THE SAFETY OF CHILDREN IN CHARITABLE INSTITUTIONS IN KISUMU EAST DISTRICT, KENYA

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ABSTRACT

A Charitable Children's Institution (CCI) is a home or institution which has been established by a person, corporate, a religious organization or a non-governmental organization and has been granted approval by the National Council for Children's Services (NCCS) to manage programs for the care, protection, rehabilitation or control of children in charitable children' institutions. This is provided for by the Children Act 2001 Section 58. Safety is the relative freedom from danger, risk or threat of harm, injury, or loss to personnel and/ or property, whether caused deliberately or by accident. Whereas Child safety refers to a state of health, happiness and/or prosperity. This study therefore, sought to examine safety of children in charitable institutions in Kisumu East district, Kenya. Secondary data was collected to supplement primary data. The study design was descriptive involving the use of both qualitative and quantitative data collection methods. The study population comprised a total population of 170 children which consisted of 85 boys and 85 girls in 16 registered CCIs in Kisumu and 16 managers of CCIs. Boys and girls were selected through simple random sampling while CCI managers were purposively sampled. The quantitative data was collected by the use of semi-structured questionnaires while the qualitative data was collected using semi-structured questionnaires and key informant interviews. During key informant interviews with district children officers in the study area the findings above were supported and further they stated that most of the CCIs in Kisumu East district do not adhere to their mission and vision statements and this impacts on children negatively. This could means that as much as any good national child protection systems are geared to respond effectively to its policy statements, child protection policies are not adhered in most CCIs. The findings may be used to advocate for millennium development goal number two which advocates for achievement of universal primary education. The study concluded that not all CCIs are upholding the rights of the children they take care of and thus compromising the safety of the children.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Throughout the world millions of vulnerable children live in orphanages and other forms of residential care (United Nation's Children Education Fund (UNICEF}, 2007). It is estimated that up to 8 million children around the world are living in care institutions. The actual figure is likely to be much higher, due to the proliferation of unregistered institutions and the lack of data on vulnerable children which increases the risk of abuse and neglect due to the poor standard of care found in many institutions in the world (UNICEF, 2007). Children under three, in particular, are at risk of permanent developmental damage as a result of the lack of family-based care, and for all children; long-term stay in institutions can have a lasting negative impact. Policy and practice relating to institutional care are among those areas most frequently criticized by the committee on the rights of the child, the body responsible for monitoring the implementation of the United Nations Convention on the Rights' of the child. For example, throughout Central and Eastern Europe and the former Soviet Union, the rate of placement of children in institutions rose by 3% between 1989 and 2002. Thirty years on, the HIV/AIDS pandemic continues to fuel the OVC crisis, and in Sub-Saharan Africa, it remains the leading cause of new orphans. In fact, globally there is a shift from lengthy institutionalization of children to alternative family based care, because children develop better within a family structure (UNICEF, 2007). Unfortunately, "in many countries, fostering of non-biological children is not practiced; therefore child care institution is seen as the only alternative care" (Dunn et al., 2003:15).

In Africa, the lack of care and protection for orphaned children is made worse by the fact that the African family has been changing, whereby the extended family has been disintegrating and other forms of family have emerged, ranging from nuclear, single and child headed families (Save the children UK, 2009) . Traditionally, orphans were cared for by the extended family members, and when need arose, community members came together to assist. But poverty, urbanization, low income levels in families have eroded the capacity of families to take up additional children. This has led to many children being placed in institutional care. As a result, orphaned children are often placed unnecessarily and for too long in institutions, where they may

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be deprived of adequate care and opportunities for emotional and social development (Save the children UK, 2009).

Overall, UNICEF estimates that the total number of children in institutional care globally is 2.2 million, but they point out that under-reporting and a lack of regulation in some countries indicates that this figure is an underestimate. Information available from UNICEF and other international organizations suggests that the use of residential care for children is increasing, especially for countries in economic transition, conflict or disaster zones (UNICEF, 2004). In sub-Saharan Africa, for example, recent reports indicate that the number of privately funded institutions has risen rapidly (Save the children UK, 2009). A contributing factor is the concern about where to place the growing numbers of children orphaned by HIV/AIDS. It was estimated in 2001 that Ethiopia alone has 989,000 children orphaned by AIDS (UNICEF, 2004). Therefore, governments are looking for simple solutions, without considering what is in the best interests of children in adversity.

In Kenya, the number of orphans has been on the rise in the recent years .The Kenya 2008 UNGASS report estimates the number of orphans at 2.4million, out of which 1, 149,000 children are AIDS orphans who have limited access to physical, psychosocial and economic support thus making them among the most vulnerable of the society(UNAIDS/NACC,2008) . Death of parents, extreme poverty and chronically-ill parents make children ends up in Charitable Children's Institutions (CCIs) (Biemba *et al.,* 2009). The department of children's services has the responsibility of supervision, inspection and facilitation of the registration of CCIs and programmes as its key function. This is in order to safeguard and promote the welfare of children admitted therein. The National Council for Children Services (NCCS) has the responsibility to manage programmes for the care, protection, rehabilitation or control of children. The council has developed the charitable children's institutions regulations 2005, which serve as the legal framework regulating the manner in which CCIs will be operated for the best interests of the child (Children's Act, 2001).

Kisumu east district is one of the five districts in Kisumu County. Kisumu East District which sits on the shores of Lake Victoria is cosmopolitan in nature and many NGOs have set up their institutions in the district. High rates of poverty and adults' deaths due to HIV/AIDS in Kisumu East District has resulted in large and increasing numbers of children lacking provision of

adequate physical security, sustenance and access to education and other basic needs (UNAIDS/NACC, 2008). Most children are in Charitable Children Institutions simply because their parents can't afford to feed, clothe, educate and shelter them (SOS, CV007). This makes Kisumu East District an ideal location for the study.

