

**INFLUENCE OF SELECTED CHILD CARE ATTRIBUTES TO THE
GENERAL WELFARE OF ORPHANS AND VULNERABLE
CHILDREN AMONG CHARITABLE CHILDRENS' INSTITUTIONS IN
MERU MUNICIPALITY-KENYA**

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ABSTRACT

Child Abuse and neglect have existed all over the world and for many centuries. For many years in Kenya, the state of Orphans and Vulnerable Children (OVC) has been a matter of great national concern. This study sought to investigate the influence of child care on welfare of OVC among charitable children's institutions in Meru Municipality-Kenya. The study targeted six Charitable Children Institutions (CCIs) working in Meru Municipality. The objective was; To establish the extent to which Health and Nutrition in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality; To assess how Education in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality; To establish the extent to which Psychosocial support in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality; To assess the level at which Disaster preparedness in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality; To assess the level at which child abuse in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality. This study used both qualitative and quantitative methodology to examine the influence of charitable children's institutions to the welfare of Orphans and Vulnerable Children in Meru Municipality. The study was conducted through descriptive cross-sectional survey design methodology and employed stratified sampling, simple random sampling and purposive sampling techniques. The main research instruments for collecting data included observation checklist and questionnaires. The study employed three out of the 6 CCIs found in Meru Municipality. These tools were selected because of the nature of data collected, the time available and the objectives of the study. Descriptive statistical analyses was employed in this study where data was analyzed using SPSS. The study established that child care among CCIs in Meru Municipality has some influence on child welfare.

Key Words: Child welfare, Charitable Children Institutions, Child Care, Sustainable development, Community development, Social welfare

1.1 Background to the Study

The welfare of children is a matter of great concern for the entire world. Child Abuse and neglect have existed all over the world and for many centuries. The bible tells about the Canaanites offering children to their God Baal which was a form of child abuse. In addition, among many cultures deformed children were neglected and hidden away from the public view while a woman giving birth to twins, if one child is a girl, the girl twin is neglected that she may die (Cox & Marks, 2006). Every culture has some punishment for disciplining children, as per the saying, "Spare the rod and spoil the child". Child abuse and neglect are outside the normal formal punishment (Stanfield and Bwibo, 2005).

According to UNICEF (2004), there are between 143 and 210 million orphans worldwide with eight million boys and girls around the world living in institutional care. The study found that violence in those residential institutions is six times higher than violence in foster care, and that children in group care are almost four times more likely to experience sexual abuse than children in family based care. According to UNICEF, every day 5,760 more children become orphans, approximately 250,000 children are adopted annually, each year 14, 505, 000 children grow up as orphans and age out of the system by age sixteen, each day 38,493 orphans age out and every 2.2 seconds another orphan ages out with no home or family to belong to. Further studies by UNICEF have shown that 10% – 15% of these children commit suicide before they reach age eighteen. These studies also show that 60% of the girls become prostitutes and 70% of the boys become hardened criminals. According to The State of The World's Children (2005) report, out of 15,000 orphans aging out of charitable children institutions every year, 10% committed suicide, 5,000 were unemployed, 6,000 were homeless and 3,000 were in prison within three years. An estimated 1.2 million children are trafficked every year, 2 million children, the majority of them girls, are sexually exploited in the multibillion dollar commercial sex industry.

In Africa, OVC are observably increasing due to the poor cultural, political and socio-economic situation of countries generating a major humanitarian crisis for families in Sub-Saharan Africa whose number of orphans stood at 35 million by 2010. The risk of orphanhood is thus no longer a random shock affecting a few families, but rather a systemic shock affecting whole African communities. For instance, The National Situation Assessment and Analysis on OVC in Nigeria (2008) indicates an estimate of 14 million OVC in the country. One out of every ten Nigerian children is an orphan. Of these, one in three is a maternal orphan and two in three are paternal orphans. Similarly, the UNICEF Report (2007) indicates that up to 10.7 of the estimated 69 million Nigerian children may be categorized as vulnerable. This disturbing trend leads to negative outcomes of severe deprivation of basic needs. In addition, RAAAP report (2004) indicates that a vulnerable child is less likely to enroll in school and more likely drop out of school to engage in risky sexual behavior and substance abuse hence exposed to abuse and social exclusion. Evans and Murray (2008) argue that vulnerable children deserve to be treated with dignity and respect as stipulated in the Article 19 of the African Charter on Human and People's Rights (ACHPR). The Article

says: “All peoples (OVC inclusive) shall be equal; they shall enjoy the same respect and shall have the same rights.”

In Kenya, the state of OVC has been a matter of great national concern with death of parent(s), extreme poverty, conflicts, abandonment, neglect, abuse and disabilities being among factors that make children end up being vulnerable. According to the Kenya OVC action plan 2007-2010, the number of orphans was estimated at 2.4 million in 2010, 48% of them being as a result of HIV/AIDS, and many more children living in households with chronically ill or elderly caregiver, orphans, and others being homeless.. According to 2009 census data, the population of Kenya stands at about 40 million people. The population growth is estimated at 2.44% each year, and the estimated fertility rate of children per woman is 3.98% while 63.07 years are estimated life expectancy. The Core Welfare Indicator Questionnaire (CWIQ) Survey (2006) indicated that 0.4% of children under the age of 18 in Kenya were orphans who have lost both parents. In addition, majority of these children lost their fathers while others lost their mothers.

