organized to address the needs of the destitute.

There is need to handle the street children and those in rehabilitation homes, with some professionalism.

Even after these children leave rehabilitation homes they also require post rehabilitation counselling services. Further the destitute can be offered supportive services that would enhance the services provided through C.P.C. and counselling. Some of these supportive services include financial assistance, political good will and social reintegration.

- (iv) The role of Christian pastoral care need to be more emphasized, not only in counselling the destitute and the street children but also in retraining of counsellors in rehabilitations homes.
- (v) There is a dire need for more trained counsellors in Kenya. There is need to encourage full time counselling services in the entire rescue centres and the rehabilitation homes. There is need to employ professionally trained counsellors in all rehabilitation and other areas where destitute people are to be found.
- (vi) Churches and the government can sponsor leaders and members of the public to relevant destitution awareness seminars which are conducted by the bodies such as Corat Africa and NCKK.
- (vii) Organizations and vigilant groups dealing with destitution can facilitate some more awareness seminars and refresher courses. These seminars and courses sensitize the public in general on issues affecting the destitute people. It was noted in table X on page 67 that only 20 people which are 22.73% of the Kenyan in Nairobi attended such seminars.

**b) Suggestions concerning further research**

- (i) A thorough research can be conducted on the social classification between the rich and the poor in order to bridge the gap between the rich and the poor.
- (ii) Research could be conducted on how leaders both in the church and in the state can be sponsored to specialize in Christian pastoral care and professional counselling.

## BIBLIOGRAPHY

### Section 1: Published Books

- Amalemba W. (eds), Growing together: A Guide for Parents and Youth, Nairobi, Map International, 1996.
- Banton M., Anthropological Approaches to the Study of Religion. London. Tavistock Publications, 1996.
- BobbJ., Theology and Pastoral Care. Philadelphia, Fortless Press, 1977.
- Brammer L., The Helping Relationship, Process and Skills, New Jersey, Prentice Hall, 1988.
- Clyde N. The Psychology of Counselling, Michigan, Zondervan Publishing House, 1960.
- Eliade M., The Encyclopedia of Religion, New York Macmillan Publications, 1987.
- Fabry J., The Pursuit for Meaning, New York, Herper and Row, 1980
- Fransworth D. and Braceland F. (eds), Psychiatry, the Clergy and Pastoral Counselling, USA, St. Joans University Press, 1969.
- Frunkl V., Man's Search for Meaning, New York, Pocket Books, 1963.
- Gerald C., Manual for Theory and Practice of Counselling and Psychotherapy, California, Books/Cole Publishing Company 1982.
- Giddens A., Introduction to Sociology, North Publishers. New York, 1991.
- Kennedy E. and Charles S. On Becoming a Counsellor: A Basic Guide for Non Professional Counselors, New York, Crossroad Publishing Company, 1997.
- Kidushin, A., Adopting Older Children, New York, Columbia University Press, 1970.
- Kidushin, A., Child welfare Services, New York, Macmillan Publishers, 1967.
- Magesa L., African Religion: The moral tradition of Abundant life, Mary Knoll, Orbis Books Ltd. 1997.
- Mary R. Man's Search for Himself, New York, ww.Norton&Co. inc. 1953.
- Mbiti J. African Religions and Philosophy, Nairobi, Heinemann, 1969.

- McGowan J. and Schmidt L. (eds) Counselling: Readings in Theory and Practice. USA, Holt, RineInert and Winston Inc. 1962.
- Nelson Jones R., Practical Counselling and Helping Skills, India, Belter Yourself Books, 1994.
- Peck M. Road Less Travelled, New York Touchstone book Ltd. 1978.
- Ringgren H., Israelite Religion. London Feltcherr & Sons Ltd, 1966.
- Shorter A. and Onyancha E., Street Children in Africa, Pauline Publications Nairobi, 1999.
- Swihait J. and Richardson G., Counseling in Times of Crisis: Resource for Christian Counselling, Vol. 7, Texas, Word Books Publishers, 1987.
- Thouless H., An Introduction to the Psychology of Religion, Cambridge University Press.
- Tournier P., To Understand Each Other, Atlanta, John Knox Press, 1967.
- Van Lierop P., Pastoral Counseling: A Comprehensive Textbook for Pastors, Counselors, Teachers. Nairobi, Act Print Ltd, 1996.
- Walton and Eliot. Residential Care: A Reader in Current Theory and Practice, Pergamon Press, oxford, 1980.
- Waruta D. (ed) Caring and Sharing: Pastoral Counselling in the African Perspective. Nairobi, Uzima Press ltd. 1995.
- Welter P. (ed), Counselling and Search for Meaning: Resource for Christian Counselling, Vol 9, Texas, Word Books, Publishers, 1928.
- Waruta D. and Kinoti H. (eds), Pastoral Care in African Christianity, Nairobi, Act Print Ltd, 1994.
- Wicks R. and parson R. (eds), Clinical Handbook for Pastoral Counselling, Vol 2, USA, Paulist Press, 1993.
- All Biblical references have been made from New International Version Bible, Zondervan, Grand Rapids Michigan 1984 (North American Edition).