1.2 Statement of the Problem

Kisumu East District is faced with an ever increasing number of Orphans and Vulnerable Children (OVC) largely attributed to the high HIV/AIDS prevalence rate, wide spread absolute poverty, post election violence, harmful cultural practices such as early marriages, early pregnancies and many others (KDDP, 2009). Although a number of interventions have been put in place to address the safety of children in CCIs, little effort has been directed towards providing safety and reducing vulnerability. If the issue of safety in charitable children's institution is not addressed adequately, two things are most likely to happen. One, charitable children's institutions may fail in their duties and role to provide much needed services to the orphans and vulnerable children living in them and therefore not being a place of safety for children. Though some valuable research has been conducted on OVC in Kenya, significant gaps remain. For example, there is little information as to whether the interventions in charitable children's institutions in Kenya are working the way they should. The lack of vital strategic information is hindering policy makers like the National Council of Children's Services (NCCK) and other program leaders from making well-informed decisions about the path forward (Biemba *et al.*, 2009). . This may lead to the other greater danger where the children living in these institutions may opt to go to the streets to seek for alternative live which more often than not ends up in more problems. With street children comes the danger of many social ills such as immorality, insecurity, drug abuse and addiction, low productivity, child labor, alcoholism, teenage pregnancy, suicide, early marriages and many others. On the other hand if charitable children's institutions fail in their duties of providing services and safety to the OVCs, there is likelihood that they may turn into centers where rights of children are abused and resources meant for the children misused.

1.3 Objectives of the Study

The general objective was to examine safety of children in charitable institutions in Kisumu East district, Kisumu County, Kenya.

Specifically, the study intended to:

(i) Find out how the safety measures for children in Charitable Institutions in Kisumu East District affect the safety of children.

(ii) Determine the level of skills and knowledge of workers in Charitable Children's Institutions in Kisumu East District in handling the safety of children.

(iii) Determine the impact of institutional policy guidelines on children's safety in CCIs in Kisumu East District.

(iv) Indentify safety mechanisms in CCIs

1.4 Research Questions

This study aimed at addressing the following research questions.

i. How do safety measures in charitable children's institutions affect children's safety?

ii. What are the skills and knowledge of workers in charitable children's institutions?

iii. How do institutional policy guidelines in Charitable Children's Institutions affect children's safety?

1.5 Significance of the Study

The study will provide information which will be useful for future policy formulation on safety of children in CCIs in Kenya. The information generated will also help to sensitize various service providers to the CCIs such as schools, hospitals, local authorities, financial institutions among others to be sensitive while delivering services to CCIs. This is because the services they offer could have far reaching effects to the lives and safety of children living with them. For example, local authorities provide services such as water, sewage, garbage collection, street lighting. These services are quite basic to these institutions and their interruption could compromise the quality of life and the safety of children living in CCIs. This study will also add value to the existing body of knowledge on how to enhance safety in charitable children's institutions. The findings may also be used to advocate for Millennium Development Goal (MDG) number two which advocates for achievement of universal primary education.

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1.6 Scope and Limitations of the Study

The study was carried out in Kisumu East district and focusing on CCIs. The major limitation will be inadequate literature information on child care and safety in CCI institutions in Kenya. The other limitation is that some CCIs were not willing to divulge information they considered sensitive information for fear of victimization. In order to reduce the effects of these limitations, the researcher ensured confidentiality of the respondents and also allowed respondents to be anonymous. The researcher had to spend more time to explain the purpose of the study. The research will provide academicians with a base line on the management and will act as a progress report on the state of CCIs in Kenya.

1.7 Theoretical Framework

1.7.1 Cognitive Development

Jean Piaget's theory on child development focuses on "cognitive development." (Morrison, 2004) Educators apply Piaget's learning theory to stimulate learning and higher order thinking skills. Cognitive development refers to "the cognitive, or mental, process by which children acquire knowledge; hence, intelligence is "to know." (Morrison, 2004) Early childhood educators can stimulate cognitive development by creating an interactive learning environment. For example, setting up games or engaging learning centers, which enables students to problem solve and interact with others can stimulate cognitive development.

An interactive learning environment will naturally enable children to "build their own intelligence." (Morrison, 2004) Therefore, learning is enhanced when children are allowed the freedom to explore new experiences such as, building a castle with blocks, dressing a doll, matching, painting, or making a favorite food. Each activity serves to aid learners in making real world connections from the classroom. Children develop the ability to count objects, observe shapes, colors, smells, taste, and texture: As learners, "cognitive development is a continuous process." (Morrison, 2004)

1.7.2 Sociocultural Theory

Lev Vygotsky developed the sociocultural theory. "Vygotsky believed that children's mental, language, and social development is supported and enhanced by others through social interaction." (Morrison, 2004) In the preoperational stage, children are beginning to learn language and solve problems. Social interactions enable children to communicate problems or identify experiences. For example, children can relate personal experiences regarding the texture, taste, or sound of an object. In addition, children learn to formulate the words to communicate what is observed. During the preoperational stage, children may need help pronouncing words and structuring sentences. Therefore, parents and teachers need to provide assistance. Vygotsky's theory states, "the zone of proximal development represents the range of tasks that children cannot do independently but can do when helped by a more competent person –teacher, adult, or another child." (Morrison, 2004) Therefore, early childhood professionals assist children in hard tasks to reinforce learning. For example, teachers can help children learn how to tie a shoe, use buttons, or zip up garments. In the classroom, the play area can have toys that require children to practice hard tasks and teacher can shadow or provide assistance.