According to the Kenyan Demographics Profile Fact Book (2013), Meru is among the most densely populated areas of Kenya with over 1.3 million people. According to District Development Plan (2009), Meru Municipality number of vulnerable children that need special protection is observably increasing. Oluwatoyin (1998) argues that inadequate planning translates into the over-concentration of population in certain areas putting pressure on resources and creating inner-city problems such as those associated with OVC. Ensuring OVC welfare is a responsibility of all duty bearers. Ladan (2006) observes that obligations to uphold OVC’s rights are grossly lacking when viewed against the various manifestations of child abuse. Therefore, this study is concerned with CCIs influence on the welfare of orphans and vulnerable children in Meru Municipality. It specifically examines the activities of CCIs, identifying some of the strategies and methods they adopt in intervention and major challenges they face.

1.2 Statement of the Problem

Across the world, children remain vulnerable to exploitation and abuse with increasing numbers of children being at the mercy of individuals with intent to harm them. Addressing OVC welfare should be a high priority for Kenya and international stakeholders that recognize this as a human rights issue. According to the Kenya OVC action plan 2007-2010, The number of orphans in Kenya by 2010 was estimated at 2.4 million of whom 48% of them being as a result of HIV/AIDS. This disturbing trend is fueled by interrelated forces which over-stretch societal coping capacities. For instance, in the past, the welfare of OVC was provided through community safety nets. However, recent events challenge these patterns leading to incapacitated and deinstitutionalized traditional family patterns due to the force of contemporary realities such as urbanization and globalization subsequently leading to a dysfunction in the extended family (Weisner and Braley, 2007)

If the issue of OVC welfare in charitable children’s institution is not addressed adequately, two things are most likely to happen. One, CCIs may fail to provide various services to the OVC and therefore catering for their welfare leading to greater dangers, problems and 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 CCIs fail in their duties of providing welfare 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.

While some valuable research has been conducted on OVC in Kenya, significant gaps remain. There is little information as to whether the interventions in CCIs in Kenya are working the way they should. The lack of vital strategic information is hindering policy makers like the NCCS and other program leaders from making well-informed decisions about the way forward. Nevertheless, little or no attention has been paid to studies on CCIs in relation to the welfare of OVC in Kenya with response strategy being neglected or silenced. This study sought to fill the existing gaps as identified above hence the need to study how Charitable Children's Institutions influence child welfare in Meru Municipality, Kenya.

1.3 Purpose of the study

The purpose of this study was to investigate the influence of charitable children's institutions to the welfare of Orphans and Vulnerable Children in Meru Municipality-Kenya

1.4. Objectives of the study

This study was guided by the following objectives:

1. To establish the extent to which Health and Nutrition in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality;
2. To assess how Education in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality;
3. To establish the extent to which Psychosocial support in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality;
4. To assess the level at which Disaster preparedness in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality;
5. To assess the level at which child abuse in charitable children's institutions influence the welfare of Orphans and Vulnerable children in Meru Municipality.

1.5 Research Questions

This study sought to answer the following questions: -

1. To what extent does child care in charitable children's institutions influence the welfare of Orphans and vulnerable Children in Meru Municipality?

1.6 Significance of the Study

The findings obtained from the study will be providing corrective actions and necessary information for improvement to the CCIs, Government of Kenya, policy makers, and contribute to the body of knowledge so that the welfare of children can be improved. The information generated from this research can be used by key stakeholders such as donors, community members, the government and program implementers to make evidence-based decisions about how best to plan and direct funding and program activities to maximize positive outcomes for OVC. The information contained herein is meant to help to sensitize various service providers such as schools, hospitals, local authorities, financial institutions among others to be supportive to CCIs. This is because the services they offer could have far reaching effects to the lives and welfare of children living in them. For example, Local authorities provide services such as water, sewage, garbage collection, street lighting etc. these services are quite basic to the children and their interruption could compromise the quality of life of children.

1.7 Delimitation of the Study

This study investigated the influence of charitable children's institutions to the welfare of Orphans and Vulnerable Children in Meru Municipality. It was delimited to Meru Municipality which comprises of five administrative sub-locations namely; Gakoromone, Kinoru, kambakia, Mwiteria and Nkoune. There are six CCIs operating within Meru municipality, a cosmopolitan town which is found in Eastern part of Kenya.

1.8 Limitations of the Study

According to Mugenda and Mugenda (1999), limitation is an aspect of research that may influence the outcomes negatively but over which the researcher has got no control. In this respect, the researcher had very little control over the attitudes of respondents which may have influenced their responses.

The researcher encountered instances where some respondents were unwilling to divulge what they considered sensitive information for fear of victimization. In this case, because of the nature of children issues and the tough laws and penalties that are in place in case of violation, they gave socially acceptable answers.

In order to reduce the effects of these limitations, this study ensured confidentiality of the respondents and allowed respondents to be anonymous if they so wished. Mailing of questionnaires to senior management was also attempted. The research instruments used were designed to measure the required constructs. Randomization of the participants also increased the generalizability of the study findings.

1.9 Assumptions of the Study

The study assumes that the respondents in the study provided truthful information without bias or prejudice and reflects the true reality on the ground. The study also assumed that the charitable children's institutions influence the welfare of Orphans and Vulnerable Children in Meru Municipality. It also assumed that the CCIs played a major role in providing protection, physical facilities, adequate and competent staff, link to basic services and sound policy framework upon which interventions are put in place to meet the needs of the children.

2.1 The concept of child welfare

The history of child protection in America is divisible into three eras. The first era extends from seventeenth century to 1875 and may be referred to as the era before organized child protection. The second era spans 1875 to 1962 and witnessed the creation and growth of organized child protection through nongovernmental child protection societies. The year 1962 marks the beginning of the third or modern era: the era that includes governmental/nongovernmental-sponsored child protective services.