## **Section II: Unpublished Academic work**

Mbatia P. Baseline Survey on the Problem and Opportunities of Out of School Children in Nyeri District. For UNICEF, Nairobi 2003.

Unpublished Research Works in the library of University of Nairobi By: Rainer- 1981, Njagu-1995, Mathenge-1995, Zipporah-1998, Ngure-2005, Kasirye-2005, Phoebe-2005 and Njambi-2005.

## **Section III(A): Special Report**

Birkey V., You a people Helper: Washington Seminar Workshop for Women, 1978.

Dallape, F., An Experience with Street Children, USK/UNICEF, Esaro Nairobi, 1987.

Dortzback K. and Kiiti N. (Eds) Helpers for Healing community: A Pastoral Counselling Manual for Aids. Nairobi, Map International, 1994.

Kenya Medical Women Association, Child Abuse and Neglect: Selected papers from scientific seminar of the Kenya Medical women Association, Nairobi, Initiative Publishers 1989.

Muga E., the Background of Some Juvenile Delinquents. A report from journal of E.A. Research and development Vol.1 and 2 1971.

NCBDA, A survey on Nairobi crime and street families in Eastlands, Nairobi, Executive Summary on June 2001, 2001.

NCKK, Report of the National conference on children in the streets organized by NCKK at Limuru Conference and training centre of 19<sup>th</sup> - 23<sup>rd</sup> November 2001.

Undugu Society of Kenya, A civil society forum for East and Southern Africa on promoting and Protecting the Rights of Street Children, Nairobi, Kenya, 2002.

Undugu Society of Kenya. Best Practices in working with Street Children in Kenya; Forum for Actors in Street Children Work, Nairobi, Kenya, 2001.

UNICEF, The State of World's Children, Oxford University Press, 1992.

### **Section III (B): Newspaper report and magazines**

#### 1. Print Media Articles and Newsletters

- The Economic Review (Nairobi, Kenya) Issue No. 109 November 14<sup>h</sup> - 20<sup>h</sup> 1994 pg. 4-5
- The East African Standard (Nairobi, Kenya) March 23<sup>rd</sup>. 1995 p 7
- Reuters World Service (March 6, 1995)
- The People Daily (Nairobi, Kenya) October 3<sup>rd</sup> 1996.
- The Independent (United Kingdom) January 27, 1997. An article by David Orr, "Scandal of the S.C that Shames Kenya).
- The Dairy Nation (Nairobi, Kenya) Wednesday Magazine: 1995 by Jemimah Mwakisha "nothing to smile about", Tuesday, January 30, 2007, by Hon M. Awori.

### **Section IV: Report in the website and internet**

- <http://www.anppcankenya.co.ke>. ANPPCAN Report on the Study about the Children in the Streets in Kenya (4<sup>h</sup> - 5<sup>h</sup> November 1994).
- <http://www.hcikenya.org> Report by the Homeless Children International on Nairobi's Street Kids Between 1999-2003.
- <http://www.hrw.org/reports/1997/kenya> Report by the Human Rights Watch on the Children Rights Project: The Juvenile Injustices in Kenya, June 1997.
- <http://deafconnection.org> Report by the Kenya Society for Deaf children on December 2000. This report is available both in their Website and in their Newsletter of December 2000 of KSDC.
- <http://www.un.org> Reports by UN and the GA resolutions about Children who are Destitute, those in the Streets and others in Various Homes such as UN/GA Resolution 34/169 of 1979; UN/GA Resolution 2200 (xxi) of 1990; UN/GA a Resolution 40/33 of 1985 among others