1.7.3 Theory of Human motivation

Abraham Maslow in his 1943 paper "A Theory of Human Motivation", used the terms Physiological, Safety, Belongingness and Love, Esteem, and Self-Actualization needs to describe the pattern that human motivations generally move through (Maslow, 1943).

Maslow's hierarchy of needs is often portrayed in the shape of a pyramid, with the largest and most fundamental levels of needs at the bottom, and the need for self-actualization at the top. The most fundamental and basic four layers of the pyramid contain what Maslow called "deficiency needs" or "d-needs": esteem, friendship and love, security, and physical needs.

Abraham Maslow identified self-actualization, or self-fulfillment, as the highest human need." (Morrison, 2004) Children can attain self-actualization or self-fulfillment through nurturing and "increasing achievement." (Morrison, 2004,) Childcare professionals can create an environment that set learners up for success. For example, when children attempt or accomplish a task, teachers can offer praise. Praise and rewards motivate students and build confidence. For example, educators can purchase reward stickers and charts for classroom accomplishments.

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Biological and physiological needs - air, food, drink, shelter, warmth, sex, sleep, etc.

Safety needs - protection from elements, security, order, law, limits, stability, etc.

Belongingness and love needs – family, affection, guidance, work group, relationships, etc.

Esteem needs - self-esteem, achievement, mastery, independence, status, dominance, prestige, managerial responsibility, etc.

Self-Actualization needs - realizing self-fulfillment, personal potential, peak experiences and seeking personal growth any intervention programs in such institutions must reflect the order if needs and it matters a lot in terms of meeting the needs of the child.

Safety of children in CCIs will be guaranteed if their needs are met in a systematic order as postulated by the theory. Further, the theory will shed light on how the existing CCI policies contribute to children's well being within the institution this is due to the fact that children within CCIs get access to essential services including psychosocial support but on the other hand some of them run away from the institution hence the theory will help explain why children run away.

1.8 Knowledge Gap

A big population of children continue to live in the streets of Kisumu East District despite efforts by Non Governmental Organization (NGOs), Community Based Organizations (CBOs), Faith Based Organization (FBOs) and the Government of Kenya to provide alternative care. Most children run away from Charitable children institutions (CCIs) calling for need to find out more information concerning safety of children in CCIs.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section discusses the literature related to the investigation of the safety of children in charitable institutions in Kisumu East District, Kenya. It focuses particularly on the safety and care of children, staff competencies on child safety, institutional policy and child safety in charitable children's institutions in line with the study objectives.

2.2 Concept of Charitable Children's Institutions

A Charitable Children Institution (CCI) means a home or institution which has been established by a person, corporate or un-incorporate, a religious organization or a non-governmental organization and has been granted approval by the National Council for Children Services (NCCS) to manage a programme for the care, protection, rehabilitation or control of children. Services offered to children in CCI'S are tailored to meet the needs of the particular category of children admitted there in and include provision of basic needs such as food, shelter, clothing, education, medical care, guidance and spiritual well (Mushenga, 1976)

The NCCS formulates policies, develops plans, monitors, co-ordinate and mobilizes resources for the implementation, realization and safeguarding of the rights and welfare of the Child. It is expected therefore that CCIs are havens where vulnerable children find safety, protection and their well being. The story of child protection is a sorry one. Across the world, children remain vulnerable to exploitation and abuse. Poor and orphaned, increasing numbers of children are at the mercy of individuals with intent to harm them, and those individuals are often at the heart of institutions. Children should be protected from all sorts of crime. The state, as a political personality, makes very many laws in the course of its history (Mushenga, 1976)

2.3 Safety Mechanisms for Children in Charitable Institutions that Affect their Safety

The millions of children who live in orphanages and other forms of residential care are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions (The Save the Children Fund, 2009). Charitable

children's institutions enable children who have lost the care of their family to grow within a caring family environment (SOS, 2007). A caring family environment protects the children from falling into child labor, early marriage, sexual exploitation and street children. CCIs provide access to essential services including psychosocial support. However, there is little information regarding what actually happens in CCIs that make some children run away from them. Some CCIs are well funded and the material needs of the children are met but still children from these institutions still engage in unsafe practices such as peer influence, drug abuse and children running away from CCIs. However, even well-run care institutions can have negative developmental effects on children. For example, the distress caused by being separated from parents and siblings can leave children with lasting psychological and behavioral problems. A lack of positive adult interaction from consistent care givers can also limit children's ability to develop personal confidence and key social skills, including those necessary for positive parenting (Browne, 2009).

2.4 The Risk of Harm to Young Children in Institutional Care

2.4.1 Reasons for institutional care

It has been observed that institutional care is increasing in countries where there is economic transition, because for many families and communities the changes have increased unemployment, migration for work, family breakdown and single parenthood (Carter, 2005; Tinova, 2007). In these countries, poverty seems to be the main underlying factor for placing a child in institutional care, with single parents and parents with large unplanned families equally challenged by poverty and unable to cope (Sigal, 2003). This situation is compounded further by impoverished child welfare services. Hence, in Europe an association has been reported between low community health and social services spending and high numbers of abandoned and institutionalized children. Furthermore, inadequate health and social services for parents (eg, mental health and alcohol/drug addiction services) also means that children are likely to remain in institutional care for longer periods of time (Browne et al., 2005b; 2006). However, the relationship between child poverty and institutional care is not straightforward because there are also significant numbers of children who live in residential care facilities in economically developed countries.