In the 1790s in the struggling colony of New South Wales, some concern was expressed in Sydney Town about the growing number of neglected or destitute children living rough in the streets without visible support beyond their own efforts in dealing with the world. These children were simply playing in the streets and returning to their parents at nightfall. A child social welfare concern had been identified involving the offspring of convict women and marines, soldiers, sailors and convict men. The Reverend Richard Johnson, an earnest evangelical and the colony's first chaplain, was convinced that the situation was serious and could endanger the moral state of the colony. To him, a serious threat was poised to the future generations. Johnson was already considering a plan to found a residential orphanage in Sydney to clear the streets of abandoned children by converting the first temporary church into such an establishment as soon as a permanent building could be built for public worship. His plans were thwarted in 1799 when the wooden building was burnt down. Despite this setback, Johnson was able to gain the ear of the colony's new Governor, Philip Gidley King, who had already established an orphanage on Norfolk Island for female convict children when he was Lieutenant Governor there between 1788 and 1796. King maintained a strong interest in Norfolk's Female Orphan House. Of the 163 children on Norfolk Island in 1796, 64 were supported by their parents and 99 were victualed from government stores. This proportion indicates that the problem of neglected children was real enough and, given the turbulent times, could well be of similar proportions in Sydney Town (John Ramsland, 2011). From the 1820s, Sydney became the hub of child-rescue institutions until the last decade of the nineteenth century. Governments and philanthropists considered the future manpower needs of the State.

In Kenya, the Association of Charitable Children Institutions of Kenya (ACCIK) was founded in 2006 from an idea born by a group of directors of CCIs who felt the need to create a nationwide network of CCIs and registered at the Attorney General Office in 2009 to provide residential care for OVC in Kenya. ACCIK was officially launched in Nairobi on 3rd

October 2012 and is governed by National Executive Committee drawn from its membership which seeks to build strategic linkages with partners with similar interest nationally and globally to build the capacities of CCIs to provide quality services. The Association is guided by both international and national laws and standards on child rights (The Ministry of gender, Children and Social Development National Action Plan, 2007). The ministry developed cash subsidy of KSH 1,500 per month to households caring for OVC (Biemba, 2009).

2.2 Factors Responsible for OVC's Conditions in Kenya

Garba (2007) blames colonization for disrupting the comprehensive traditional social welfare provisions for children. Prior to colonization most African countries had comprehensive traditional social welfare provisions for all but with the coming of the Europeans and the introduction of an alien social welfare policy the situations got worse and continued to deteriorate after independence. The idea of communal living was replaced with money-economy and excessive individualism. Sanda (1987) further describes the colonial government's welfare efforts to be selective and discriminatory. Birmingham (1995) identifies some of the negative conditions brought by the process of colonization that contradict the rich traditional ones which have later brought about an alien inadequate formal social welfare policy.

Another factor responsible for children's vulnerability linked to urbanization is high rate of divorce, leading to single-parenthood, especially female headed households. This is viewed as alien in a patriarchal society like Meru, thereby creating some problems including urban-bias and increase in the deteriorating conditions of children. Similarly, Coles (1997) identifies those factors as jeopardizing the efforts of maternal resources in providing subsistence needs and socialization of the younger ones. Gordon (1996) views the combination of patriarchy and capitalism to be the major causes of most exploitation problems associated with women, children and underdevelopment in Kenya with privileges to men continuing to permeate societies from the level of the family up to the state.

Derefaka (2004) believes we should consider globalization as the major cause of Africa's contemporary problems including those associated with OVC. He argues that if a democratic culture is firmly established, then the country would have become a significant player in the process of globalization. Similarly, Mensah and Oppong-Koranteng (2008) believe that globalization is often tied to the emerging world order, couched by neoliberalism, which is not beneficial to Africa and its people.

Norman (2002) argues poverty plays a major role in the poor development of the children from the grass roots level. Similarly, Oguonu (2005) sees poverty as a major hindrance to sustainable development. He believes that the increase of the poverty level led to the increase in the number of orphans and vulnerable children as well as their deteriorating conditions. Lanchman et al. (2002) identified poverty: HIV/AIDS infection and war as the challenges facing children in the 21st century.

2.3 Care and protection on child welfare

The term care and protection refers to the provision of health, education, welfare, and general care of individuals within their community (Microsoft Encarta, 2005). Child welfare is used to describe a set of usually government/non-government-run services designed to protect underage children and to encourage family stability.

In Kenya, Most children come to the attention of the child welfare system because of child abuse. CCIs are devoted to the care of OVC whose parents are deceased or otherwise unable to care for them. Children are educated within or outside of the orphanage. They provide an alternative to foster care or adoption by giving orphans a community-based setting in which they live and learn. Though in worst cases, orphanages can be dangerous and unregulated places where children are subject to abuse and neglect.

According to Stanfield and Bwibo, (2005) a child is totally dependent on his parents or guardians for his care right from birth to the time he becomes an adult. This care is enshrined in the rights to which the child is entitled. Legal instruments are created to safeguard the children. Due to the child's inability to claim their rights, they are abused (Stanfield and Bwibo, 2005). For care and protection to take place, provisions for the need must be made. CCIs enable children who are at risk of losing the care of their family to grow within a caring family environment. This protects the children from falling into vices like Child labor, early marriages, Sexual Exploitation and Street Children

2.4 Charitable Institutions and Child Welfare

The story of child protection is a sorry one. Across the world, increasing numbers of children remain vulnerable to exploitation and abuse. Bose (2006) argues that CCIs should be careful enough to ensure sufficient child welfare in all its dimensions. Welfare to a child is a distinct and different concepts. In his assessment models, he concluded that this was conceptually and structurally the right approach to safety intervention. Children should be protected from all sorts of crime (Michael Corey and Wayne 2008).

All power-driven machines and other hazardous equipment should be properly safeguarded and their use regulated by supervisory staff of the CCI. Water supply in CCIs needs to be adequate and safe. Sewage and garbage facilities also need to be adequate, safe and well maintained. Comfortable heating, sufficient ventilation and both natural and artificial lighting needs to be provided in CCIs to ensure safety of the children (Mushanga, 1976).