**APPENDIX I (A)**

**UNIVERSITY OF NAIROBI**

**DEPARTMENT OF PHILOSOPHY AND RELIGIOUS STUDIES**

My name is **Samuel Murigu Muriitlii**, a student at the University of Nairobi, Faculty of Arts. In partial fulfillment of the requirement of the Masters of Arts (M.A) in Religious studies, I am conducting a study on "**The Role of Christian Pastoral Care to the D.C. in children's Homes and centres**". My research focuses on the role of Christian counselling to the disadvantaged/suffering children and covers such issues as spiritual care and counselling services offered to them in the homes. I would like to ask you some questions and let me assure you that the response you give will be treated as strictly confidential.

This questionnaire requires simple answers, which will be a tick in the box provided, or simple words, or simple sentences on the line provided.

**QUESTIONNAIRE FOR THE CHILDREN IN THE REHAB HOMES**

**PART ONE: GENERAL PERSONAL INFORMATION**

1. Name (optional)

2- Age\_

3- Sex: Male  Female

4. Religion: Christianity  Islam  Other (specify)

5. Place of Birth: (Location/Estate/Town)\_

6. What is the highest level of your education?

No formal  Nursery  Primary  secondary

Other specify\_

What contributed that you become a destitute? Tick where applicable

- a) My parents separated                      Agree                          Disagree
- b) My parents divorced                      Agree                          Disagree
- c) I am a child of a single peasant parent    Yes                       No
- d) Parent(s) died and relatives were unable to take care of me  
    Agree                                      Disagree
- e) I was encouraged by my peers    Agree                      Disagree
- f) We lost our home through land clashes                                      Agree                      Disagree
- g) We lost our homes in the slums through                      Fire                      Demolition I  
    Grabbers     Flooding                      other specify
- h) I found school life too hard    Agree J                      Disagree
- i) I found school teachers too harsh    Agree                      Disagree
- j) I was physically disabled    Agree ^                      Disagree
- k) I was very sick/ill                                      Agree                                      Disagree

Specify the sickness/illness

- 1) My parents died
- i. Through road accident
  - ii. Through land clashes
  - iii. Through family conflicts
  - iv. Through HIV/AIDS
  - v. Others (specify)

Yes No

m) My Parent(s) engaged in illegal business and were imprisoned

n) My parent(s) engages in prostitution

o) My parent's engages in constant domestic quarrels

**PART TWO: CONCERNING THE CHRISTIAN PASTORAL CARE IN THE HOMES**

8. Who brought you to this home?\_\_\_\_\_when?

9. a) Do you have any relationship with the person who brought you here?

Yes  No

b) If yes, how are you related (specify)\_

10. What is the faith of that person?

Christian [] Muslim [] Other specify\_

11. a) How would you classify Christian Pastoral care and counselling in this

Centre/Home?

Very good  Good  Satisfactory  Poor  Very Poor

b) If 10 means excellent and 1 is poor, how would you grade Christian pastoral care, and counseling given in this home? Tick where appropriate.

1	2	3	4	5	6	7	8	9	10

c) What kind of care is given more attention to children/people in this institution by stakeholders according to your own view? Give marks for each out of 10.

Food  Clothing  good health  Education

Counselling  Prayers  Bible Study  Christian songs

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

12. Who are the sponsors of this home?

Government  Faith Based Organization  Privately owned

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

b) If faith based organization, which denomination

Presbyterian  Catholic  Anglican  Baptist

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

13. What/Which is the nearest church to this home? (Specify)\_\_\_\_\_

14. How far is it from this home?\_\_\_\_\_

15. a) Do you attend this church? Yes  No

b) Reason?\_\_\_\_\_

c) Do you attend a different church from the one nearest to this home?

Yes  No

d) Reason?\_\_\_\_\_

16. For the last 5 years, have the people in this home ever attended a counselling seminar organized in creating awareness to the needs of Destitute people?