2.4.2 The psychological harm caused to children by institutional care

The damaging psychological consequences of institutional care have been written about for over 50 years. The publications of Goldfarb (1944; 1945) and Bowlby (1951) were particularly influential and highlighted a number of emotional, behavioral and intellectual impairments that characterized children who had been raised in residential care. Children living in institutions without parents are reported to perform poorly on intelligence tests and to be slow learners with specific difficulties in language and social development, in comparison to children with foster parents. In addition, they had problems concentrating and forming emotional relationships, and were often described as attention-seeking. The lack of an emotional attachment to a mother figure during early childhood was attributed as the cause of these problems, which were considered to be long-lasting. 'Attachment theory' (Bowlby, 1969) emphasized the negative consequences of institutional care compared with family-based care and the importance of a primary care-giver for normal child development. This led to a decline in the use of institutional care or large children's homes in some parts of the English-speaking world. In other parts of world, child care policy has been less concerned with the psychosocial needs of children. Instead, an emphasis has been placed on the physical needs of children and controlling their environment. In these countries, this has led to reliance on institutions, rather than on the development of substitute parenting, such as kinship care, foster care and adoption (Browne, 2002).

2.5 Global Perspective: UNICEF Child Protection Strategy

2.5.1 The strategic aim of child protection

Child protection is an issue in every country and a high priority for UNICEF. Under the Convention on the Rights of the Child and other international treaties, all children have the right to be protected from harm. UNICEF activities are guided by the existing international normative framework for the rights of the child, as well as decisions and policies agreed in United Nations intergovernmental bodies. This strategy will be implemented in close cooperation with host Governments. Strong child protection provides a bulwark against the web of risks and vulnerabilities underlying many forms of harm and abuse: sexual abuse and exploitation; trafficking; hazardous labour; violence; living or working on the streets; the impact of armed

conflict, including children's use by armed forces and groups; harmful practices such as female genital mutilation/cutting (FGM/C) and child marriage; lack of access to justice; and unnecessary institutionalization, among others. A protective environment for children boosts development progress, and improves the health, education and well-being of children and their evolving capacities to be parents, citizens and productive members of society. Harmful and abusive practices against children, on the other hand, exacerbate poverty, social exclusion and HIV, and increase the likelihood that successive generations will face similar risks. Child protection is thus an integral part of, and a critical UNICEF contribution to, the achievement of the Millennium Declaration and Development Goals.

2.5.2 Securing the protective environment

This section sets out broad and specific strategic actions for strengthening child protection. The Protective Environment Framework (PEF), set out in the 2002 UNICEF Operational Guidance Note, defines eight broad elements that are critical to good protection. These interconnected elements work individually and collectively to strengthen protection and reduce vulnerability. UNICEF work in securing a protective environment, in line with human rights, is oriented towards reducing disparities in access to information, advice and services, whether these disparities are based on geographic or economic obstacles or discrimination based on sex, age, ethnicity or other factors.

2.6 Africa Perspective

2.6.1 Trafficking in Liberia

The recent rise in the number of orphanages in Liberia has sparked concerns over the proliferation of child trafficking. In 1989 there were ten known orphanages. By 2008, the Liberian Ministry of Social Welfare recorded 114, although many believe the actual number to be much higher. With the dramatic increase in the number of orphanages, intercountry adoption to the USA, Canada and Europe has increased. For example, in 2004 there were 89 intercountry adoptions to the USA. In 2008, there were 249. The circumstances around many of these adoptions have led many to conclude that children are being trafficked – a conclusion corroborated by a UN assessment of intercountry adoption in 2007.59 Since then, the government of Liberia has put a moratorium on adoptions to the USA. Meanwhile, the US

government has signed up to the Hague Convention – an international protocol on good practice regarding international adoption – and issued a warning on adoptions from Liberia on the State Department website. (Save the Children fund, 2009)

2.6.2 Post-conflict de-institutionalization in Sierra Leone

In 2008, Sierra Leone was bottom (179th) of the UNDP Human Development Index. A quarter (26%) of its 2.8 million children are estimated to be at risk as orphans or vulnerable children. An assessment in 2008 recorded 48 children's homes, only four of which had existed before the civil war. Six more have been set up since the assessment. There were 1,871 children (1,070 boys and 801 girls) living in the 48 children's homes – 52% because of poverty, 30% because their carers had died, 8% because they had been abandoned and 5% because they had been neglected or abused. Of the 1,323 children where there is complete information, 62% were admitted by the staff of the children's home without consulting the local authorities, 28% were referred by parents or relatives and 5% by the Ministry. None were referred by court order. (Save the Children fund, 2009)

The Child Rights Act 2007 gives child welfare staff greater responsibility to protect children and requires the Ministry to establish Child Welfare Committees in every village and Chiefdom. Minimum Standards for Care were drawn up, based on the Act and the 2008 assessment, in collaboration with the children's homes, the Ministry and district councils. A regulatory framework was also developed and staff in the children's homes, Ministry and councils have received training in them. At least one further assessment has been done of each home using an inspection guidance form, which states the improvements they need to make before they can be licensed. (Save the Children fund, 2009)

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2.7.3 Key Government Policy

2.7.3.1 Deinstitutionalization

De-institutionalizing and transforming children's service is a collection of activities, not just the removal of children from institutions. Rather it is a systematic, policy driven change which results in considerably less reliance on residential care and an increase in services aimed at keeping children within their families and communities. De-institutionalization is at the heart of developing modern and and effective care services for children and families. If well undertaken, it will eventually lead to the resolution of the majority of children and family problems within the community, with only a small number of children needing substitute care, and very few requiring care in a residential setting. (Children Community Safety Nets Project 2011)

2.7.3.2 Devolution of child protective services

Facing the inadequacy and ineffectiveness of a government child protection system stuck at Provincial or District level with little human and financial resources to reach vulnerable children, the project focused on building an effective community-based child protection system, based at location level with clear roles and responsibilities, and good links with available resources. A system centered on prevention and able to offer r integrated and child-friendly services to children in need. This implied that different relevant private and public actors pooled their resources in a common effort to protect and respond to children's needs. To this purpose, the Area Advisory Councils were targeted for their devolution at location level so that local communities could be capable to take over child welfare at the community level, not to be any longer a politically driven issue. (Children Community Safety Nets Project, 2011)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodology that was used in this study. The research study gives a description of study design, study area, population, sampling procedures, and methods of data collection. The research also explains the methods of data analysis and presentation. .