2.5 Orphans and Vulnerable Children's Care as related to African Conception

There have been heated debates as to who is responsible for the needs of children, especially orphans. Family is the universal social institution/socializer that bears this sole responsibility of introducing children to the society through the process of socialization. Mivanyi (2006) describes the African family structure as patrilineal in kinship arguing that the responsibility of ensuring that OVC grow up under proper care is a responsibility of the general public.

Badamasiuy (2009) highlights some of the African and especially religious provisions of treating children with equity, benevolence and fostering. Under the Christian and Islamic law in Kenya, it is the care of parents that brings the child from the state of absolute infancy to adulthood as indicated in many verses of the Bible and Qur'an.

One common characteristic of the Meru family structure is the extended family system which is a network of relationships that binds various relatives together for mutual support creating support network by offering services to one another, particularly the needy members while every child is expected to respect an elder. Fraser (1986) theorized that children lacked the intellectual and emotional capacity for self-government. He also notes that the raising of young children was a fundamental concern of the public and of society as a whole. From these philosophical positions we can understand that the responsibility of child fostering begins with the parents and subsequently with members of the community or any agency charged with the responsibility.

2.6 Government Responses to OVC

The Government of Kenya is a signatory to two important international Declarations on the rights of children. These are the United Nations Convention on the Rights of Children (CRC) and the African Charter on Rights and Welfare of Children (ACRWC) which require signatory States Parties to ensure the recognition and enforcement of the rights of children. This has established an OVC unit in the Ministry of Gender, Children and Social Development, under the children department to coordinate the national response to the OVC phenomenon. The government and relevant stakeholders organized a national conference which

Kenya was one of 17 countries in sub-Saharan Africa that conducted a Rapid Assessment Analysis Action Planning exercise with the support of UNICEF, USAID and UNAIDS in 2004. In addition, the government embarked on a National Plan of Action on OVC to provide framework for accelerating the responses to OVC and developed the National Standards for OVC Programming guidelines to reach more children with basic services on sustainably.

The Kenya Vision 2030 blue print is under implementation. It aims to transform Kenya into a newly industrializing, middle income country providing high quality life to all its citizens by the year 2030. This vision is based on three pillars: the economic, political and social pillar. A social pillar focuses on a just and cohesive society enjoying equitable social development in a clean and secure environment. In addition to the above, the government, came up with a "Pilot School Feeding Program for various government Schools" to take care of the needy children in selected areas (the National Plan of Action on OVC, 2004)

2.7 Theoretical Framework

This study was guided by two theories to explain influence of Charitable Children Institutions on the welfare of orphans and vulnerable children (OVC) in Meru Municipality. These theories are Social Disorganization Theory (SDT) and the Social Network Theory (SNT) as follows:

2.71 Social Disorganization Theory

Cullen and Agnew (2006) provide some basic postulates of the theory by referring to Social disorganization as the breakdown of the social institutions in a community. He suggested that social efficacy/control is the answer to social disorganization. In the inner city, families would be disrupted by mobility, economic competition and an individualistic ideology that accompanied capitalist and industrial development. When such a pervasive breakdown occurred, adults would be unable to control youths or stop competing forms of delinquent and criminal organizations from emerging. Freed from adult control, youths roam the streets, where they came into contact with older juveniles who transmit them to criminal values and skills. This study utilized the general characteristics of social disorganization to describe what lead to the conditions of OVC in Meru Municipality. The next theory helps to explain how the cohesiveness of the CCIs operates.

2.72 Social Network Theory

This is by urban sociologist and proponent of the Social Network Theory Castells (2001). The power of social network theory (SNT) stems from its difference from traditional sociological studies, which assume that it is the attributes of individual actors that matter. Social network theory produces an alternate view, where the attributes of individuals are less important than their relationships and ties with other actors within the network.

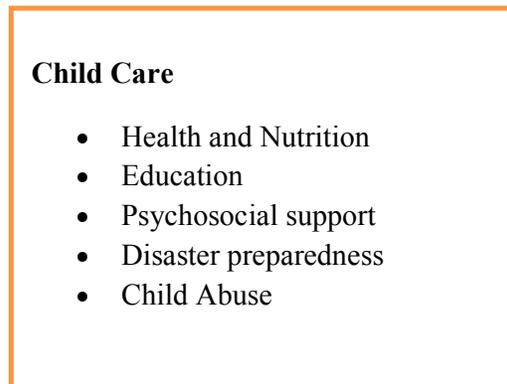
According to Castells, a social network is a social structure made of individuals or organizations called "nodes," which are tied (connected) by one or more specific types of interdependence. He further postulates that social meaning arises primarily from challenges posed by certain kinds of social structure with unitary basis for resolving the challenges and problems associated with it.

Applying this theory to the research therefore, I considered the various factors that drift the OVC into their conditions as the challenges that are posed by the social structure especially the erosion in family values of social cohesion and failure of the extended family to provide protection to children. The above two theories were chosen because they explain CCI influence to the welfare of OVC in Meru Municipality.