Yes  No

If Yes, who facilitated the seminar? Specify\_\_\_\_\_

7. Tick where appropriate

- I feel bitter with my parents |  | -1 feel bitter about life |  |

-1 fear the future of my family |  | -1 feel low self esteem |  |

-1 have suffered abuse |  | -1 feel fixed up |  |

- I normally lack appetite |  |

Any other source of worry (specify)

18. a) Do you know of a Christian counsellor? Yes |  | No |

b) How do you feel while with that counsellor

I love  I hate  I fear  feel irritated  Get bored

Feel confidence  Other (Specify)

Such as trust, respect, accept, friendly, miss\_

Reason;

19. What activities does the counsellor involve you with? Yes |  | No |

Christian messages  Christian counselling  Prayers]

Christian songs [] others (specify)

20. Is the counsellor available, when you are in need?

21. a) Have you ever been hurt by this counsellor? Yes  No

b) If yes, did you share your feelings with the counsellor?

c) If yes, then did the counsellor apologize or say sorry?

Yes  No.

d) In your own opinion, how would you grade this counsellor?

Very good | | Good | | Satisfactory | | j | Poor

Very poor



**PART THREE: CONCERNING YOUR PERSONAL SUGGESTIONS**

22. What are your suggestions on the role of Christian pastoral care and spiritual nurture to the Destitutes in this home?
23. What are your suggestions on how Christian Pastoral care programme can be done so that it can encourage the Destitute to become more profitable to society?
24. What are your suggestions on how Christian counsellors in a destitute home can become more meaningful to the care for the destitute people?

*Thank you for answering my questionnaire.*

**APPENDIX I (B)**  
**UNIVERSITY OF NAIROBI**  
**DEPARTMENT OF PHILOSOPHY AND RELIGIOUS STUDIES**

My **name** is **Samuel Murigu Muriitlii**, a student at the University of Nairobi, Faculty of Arts. **In** partial fulfillment of the requirement of the Masters of Arts (M.A) in Religious studies, **I am** conducting a study on "**The Role of Christian Pastoral Care to the D.C. in children's Homes and centres**". My research focuses on the role of Christian counselling to the disadvantaged/suffering children and covers such issues as spiritual care and counselling services offered to them in the homes. I would like to ask you some questions and let me assure you that the response you give will be treated as strictly confidential.

This questionnaire requires simple answers, which will be a tick in the box provided, or simple words, or simple sentences on the line provided.

**QUESTIONNAIRE FOR "PARENTS" IN THE REHAB HOME**

**PART ONE: GENERAL PERSONAL INFORMATION**

1. Name (optional)
2. Age\_
3. Sex:            Male             Female
4. a) Religion:    Christianity     Islam     other (specify)  
b) If Christianity, which denomination?  
Catholic             Anglican             Presbyterian  Baptist  
Other (specify)
- a) What position do you hold in your church?

5. What is the highest level of your education?
- No formal  Nursery  Primary  Secondary
- Others (specify) \_\_\_\_\_
6. **How** long have you been working here in this home?
- (Specify the number of years and months)
- b) What position do you hold here in this home?
7. a) Are you a trained counsellor?
- b) If yes, what form of counselling? Religious  Secular
- Other (specify) \_\_\_\_\_

**PART TWO: CONCERNING THE DESTITUTE**

8. List major contributors to destitution in Kenya that you would be aware of:
9. How many D.C. are in this home? (state number)
10. What is their age bracket? \_\_\_\_\_ yearsto \_\_\_\_\_ .years
11. Sex of the D.C. :-
- Male How many?\_
- Female How many?\_
12. What are the major forms of care that are given to destitute here in this home?
- Food  Clothing  Good Health  Education
- Counselling  other (Specify) \_\_\_\_\_

a) Are there some disabled D.C. in this home?

b) If yes, what form? Blind  Deaf  Mental  Physical   
Others (specify)

c) What special treatment, training and care do you receive in this home? List as many as you can

**PART THREE: CONCERNING PASTORAL CARE SERVICES OFFERED**

14. Out of 10 marks how would you rate the care to the destitute in this institution?

Physical  Spiritual  other (specify)\_

15. a) How would you classify Christian pastoral care and counselling in this home?