3.2 Study Design

The study used descriptive research design. Descriptive research design is a scientific method which involves observing and describing the behavior of a subject without influencing it in any way (Shuttle worth, 2008). Descriptive research is used to obtain information concerning the current status of the phenomena to describe "what exists" with respect to variables or condition in a situation. The methods involved range from the survey which describes the status quo, the correlation study which investigates the relationship between variables, to developmental studies which seek to determine changes over time

3.3 Study Area

Kisumu East District is in Kisumu County, Western Kenya. It has sixteen registered Charitable Children's Institutions (CCIs). The district is largely urban as it is found in Kisumu City. The district is divided into two administrative divisions, sixteen locations and fifty six sub-locations (Kisumu District Development Plan 2008- 2012) .According to the Kenya Census Report, Kisumu East District has a population of 473, 649 . A major challenge to the district within the national context is that of reducing the currently high Poverty levels (48%) to compare favorably with the national average (29%). The main industry is fishery on Lake Victoria. Kisumu East district has been split up further and is chosen because it has a high concentration of CCIs thus ensuring a cost effective and time saving process. The poverty levels and HIV is prevalent in Kisumu East District. (Kisumu East District Development Plan 2008-2012). Deaths of parents and care takers of children have left children in a state of difficult circumstance with most children under care of old and poor grandparents (UNICEF, 2006).

3.4 Study Population

The study population was 300 children in 16 registered Charitable Children's Institutions (CCIs) who had received custody and care in the homes. Ages of children range from one day old to eighteen years. Another target population will be 16 managers in registered CCIs and two children officers in Kisumu East District.

3.5 Sampling Procedure and Sample Size

This study employed simple random sampling and purposive sampling techniques. Simple random sampling was used to identify child respondents from the CCIs because children placed in CCI's vary from one CCI to another and range from abandoned, neglected, sexually, physically, emotionally and psychologically abused, orphaned, street children and children with disabilities. Some authors have argued that a large sample is more representative especially for heterogeneous population, producing the best results (Polit and Beck, 2004).

The sample size was calculated using the Taro Yamane's (1967) formula.

$$n = \frac{N}{1 + N(e)^2}$$

Where   n= sample size

N= population size

e= precision error which should be +/-5%

1 = constant

The sample size was approximately 170 respondents (Burns&Groves, 2007). Thus, a total sample of 170 children which consisted of 85 boys and 85 girls in 16 registered CCIs in Kisumu were selected. Purposive sampling was used to select 16 managers of CCIs who are involved in policy formulation. The sampling frame that provided all registered CCIs in Kisumu East District was obtained from the Kisumu children's office.

3.6 Methods of Data Collection

3.6.1 Semi-Structured Questionnaires

The researcher used a formal standardized questionnaire which was child friendly and included both closed and open ended questions which was administered to 170 children which comprised 85 girls and 85 boys in the 16 CCIs (see appendix 2) Semi-structured questionnaires provided both qualitative and quantitative data on child care in charitable children's institutions and children's safety staff competencies in charitable children's institutions and child safety. Further, other semi-structured questionnaires were administered to 16 CCI managers in the study area.

3.6.2 Key Informant Interviews

A key informant is defined as someone who is likely to have knowledge or experience that is relevant in relation to the topic under investigation (Bernard, 1995). Thus, 3 key informant interviews were conducted with 16 CCI managers and two children officers because there are only two officers in Kisumu East district. This enhanced additional information on contributions of institutional policy guidelines in charitable children's institutions to child safety.

3.7 Data Analysis and Presentation

Data from quantitative methods was analyzed with the aid of Statistical Package for Social Sciences (SPSS). Frequency distribution tables and graphic presentations is used to present this data. Qualitative data was analyzed using content analysis. This involved going through the whole data collected, sentence by sentence, word by word, identifying recurring themes and coding them. The primary data was integrated with secondary data in order to derive conclusions from collated and triangulated information.

3.8 Ethical Considerations

The major ethical issues of concern to the researcher included, research permit, informed consent, confidentiality, privacy anonymity plagiarism and fraud as well as the researchers responsibility. This is meant to protect the integrity of the researcher and also ensure honest results (Mugenda, 2003). Despite the high value of knowledge gained through research, knowledge cannot be pursued at the expense of human dignity (Osoo., Onen, 2005). In this study, the ethical issues were upheld to ensure the dignity of participants is maintained. All the

participants in this study have remained anonymous. The researcher was sensitive to human dignity and well meaning to intended purpose.

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CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This study examined safety of children in charitable institutions in Kisumu East district, Kenya. This chapter presents the results of the study under the following sub-headings:- socio-demographic characteristics of the study population; safety mechanisms for children in charitable institutions and how they affect their safety; staff competencies in charitable children's institutions and child safety; and contributions of institutional policy guidelines in charitable children's institutions to child safety.

4.2 Socio-Demographic Characteristics of Respondents

Demographic information was collected on age, gender of the respondents, level of education of the respondents and religious affiliations. The purpose of demographic information was to portray the nature and characteristics of the respondents and to enable the readers make informed decisions when applying the findings of this study.

4.1.1 Age of the Respondents

The respondents were asked their age and the responses summarized in Table 4.1 below

Age	Frequency	Percentage %
10-11	24	14
12-13	78	46
14-15	68	40
Total	**170**	**100**

Table 4.1 Age of the respondent (Child)   (Source: field data, 2013).