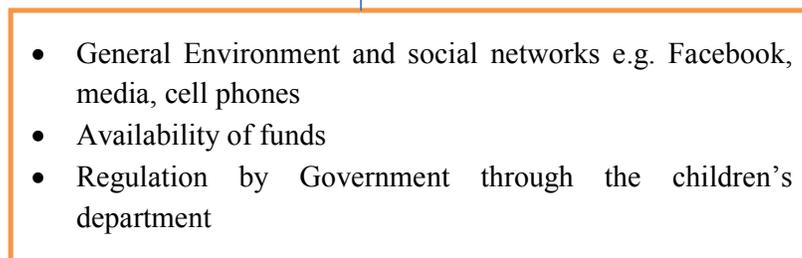
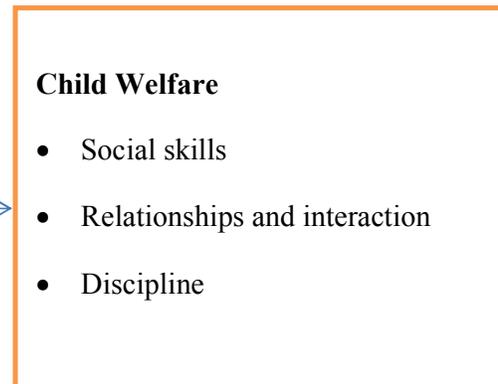
2.8 Conceptual framework

The Independent Variable, the dependent variable and the moderating variables of the study are illustrated in below.

INDEPENDENT VARIABLES



DEPENDENT VARIABLES



MODERATING VARIABLES

Figure 1: Conceptual Framework

In this study, influence of Charitable Children Institutions is the independent variable and the welfare of orphans and vulnerable children is the dependent variable.

External factors that moderate the influence this interaction include General Environment and social networks e.g. Facebook, media, cell phones, availability of funds to run the CCIs and regulation by Government through the children's department.

3.1 Research Design

This study was conducted through descriptive cross-sectional survey design. Descriptive research design helped the researcher to gather both qualitative and quantitative data by the use of questionnaires, Key Informants Interviews (KIIs) and observation in collecting data. The researcher considered this research design appropriate for the study since it focused on collecting information from respondents on their attitudes and opinions on how CCIs influence the welfare of OVC. This design allowed for rapid collection of data, bearing in mind the time constraints. It was also suitable for extensive type of research such as this one which involved various stakeholders in Meru Municipality.

3.2 Target Population

This study was conducted in Meru Municipality. Meru Municipality was chosen because of its high concentration of CCIs thus ensuring a cost effective and time saving process. The poverty levels and HIV prevalence in Meru Municipality is also high thus leading to high numbers of OVCs. The target population consists of all the 6 registered CCIs, 30 staff and 360 children supported by these institutions.

3.3 Sampling Procedure

This study used stratified sampling, simple random sampling and purposive sampling. The respondents were grouped into two strata as groups of children depending with their ages. Simple random sampling was used to identify the individual respondents for the CCI staff. This provided an equal opportunity for each individual to be selected for the study. Purposive sampling targeted the District children's officer

The researcher used 30% sample size of the accessible population.

Table 3.1 Sample matrix

Category	Population size	Sample size	Percentage sample
CCIs	6	3	50
CCI's staff	50	15	30
Children	360	108	30
5 to 12 years	200	60	30
13 to 18 years	160	48	30
Total	416	126	30.3

Data from the Meru district children's office (2012)

3.4 Methods of Data Collection

In this study, Questionnaire for children, Key Informant Interview (KII) was conducted for the District Children's Officer; questionnaires for CCI's staff were used as methods of gathering data. The researcher gained advantage of being fluent with local dialect hence administering the questions easily. The researcher took part as the principal solicitor to the information needed with the assistance of trained research assistant.

3.5 Data collection instruments

This study employed the use of observation checklists, questionnaires, and interview schedules, as the main tools for collecting data. These tools were used because of the nature of data to be collected, the time available and the objectives of the study. The overall aim of this study was to study the influence of CCIs to the welfare OVC in Meru Municipality. Such information was best collected through the use of Observation, interviews and questionnaires (Osoo and onen, 2005).

Observation checklist was used to allow the researcher to gain firsthand experience by providing the opportunity for the researcher to see for himself what people actually do rather than what they say since total reliance on informants may compromise the quality of data because the informants may downplay serious issues or they may be used to the situation as they are without seeing any difference. Observation also allowed the researcher to record the information as it occurred, explored topics that could be uncomfortable to informants or notice unusual aspects.

Questionnaires and interview schedules were used to collect data to measure certain phenomenon. These research instruments helped the researcher overcome budget restrictions and availability of staff. These tools elicited complete responses that from a sample of individuals presumed to have experienced the phenomenon of interest. The responses constitute the data on which the research questions are examined

3.6 Data collection procedures

Upon the approval of this proposal, the researcher focused on data collection. The questionnaires were hand delivered to respective CCIs accompanied with a self-introduction letter at their respective office premises. The respondents were requested to fill in the questionnaires in five days after which follow up were made by telephone calls and short messages. The reminders were meant to help maximize on the respondent rate. These tools were used to collect primary data from the participants while secondary data was collected from books, journals, newspapers and the internet. Five research assistants were then trained on how to use these tools for collection of the required data. They were expected collect data, compile and clean data on daily basis during the data collection exercise to ensure data integrity and forward the tools to the researcher for data analysis (Sapsford, 2007).

The instruments used for collecting data had several sections. The first section for the questionnaire and interview schedules had demographic information. They had an additional four sections each representing an objective of the study. The questions asked in these sections were open ended questions which elicited in depth responses that allowed the study to capture attitude, opinions, feelings, views and perceptions. The questions were also probing. On the other hand, close ended questions were used especially for child respondents. The sections in the questionnaire were arranged according to the objectives of the study.

3.7 Pilot study

Pilot testing was conducted before the actual study commenced. This involved five staff and fifteen children from the SOS Children Villages international CCI. The participants of the pilot testing were not eligible to participate in the main study. The pilot test was used to ascertain the validity and reliability of the tools. It also checked if the instruments delivered the kind of data that was anticipated. The pilot testing helped the researcher to remove any ambiguities in the research instruments (Mugenda and Mugenda, 1999). Their suggestions and comments on the instruments were used to improve the instruments.