Very good  Good  Satisfactory  Poor

Very poor

b) If 10 is excellent and 1 is poor, how would you grade Christian pastoral care and counselling given in this home? Tick where appropriate

1	2	3	4	5	6	7	8	9	10

16. Who are the sponsors of this home? Religion \_\_\_\_\_ Denomination \_\_\_\_\_

17. Which is the nearest church denomination to this home?

18. How far is it from this home?

Do you attend this church? Yes | | No |

b) Reason\_

According to your own view do as the sponsor of this home meet the spiritual needs of the D.C. who are here? Yes

b) Does this home have professional counsellors? Yes  No

c) If yes, do they use Christian counselling in the care?

For the last 5 years, have the counsellors had an opportunity to attend

A counselling refresher course Yes  No

An awareness seminar on destitute people Yes  No

b) If yes who facilitated the course(s), seminar(s)? \_

Are the counsellors in this home available, when they are needed?

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

b) Are they professionally trained in Christian counselling? Yes  No

#### **PART FOUR: CONCERNING YOUR PERSONAL SUGGESTIONS**

23. **What are** your suggestions on the role of Christian pastoral care and spiritual nurture **to the destitute in** this home?

24. Kindly give your own comments on how Christian pastoral care programme can be done to encourage the destitute to become more profitable to our society.

25. What are your suggestions on how Christian counsellors in your home can become more meaningful to the care for **D.C.**?

*Thank you for answering my questionnaire.*

**APPENDIX I (C)**  
**UNIVERSITY OF NAIROBI**

**DEPARTMENT OF PHILOSOPHY AND RELIGIOUS STUDIES**

My name is **Samuel Murigu Muriitlii**, a student at the University of Nairobi, Faculty of Arts. In partial fulfillment of the requirement of the Masters of Arts (M.A) in Religious studies, I am conducting a study on "**The Role of Christian Pastoral Care to the D.C. in children's Homes and centres**". My research focuses on the role of Christian counselling to the disadvantaged/suffering children and covers such issues as spiritual care and counselling services offered to them in the homes. I would like to ask you some questions and let me assure you that the response you give will be treated as strictly confidential.

This questionnaire requires simple answers, which will be a tick in the box provided, or simple words, or simple sentences on the line provided.

**QUESTIONNAIRE FOR CHURCH LEADERS, ACADEMICIANS**

**GOVERNMENT OFFICIALS AND OTHER EXPERIENCED PERSONS.**

**Part one: General personal information.**

1. Name (optional) \_\_\_\_\_
2. Age \_\_\_\_\_
3. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
4. Marital Status Married \_\_\_\_\_ Single  Divorced

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

a) Religion: Christianity  Islam  other (specify) \_\_\_\_\_

b) If Christianity, which denomination?

Catholic  AIC  Presbyterian  Baptist

Anglican  Independent  Other (specify) \_\_\_\_\_

c) What position do you hold in your church? (Specify) \_\_\_\_\_

- 6- Place of Birth: (Location/Estate/Town)\_
7. What is the highest level of your education?  
 No formal  Nursery  Primary  Secondary  Qj  
 Other\_
8. Your occupational profession
9. Are you trained in counselling? Yes  No   
 If yes, what form of counselling?  
 Religious  Secular  other (Specify)

**PART TWO: CONCERNING THE DESTITUTES**

10. According to your view, who is a destitute?
11. List some major contributing factors to the problem of destitution in Kenya that you may be aware of?

Tick where appropriate

- a) I know of a family that is destitute
- b) I know of a child / children who are destitute
- c) Parents are disabled
- d) Children are disabled
- e) Parents died
- 0 Parents are HIV/AIDS



- g) Children were disobedient and therefore separated with parents
- h) The family lost their home through land clashes
- i) Floods
- j) Fire
- k) Parent engages or engaged in illegal business  Prostitution  
Domestic quarrels  Others (specify)
- l) I have a relative/an adopted person who is a destitute

**PART THREE: CONCERNING PASTORAL CARE SERVICES OFFERED TO DESTITUTES**

12. Does your organization/department/institution provide special care to the destitutes

- Facilities Yes  No  P  specify which ones
- Activities Yes  No  r n specify which ones
- Function Yes  No  specify which ones

13. In the cause of your training, did you do any course concerning how to care for the destitutes? Yes  No

If yes, specify what type of training you had

14. a. Since you left training (training school), have you ever attended any seminar/workshop that created an awareness on the destitute?

Yes  No

b. If yes, what kind of care was emphasized in the seminar?