Approximately 46% of the children interviewed were aged 12-13 years while about 40 % were

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aged 14-15 years and only about 14% were aged 10-11 years. This shows that most of the children in these institutions were of school going age hence could answer most of the questions that the study sought to clarification on.

4.1.2 Level of Education of Children in CCIs

Education level	Frequency	Percentage %
4	3	2
5	22	13
6	56	33
7	53	31
8	36	21
Total	**170**	**100**

Table 4.2 Class of the respondent (Child)   (Source: Field data, 2013).

Table 4.2 above represents the level of education of children in CCIs. From the table above majority of children were in class six (6) approximately 33% while an estimate of 31% were in class seven (7). Approximately, 21%, 13% and 3% of the children in CCIs were in class eight (8), five (5) and four (4) respectively. This meant that most children were able to give adequate information thus they could give responses on how safety mechanisms in the CCIs affected their safety.

4.2 Care and Protection of Children in Charitable Institutions and how they affect their Safety

The study analyzed a number of factors that could act as safety mechanisms for children in CCIs and how these factors could affect children's safety.

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4.2.1 Number of meals Children in CCIs eat in a day

Eating	Frequency	Percentage %
2 Times	85	50
3 Times	76	45
4 Times	9	5
5 Times	0	0
Total	**170**	**100**

Table 4.3 Number of times child in CCIs eat   (Source: Field data, 2013).

To establish whether charitable children's institutions feeding routine could affect children's safety, children were asked on number of meals they take in a day. Table 4.3 above shows that majority of children in the CCIs ate two meals in a day this was an estimate of 50% while about 45% ate thrice in a day. Only 5% indicated that they eat four meals in a day and none at all eat five meals in a day. This shows that children in the CCIs received inadequate food. Findings from Key Informant Interviews (KII) with the CCI managers supported the results in table 4.2 whereby approximately 96% agreed that children are majorly fed two times a day this included; morning lunch and supper. Whereas about 4% of the CCI managers said that children eat thrice in a day and this included; breakfast, lunch and supper. This shows that most of children in CCIs go hungry in the morning and this could make them go out to look for food hence be insecure and further these children go to school hungry hence may loose concentration.

4.2.2 Safety in the Institution

Safety	Frequency	Percentage %
Very Safe	17	10
Safe	108	64
Moderately Safe	34	20
Unsafe	10	6
Total	**170**	**100**

Table 4.4 Safety of Children in CCIs   (Source: Field data, 2013).

Table 4.4 above presents the findings on children's safety in CCIs. The findings reflect that most children felt safe in CCIs sampled for this study, this was about 64% while an estimate of 20% felt that their safety is moderate. These findings differs from The Save the Children Fund (2009) arguments which stated that children are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. One child responded: "*I feel cared for in this institution because when my parents passed away no one bothered even to take me and other siblings to school hence I felt so bad…………today I can smile as other children.*"

The result above supports SOS (2007) report which stated that charitable children's institutions enable children who have lost the care of their family to grow within a caring family environment. These protect the children from falling into child labor, early marriage, sexual exploitation and street children.

4.2.3 Program for Health and Nutrition for Children

Availability of Health and Nutrition programs	Frequency	Percentage %
No	137	81
Yes	33	19
Total	170	100

Table 4.5 health and nutritional programmes available for children.   (Source: Field data, 2013).

Children were asked whether there is a program for health and nutrition and the results are as shown in table 4.5 above. According to Carter (2005), Young children are frequently placed in institutional care throughout the world. This occurs despite wide recognition that institutional care is associated with negative consequences for children's development. This is evident from the study findings whereby an estimate of 81% children stated that there were not enough programs for health and nutrition while only about 19% agreed that there exist such programs. Thus, young children in institutional care are more likely to suffer from poor health, physical underdevelopment and deterioration in brain growth, developmental delay and emotional

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attachment disorders. Consequently, these children have reduced intellectual, social and behavioural abilities compared with those growing up in a family home. Thus these findings more less the same with The Save the Children Fund (2009) arguments which stated that children are at increased risk of abuse and neglect due to the poor standard of care found in many institutions.

4.2.4 Knowledge on what to do during Emergency

Knowledge on Emergency	Frequency	Percentage %
No	90	53
Yes	80	47
Total	170	100

Table 4.6 Knowledge on how to respond to emergency.   (Source: Field data, 2013).

From table 4.6 above, the study findings revealed that most of the children in CCIs did not know what to do during emergency as shown by 53% of the children while 47% of the respondents acknowledged that they knew what to do in case of emergency. This showed that most of the children could be injured during an emergency due to lack of preparedness.

4.2.5 Knowledge on Child Abuse

Knowledge on Child Abuse	Frequency	Percentage %
No	92	54
Yes	78	46
Total	170	100

Table 4.7 Knowledge on Child Abuse.   (Source: Field data, 2013).

It is clearly evident in table 4.6 above that most children (54 %) interviewed did not know what child abuse was all about. An approximate of 46% children interviewed had knowledge on issues of Child Abuse. To support the above results on Table 4.7, a child for instance responded: *"One*

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time I was canned by the head of this institution and could not sit down for three days...........to me it was a normal punishment. "

This implied that the child did not know that too much caning was a form of Child Abuse. Mushenga (1976) argued that the story of child protection is a sorry one. Across the world, children remain vulnerable to exploitation and abuse. Poor and orphaned, increasing numbers of children are at the mercy of individuals with intent to harm them, and those individuals are often at the heart of institutions.

4.2.6 Treatment of Sick Children

Treated	Frequency	Percentage %
No	44	26
Yes	126	74
Total	**170**	**100**

Table 4.8 Treatment of children when sick   (Source: Field data, 2013).