3.8 Reliability of Instruments

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. Kirk and Miller (1986) identify three types of reliability referred to in quantitative research, which relates to: - The degree to which a measurement, given repeatedly, remains the same, the stability of a measurement over time and the similarity of measurements within a given time period.

In this study, reliability was ensured by using test-retest technique to a CCI. In this technique, the same test was administered twice to the same group of participants with conditions kept constant but after an interval of one week. Both the results from the tests were recorded, compared and correlated. The correlation coefficient obtained is referred to as “the coefficient of reliability or stability” which must be over 70% for a tool in this study to be considered reliable. This method however had certain difficulties as follows: - The participants tended to remember their responses during their first test. The other difficulty was the determination of a reasonable period between the two testing period (Mugenda, 2003).

3.9 Validity of the Instruments

The term validity refers to the degree to which results obtained from the analysis of data actually represent the phenomenon under study. It therefore has to do with how accurately the data obtained in the study represents the variables of the study (Mugenda, 2003).

In this study, the effects of extraneous variables were reduced or controlled by randomization. A random sample of participants or respondents was obtained in order to select a sample from the target population. This technique was used because the sample of participants was fairly large and could be used to create equivalent representative samples

that were essentially similar in the relevant variables that could influence the dependent variable. Regular consultations with the supervisors enhanced validity

3.10 Data Analysis

Due to the nature of study objectives, the researcher used a combination of qualitative and quantitative methods of data analysis. The analysis of the findings is presented in Percentages, frequencies, tables and SPSS. The responses were sorted, coded, and input into the software to construct graphs and tables. Descriptive statistics was used to interpret results. The responses from the questionnaires were classified according to objectives they are meant to address.

Responses from interviews and observations which were qualitative in nature were grouped by use of content analysis which categorized phrases, described the logical structure of expressions and ascertained associations, connotations, denotations, forces and other interpretations. This method was useful because of its strength in compressing lengthy interviews and conversations. Data was classified into various themes for ease of analysis.

3.11 Ethical considerations

Despite the high value of knowledge gained through research, knowledge cannot be pursued at the expense of human dignity (Osoo and onen, 2005). In this study, the ethical issues were upheld to ensure the dignity of participants is maintained. Informed consent, confidentiality, anonymity and researchers responsibility was ensured. The researcher displayed a high sense of responsibility and sensitivity by providing explanations (Rukwaru, 2007).

In this study, participants in the research made their decision to participate based on adequate knowledge of the study except for young children whose consent was gotten from the caretaker. The knowledge include the purpose of the study, the expected duration and the procedure to be followed, discomforts to the participant, any benefits to the participants, alternative procedures and the extent of privacy and confidentiality. All the participants in this study have the right to remain anonymous. The researcher on his part had to be sensitive to human dignity and well-meaning to his intention.

4.1 Questionnaire return rate

The study attained a 100% response return rate. There was 15 staff out of 50 employed by registered CCIs completed and returned the questionnaires. The children respondents were 108 selected randomly from the CCIs to participate in the study drawn from the population of 300 children also responded. This was achieved because the researcher ensured that the questionnaires were administered and collected immediately after completion with persistent follow-up. An interview with the children's officer in Meru was also done successfully and her views collected immediately. The response return rate realized in this study of 100% is in agreement with Nachmias and Nachmias (1996) who assert that a response return rate of 75% is adequate for a social research to continue.

4.2 Demographic characteristics of respondents

The demographic characteristics of the respondents were discussed including gender, age and number of sibling in the family. These characteristics were important during analysis because they helped to describe the background of the respondents.

4.2.1 Age of Child Beneficiaries

The age of the child beneficiary was important because from the ages, it was possible to establish whether the child was young and of tender age or not. The ages of the children in this study were between 5 to 18 years because the younger ones could not respond competently to the questions. The results were as in Table 4.1.

Table 4.1: Age of the child beneficiaries respondents

Age (years)	Frequency	Percentage
5 – 12	60	55.55
13 - 17	48	44.45
TOTAL	108	100.00

According to the UNCRC (United Nations Convention on the Rights of Children), A child is considered to be any human being who is below the age of 18 years. In this study, 60 (55.55%) were between 5 years and 12 years and therefore were considered as young children who needed special care (children's Act, 2001). Another 48 (44.45%) child beneficiaries were between 13 and 17 years. This reveals that some CCIs in Meru municipality are taking care of children who are young and of tender age. These categories are children and have special needs and demands that the CCIs should fulfill. This is because these children may not indulge in most vices because of their age. This tendency may in the long run have some influence in the children welfare in the CCIs.

4.2.2 Religion of Child Beneficiaries

Religion is a collection of cultural systems, belief systems, and worldviews that establishes symbols that relate humanity to spirituality and moral values. Many religions have narratives, symbols, traditions and sacred histories that are intended to give meaning to life or to explain the origin of life or the universe. The question on religion was important because religion categorized the children according to the faith they subscribe to as in Table 4.2.

Table 4.2: Religion of Child Beneficiaries

Religion	Frequency	Percentage
Christian	92	85.18
Muslim	8	7.41
Hindu	8	7.41
TOTAL	108	100.00

This study revealed that child beneficiaries of Christian's faith were 92 (85.18%) of the children in CCIs while only 8 (7.41%) were Muslims and Hindu at the same number. This implies that CCIs need to be sensitive to religious affiliations of their child beneficiaries because they are not from the same religion. It is necessary for the CCIs to take into account religious affiliations and be in a position to safeguard the minority group which in this case are the Muslims as well as Christians who are the majority. The CCIs should also provide an environment where the children can practice their faith and interact positively with other children of the other faith with a view of enhancing their welfare.