Physical  Spiritual  Others (specify)

- c. Who organized
- d. Who facilitated\_\_
- e. Who were the sponsors\_

15. Do you feel there is a need to organize and to facilitate seminars, courses and training on counseling and creating awareness on the care to the destitute in our country            Yes     No  Reason

16. If such a training/seminar/course is organized and facilitated

a) Would you attend?    Yes                       No

Reason:

b) Would you encourage many people to attend from your organization?

Yes                       No

Reason:

17. Have you ever shared a Christian message or Counselling a destitute person directly other than through preaching or through group visits for the last 5 years?

Yes                       No  Reason:

When?\_\_\_\_\_where?

18. Some people believe that in one way or the other, destitute people/destitution is connected with:

1. Curse     2. Misfortune    3. Punishment  4.Rebellion from God |

Do you agree with them?

I Agree                       I Disagree                       I'm not sure

Other (specify)\_

#### **PART FOUR: CONCERNING PERSONAL SUGGESTIONS**

19. What are your suggestions on the role of Christian pastoral care and Christian counselling on care and nurture to the D.C. in Kenya?

20. Kindly, give your own comments and suggestions on how Christian pastoral care programme can be done so as to encourage the destitutes to become more profitable to our society?

21. What are your suggestions on how Christian counsellors can become more beneficial, to the destitute people?

*Thank you for answering my questionnaire.*

**INTERVIEW GUIDE FOR KEY INFORMANTS**

**a. Background Information**

- a) Name of the institution
- b) Location
- c) Year it started
- d) The purpose it was started for
- e) Types of Christian pastoral care services offered

**b. Background of the manager(s) and the Rehabilitation home**

- a) Presence of counsellors and counselling
- b) Trainings/workshops /seminars/ campaigns on destitution awareness.
- c) Effects of Christian pastoral care at the home and life after
- d) Facilities related to the spiritual well being of the children
- e) Christian Programmes and activities offered in the rehab home and their quality.

**c. Details of employment**

- a) Number of employees. Number of those that work as counsellors
- b) Qualifications
- c) Positions

**d. Sources of income to run the home and amount given**

- a) Government
- b) Church
- c) Community/local organizations
- d) Others (specify)

**e. Success and failures of Christian pastoral care and counselling**

- a) Identify those who succeeded if there are any
- b) Say what is happening to them; where they are and what they are
- c) Identify areas of abuse, misuse and disuse of C.P.C and counselling

**f. Problems and suggested solutions - challenges**

- g. What are your recommendations to the Government, Churches, Kenyan community. Founders of the centres. Well wishers and others.

## APPENDIX III

### ORAL INFORMANTS

1. Mrs. Carren M. Ogoti - Chief Children Officer Ministry of Home Affairs, Nairobi. 6<sup>h</sup> March 2007
2. Mr. G. Gikubu - Deputy Director of Starehe Boys Schools and Centre, Nairobi. 28<sup>h</sup> February 2007
3. Mrs. A. Tanya - Director General, Help Children International and Manager Dagoretti Feed the Children Centre, Nairobi. 16<sup>h</sup> February 2007
4. Miss Idah Longqvist - Children Co-ordinator, Kindergatten Children International, Tanzania Chapter; PhD Candidate, UON; Nairobi City Council children's Office 1<sup>st</sup> February 2007
5. Mr. Yodon Thonden - Children Legal Counsel to Human Rights watch children's Rights Project, Nairobi. 24<sup>h</sup> January 2007
6. Mr. Tonny Odera - Children's Rights Officer - Cradle Nairobi 20<sup>th</sup> January 2007
7. Joseph K. Gitau - Chairman Board of Postal Institutions United Nations Offices. Gigiri, Nairobi. 15<sup>h</sup> January 2007
8. Mrs. Margaret Kemunto - Co-ordinator Children's Section Undugu Society of Kenya, Nairobi. 5<sup>h</sup> January 2007
9. Rev. Wilfred Koogu - Drug Control Co-ordinator, PCEA Lay Training Centre, Kikuyu, Kiambu. 3<sup>rd</sup> January 2007
10. Sister Cletty Annet - Children's Pastoral Co-ordinator Mission of Charity Children's Home, Nairobi. 21<sup>st</sup> December 2006