Children were asked whether they get treated in time when sick. The results in table 4.8 show that an estimate of 126 out of 170 children confirmed that they got treatment in time whenever they became sick; this was approximately 74% whereas about 26% of the children in CCIs said that they did not get treated in time whenever they fell sick. The CCI managers confirmed that the institutional policies in regard to children's health were adhered to and children were treated in time.

4.2.7 Number of Children sleeping in one room

No. of children sleeping in one room	Frequency	Percentage %
0-4	0	0
5-9	0	0
10-14	2	7
More than 15	14	93
Total	**16**	**100**

Table 4.9 Number of Children sleeping in one Room.　　　(Source: Field data, 2013).

The CCIs management was asked about the number of children sleeping in one room and the findings are as presented in table 4.9 above. It is evident that an estimate of 93% of the CCIs management said that more than 15 children slept in one room being that the dormitories were too small and they had many children to take care of this indicated that there was congestion in CCIs hence children were so squeezed. Only approximately 7% of the CCIs management sampled said that there were 10-14 children in one hall. The findings above were supported by results from key informant interview with the CCI managers who said that the dormitories are small and the numbers of children keep on rising, this led to congestion in the dormitories hence led to further scramble for the scarce social amenities.

4.2.8 Institutional Managers Knowledge on CCIs Policy Statements

Managers' knowledge on Policy Statements	Frequency	Percentage %
No	0	0
Yes	16	100
Total	**16**	**100**

Table 5.0 Knowledge on CCIs Policy Statements.　　　(Source: Field data, 2013).

Table 5.0 above shows institutional managers' responses in regard to knowledge on policy statements. It is evident that all the CCIs managers (100%) were aware of policy guidelines. These responses of the managers were also a confirmation that since managers being incharge of these facilitates registration of of CCIs and Knowledge on CCIs policy is one of the prerequisite during registration of the CCI made the managers to be knowledgeable.

4.3 Staff Competencies in Charitable Children's Institutions and Child Safety

4.3.1 Highest Level of Education

Level of Education	Frequency	Percentage %
Degree	3	19
Diploma	8	50
Certificate	5	31
Total	**16**	**100**

Table 5.1 Education level of the CCIs Managers   （Source: Field data, 2013).

The top management were asked about their highest level of education and from the study findings shown in table 5.1 above, majority 50.0% had studied up to diploma in various disciplines; followed by approximately 31% of the CCI managers had certificate and an approximate of 19% had studied up to degree level. During key informant interview with the CCI managers, the above results were confirmed to be true and most of the CCI studied disciplines concerned with human and his/her society.

4.3.2 Skills that the Staff in the Institution have

Professional qualifications	Frequency	Percentage %
Social work	6	38
Nursing	2	13
Counseling	3	19
Teaching	2	12
House Keeping	1	6
Administration & teaching	2	12
Total	**16**	**100**

Table 5.2 Skills of the Staff in the CCIs (Source: Field data, 2013).

The results of the findings in table 5.2 above shows that majority of the CCIs managers (38%) were skilled in social work a discipline that majorly deals with finding solutions to human social problems thus could handle children's needs and address them effectively. An estimate of 19 % of the managers had counseling skills; 13 % nursing skills; administration and teaching 12%; teaching 12%; and approximately 6% housekeeping. The study findings varied since each institution had either one manager or a staff who had social work skills among other skills hence there was lack of even distribution of skills across the CCIs, this emerged during key informant interviews with CCI managers

4.4 Contributions of Institutional Policy Guidelines in Charitable Children's Institutions to Child Safety

4.4.1 Knowledge of Mission and Vision statements and Core Values of the Institution

Mission and Vision statement	Frequency	Percentage %
Yes	51	30
No	119	70
Total	**170**	**100**

Table 5.3 Knowledge of Mission and Statement.   (Source: Field data, 2013).

The findings of the study shows that 70% of the children in the CCIs had no knowledge on mission and vision statements and core values of the institution, while an estimate of 30% had knowledge on the mission and vision statements of the institutions. During key informant interviews with District Children Officers in the study area the findings above were supported and further they stated that most of the CCIs in Kisumu East District do not adhere to their Mission and Vision Statements and this put questions of the quality of services given to children. This could also means that as much as any good National Child Protection Systems are developed and they are not implemented at operation level the children may not benefit as required.

4.4.2 Institution Commitment to Policy Statements

Commitment to Policies	Frequency	Percentage %
Yes	36	21
No	134	79
Total	170	100

Table 5.4 Institutional Committment to Policy Statement.   (Source: Field data, 2013).

The study finding in table 5.4 above shows that 79% of children interviewed were not aware of the institutions committal to policy statement for the smooth running of the institution. A few of the children interviewed 36% responded that the institutions were committed to their policy statement and this indicated inadequate knowledge provision of care for the children in these institutions.

4.4.3 Playing Ground

Playing ground	Frequency	Percentage %
No	126	74
Yes	44	26
Total	**170**	**100**

Table 5.6 Availability of Playing Ground.   (Source: Field data, 2013).

Most of the children (74 %) said that they do not have adequate playing ground and this made them miss extra curriculum activities. An estimate of 26 % of children responded that they had playing grounds in their institutions hence participated in extra curriculum activities. The results are as shown in table 5.4 above. As much as policy guidelines mentions social environment as a pre-requisite in CCIs, most CCIs in Kisumu East District do not have adequate environment to create playing ground for children hence deny children enjoyment of playing and creativity . Findings in table 5.3 above concur with Thomas and Thompson (2004) Green Alliance and DEMOS report on why environment matters to children which stated that children are resilient. They continue to derive enjoyment from even the smallest patches of garden, yard or school playground. Yet children's experience of the environment is in decline due to inadequate space for playground yet children have a strong sense of the environment as a social space and this influences the way they use public space for outdoor play and personal development. This might imply that children are losing their connection with the social and natural environment, and their well-being and environmental quality are inextricably linked. The worse a local environment looks, the less able children are to play freely, and develop the habits and commitments that will enable them to address social environmental problems in the future.