4.2.3 The number of child's siblings in the family of origin

The number of siblings in the family that the child came from gave a background of the child. Siblings in the family usually have an attachment that can have repercussions if severed by any form of separation. The siblings also offer psychosocial support to one another frequently thus enhancing their bond. Table 4.3 gives a summary of the number of siblings in the family of origin of the child.

Table 4.3: Number of child's siblings in the family of origin

The number of siblings in family	Frequency	Percentage
1 – 3	47	43.52
4 – 6	53	49.07
7 and above	5	4.63
Non Response	3	2.78
TOTAL	108	100.00

This study revealed that the majority of the children in the CCIs in Meru Municipality are aware of their siblings. Only 3 (2.78%) gave no response on the number of siblings in their families. This shows that most of the children in the CCIs in Meru Municipality came from families that once existed. This means that psychosocial needs of children in CCIs need to be addressed to ensure their welfare. The CCIs should have deliberate programs to create opportunities for psychosocial support.

4.3 Care and Protection of Children in a Charitable Children's Institution

This study sought to examine the extent to which child care in a charitable children's institution influence their welfare in Meru Municipality. CCIs provide an alternative to foster care or adoption by giving orphans a community-based setting in which they live and learn. This enhances welfare by protecting the children from falling into child abuse. CCIs do this by providing access to essential services including psychosocial support.

4.3.1 Number of times child beneficiary eat in a day in the CCIs

According to UNCRC, the right to proper food and nutrition is an integral part of the rights and care of children. Number of meals taken per day is very important in order to maintain good health and malnutrition especially if the diet is balanced. According to the World Health Organization (WHO), malnutrition is the gravest single threat to global public health. It is common practice that the number of meals per day is reduced when there is food shortage. It was therefore important to establish the number of meals that children in the CCIs take per day. Table 4.4 gives a summary of the number of times that the children in the CCIs in Meru Municipality eat in a day.

Table 4.4: Number of times child beneficiary in CCIs eat in a day

The number of meals	Frequency	Percentage
4	19	17.59
3	81	75.00
2	8	7.41
TOTAL	108	100.00

According to Table 4.4, 19 (17.59%) of child respondents in CCIs eat 4 meals per day while another 81 (75%) eat 3 meals per day. This means that the majority of children in CCIs in Meru Municipality have at least 3 meals per day. Only 8 (7.41 %) of the child respondents indicated that they have 2 meals per day. As far as nutrition is concerned, it was observed that most CCIs in Meru Municipality are able to provide the children with meals at least three times a day thus showing that the welfare of children in CCIs as far as food is concerned is observed. Cases of malnutrition were not observed in the CCIs' visits.

4.3.2 Child beneficiary's response on the access to treatment when sick

It was important to establish the respondents' access to medical care when they felt sick in order to ascertain whether health is catered for in the CCIs upon sickness. Table 4.5 shows the responses given.

Table 4.5: Access to healthcare when children beneficiaries in CCIs fell sick

Access to treatment when sick	Frequency	Percentage
Accessed treatment	108	100.00
Never accessed treatment	0	0.00
TOTAL	108	100.00

Out of the 108 child respondents on their access to medical care, all the 108 (100.00%) indicated that they received medical attention whenever sick. This indicates that sickness in CCIs is addressed appropriately. It therefore means that for the welfare of the children in the CCIs to be good in terms of their health, there has been an efficient and reliable mechanism to ensure treatment for the children.

4.3.3 Staff response on programs that ensures health and nutrition of children in CCIs

It was necessary to find out if there were health and nutrition programs that the CCIs were running for the children. These programs were a means of ensuring that the health and nutrition of the children were monitored for the purposes of their good care. The responses are summarized in Table 4.6

Table 4.6: Cross tabulation of CCIs with health and nutrition programs for the children, gender and rank in the institution

rank of the respondent in the organization			do you have regulations in place to enhance child health and nutrition		Total
			yes	no	
director	gender of the respondent	male	2		2
		female	1		1
	Total		3		3
assistant director	gender of the respondent	male	1		1
		female	1		1
	Total		2		2
program officer	gender of the respondent	male	2		2
		female	1		1
	Total		3		3
social worker	gender of the respondent	male	2	0	2
		female	4	1	5
	Total		6	1	7

Table 4.6 shows that out of 15 CCIs staff, 15 (**100%**) of them indicated that they have health and nutrition program for their children in place. This means that the children in those CCIs have health and nutrition programs hence less risk on health and nutrition. Only 1 social work was found to believe that there are no health and nutrition programs in the institutions. This further safeguards children welfare.

4.3.4 Child beneficiaries' response on their opinion in decision making/actions in CCIs

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 (Children's Act, 2001). In this regard, the opinion of the children in the CCIs must not be taken for granted thus the importance of the question if the children are asked for their opinion whenever any decision or action is taken in their institution. The responses of the children on this question were as in Table 4.7.

Table 4.7: Children's response on whether they are consulted for opinion

If beneficiaries' opinion is asked	Frequency	Percentage
I am always asked	38	35.18
I am asked sometimes	47	43.52
I am never asked	23	21.30
TOTAL	108	100.00

Only 38 (35.18%) of respondents to this question indicated that their opinion is always asked whenever any decision or action is taken in their CCI. Another 47 (43.52%) are asked sometimes and 23 (21.30%) are never asked of their opinion at all. This means that CCIs in Meru have not fully embraced children's rights specifically on the right of participation in accordance with Children's Act (2001). The implication of this is that other rights of the children could be violated in the process. The views of the child may not be taken into account and hence the welfare of the children in the CCIs is compromised.

4.3.5 Children's Response to the question on their membership to clubs in CCIs

Charitable children's institutions enable children who have lost the care of their family to grow within a caring family environment. According to Maslow hierarchy of needs, Belongingness and Love needs are crucial. Clubs play a very important role in fulfilling this need. It was therefore important to find out if the children in the CCIs in Meru Municipality are affiliated to any clubs. The responses of the children on this question were as in Table 4.8.