CHAPTER FIVE

SUMMARY AND RECOMMENDATIONS

5.1 Summary of Findings

The purpose of this study was to determine the child safety in charitable children's institutions Kisumu East District. Results of this study indicate that child care in CCIs in Kisumu East District have some influence on child safety. Child care and protection is shaped by various factors in Kisumu East District. These include nutrition, health, child rights, psychosocial needs and disaster preparedness. These are key components to the well being of children and ultimately to their safety. It can be concluded that most CCIs in Kisumu East District are to a greater extent addressing nutritional needs of their children. These however must include the qualitative aspect of the meals, that is balanced diet for it to be complete. As far as health is concerned, more still needs to be done by most CCIs. Timely treatment of all the children when they are sick is very important. This will not only cure the sickness but also boost the health of all the children in the CCIs. Good health is a key component to the safety of the children

First, the rights of the children in the CCIs must always be upheld. The children should be encouraged to participate more on issues that affect them. Not all CCIs in Kisumu East district are upholding the rights of the children they take care of and thus compromising the safety of the children. The psychosocial needs of the children should also be addressed together with these other needs. Some children are predisposed to unsafe environment of isolation, loneliness, lack of a sense of belonging and others may fall prey to vices such us drug and substance abuse because the CCIs are not offering enough opportunities for psychosocial activities such as clubs for the children. The children should also be taught on how to respond to emergency situation in more practical ways to enhance their disaster preparedness in order to ensure their safety.

Secondly, the competencies of staff in CCIs, is very important to ensure the safety of the children in Kisumu East District. CCIs in Kisumu East District are not properly equipped with professional staff in all areas of service. It is clear that some staff in the CCIs are doubling in their responsibilities. This doubling of responsibility affects the safety of the child negatively. In order to ensure safety of the child, adequate, competent and experienced staffs are a prerequisite.

Thirdly, on institutional policies, study results indicate that the majority of the children in the CCIs do not know the mission and the vision statements of their institutions. The findings of the study shows that most of the children in the CCIs had no knowledge on mission and vision statements and core values of the institution this constituted 70%, while an estimate of 30% had knowledge on the mission and vision statements of the institutions. This shows that institutional policy statements such as mission, vision statements and core values in most CCIs are little known by the children and therefore have less influence on their safety. Some institutional policy statements that are meant to protect the well being of the children in CCIs in Kisumu East District are taken for granted by staff and management thus compromising the safety of the children in the CCIs. For example some CCIs the safety of children is compromised due to lack of policy statements.

Fourthly, physical facilities influence child safety in CCIs in Kisumu East District to a great extent. It is evident from the study that 15 children slept in one room being that the dormitories were too small and they had many children to take care of gave an indication that there was congestion in CCIs hence children were so squeezed. Many CCIs also have limited playing ground. Land in Kisumu Municipality is very expensive and many CCIs are with small pieces of land while others are found in slums where access to open playing field is difficult. The housing condition of CCIs is also with its share of challenges. These also have compromised the safety of the children because they cannot engage in safe play due to scarcity of space.

Finally, service providers influence the safety of children in CCIs in Kisumu East District by providing essential and unique services. These services include hospital services, transport services and garbage collection services. Access to schools or means of transport to schools for most of the children in the CCIs is safe. The environment of CCIs is compromised because they have poor waste disposal systems. There is little collaboration between CCIs and Municipal Council of Kisumu to deliver essential services to ensure the safety of children in CCIs in Kisumu East District. The government however is offering other services that tend to enhance child safety. The services include training, committing children in court, inspection of CCIs and health service.

5.2 Recommendations.

In order for CCIs to take good care and protect their beneficiaries, all CCIs must have institutional policy statements as vision statement, mission statements and core values clearly displayed. These institutional policy statements should be shared with the children because they are the primary beneficiaries. The management and staff members should also take these policy statements seriously by showing commitment through practicing what they say and saying what they practice. From the study findings, it would be recommended therefore that:

Children safety to be examined from all dimensions in the CCIs, it should range from the kind of medication they get, the type of food eat, their playground, sleeping rooms/dormitories.

Competent and experienced staffs are a prerequisite for CCIs to deliver safety for their child beneficiaries. All CCIs must have a combination of skilled and professional staffs that are qualified in the work they do. There should be no doubling of responsibilities by staff to ensure productivity and quality service to the children.

CCIs must provide a complete package of essential services to them. Psychosocial needs of the children should be addressed by providing opportunities for quality interaction among the children and with professional children workers. Nutrition should be provided in sufficient quantities, frequency and quality. The diet must be balanced at all time. All the children should be screened and treated for all diseases. CCIs should have disaster preparedness plan that include practical drills with the children.

CCIs should provide ample physical facilities for their beneficiaries. The source and mode of provision of such facilities should be from sources and channels that are likely not to endanger the safety of the children. Local authorities should plan for CCIs because they need to be built in areas where there is enough space to avoid congestion.

Area advisory councils (AAC) should also ensure that CCIs that meet the requirements are registered.

Entities that provide services to CCIs i.e. service providers such as hospitals, transporters, schools and garbage collectors should be sensitized on the special status of CCIs as their

clientele. Disruption of such services could have serious ramifications on the well being of the children in the CCIs. Municipal council of Kisumu should play an active role in ensuring that services to CCIs are guaranteed.

5.4 Further Research.

This study was not able to cover all areas of children safety and further study should be carried out on effects of social amenities in CCIs and thorough scrutiny of conduct and professionalism of CCIs management and how these affects children's safety.

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