Table 4.8: Children's Membership to clubs

Membership to club	Frequency	Percentage
Yes	61	56.48
No	47	43.52
TOTAL	108	100.00

The majority of child respondents 61 (56.48%) indicated that they are members of clubs. This shows that CCIs in Meru Municipality are offering the children an opportunity to meet their psychosocial needs. The children are able to fulfill their social needs and hence live in a safer environment. A substantial proportion of the children 47 (43.52%) however indicated that

they did not belong to any club. This means that these children have diminished opportunities for their psychosocial needs to be met. As a result of these, this category is predisposed to unsafe environment of isolation, loneliness and lack of a sense of belonging. This will have a negative impact when the child want to seek the higher level of needs as proposed in the Maslow Hierarchy of needs. In this regard, CCIs are offering a mixed scenario which is not a guarantee to child welfare.

4.3.6 Staffs' response on the psychosocial needs of all the children in CCIs

The staffs of the CCIs are charged with the responsibility of overseeing the care, protection and provision of needs at CCIs. It was therefore necessary to seek their opinion on whether they think their institutions are taking care of all the psychosocial needs of the children they serve. The responses of the staff are summarized in Table 4.9.

Table 4.9: Staff opinion on whether the institution takes care of psychosocial needs of children

Staff opinion on psychosocial needs of children	Frequency	Percentage
Yes	9	60.00
No	2	13.33
Some	4	26.67
Total	15	100.00

According to table 4.9, out of 15 CCIs staffs, 9 (60.00%) of them indicated that their institutions are taking care of all psychosocial needs of all the children they serve. Another 4(26.67%) staffs indicated that some psychosocial needs are met while 2 (13.33%) staffs indicated that the psychosocial needs of children are not met. This means that a substantial proportion of children in CCIs in Meru municipality are in need of psychosocial support. Failure to provide this may lead to children falling prey to vices such us drug and substance abuse as they seek to find solace.

4.3.7 Children's response on preparedness on cases of emergency like fire

This question sought to find out whether children were ready or prepared for disaster such as fire. The responses of the children on this question were as in Table 4.10.

Table 4.10: Children's knowledge of what to do in case of emergency in CCIs

Knowledge on emergency response	Frequency	Percentage
Non Response	3	2.78
yes	81	75.00
No	24	22.22
TOTAL	108	100.00

According to Table 4.10 above, out of 108 children, 81 (75.00%) of them indicated that they have some knowledge on what to do in case of an emergency like fire. This indicates that the majority of the children have knowledge of what to do. Emergencies like fire breakout may cause disaster if the level of preparedness is low and this may be counter child welfare initiatives.

4.3.8 Staffs' Response to the whether the CCIs have a disaster response plan

This question sought to find out whether the staffs of the CCIs had a disaster response plan in place. This is because with the absence of such a plan and disaster strikes, the consequences are likely to be higher (Bose, 2006). The responses of the staffs on this question are summarized in Table 4.11.

Table 4.11: Staffs' Response to the whether the CCIs have a disaster response plan

Presence of a disaster response plan	Frequency	Percentage
Yes	5	33.33
No	10	66.67
Total	15	100.00

According to Table 4.11, 10 (66.67%) staffs indicated that they did not have any disaster response plan. This means that in case of a disaster the response will be on ad hoc basis with no proper coordination. This can cause increase in injury and fatalities to the children and the people working in the CCIs. The children are therefore living in unsafe environments in CCIs in Meru Municipality.

4.3.9 Child beneficiaries' Response to the whether they knew meaning of child abuse

Child abuse is the physical, sexual, emotional mistreatment, or neglect of children. This question sought to find out whether the children were aware of the meaning of child abuse. The responses of the children on this question are summarized in Table 4.12.

Table 4.12: Children's knowledge of the meaning of child abuse in CCIs

Knowledge of the meaning of child abuse	Frequency	Percentage
Yes	83	76.85
No	25	23.15
Total	108	100.00

According to table 4.12, 83 (76.85%) of the children indicated that they know the meaning of child abuse while 25 (23.15%) did not know the meaning. This means that a greater majority of the children are aware when their rights were abused or not while a substantial minority of the children are not aware whether their rights are being abused or not. This implies that child protection in CCIs can still be improved in order to ensure their welfare in Meru municipality.

4.3.11 Staffs' Response to the whether they have had cases of child abuse in CCIs

This question sought to establish whether child abuse cases happen and are being reported to the management for the CCIs. This was very important because the staffs are charged with the responsibility to oversee the wellbeing of the children at their respective CCIs. Table 4.13 gives a summary of the responses on the question.

Table 4.13: Staff's response to the whether they have had cases of child abuse in CCIs

Case/s of child abuse in this CCI?	Frequency	Percentage
Yes	4	26.67
No	11	73.33
Total	15	100.00

According to Table 4.13 out of 15 CCIs staffs interviewed, 4 (26.67%) indicated that they have recorded cases of child abuse within their institutions while 11 (73.33%) CCIs do not have reported cases of child abuse. This means that reported cases of child abuse exist in CCIs where none should actually exist. This is a serious situation because there could be some cases that are not reported thus showing a higher frequency of child abuse cases in CCIs of Meru Municipality.

4.3.12 DCO's Response to the care and protection of OVC in CCIs

From the Key Informant Interview conducted with the Meru District Children Officer, she indicated that the department enhances care and protection of the OVC in accordance with the law. They do this through partnership with key departments among them the police, the courts and other non-governmental organizations promoting child rights. The department has constituted an AAC (Area Advisory Committee) with the mandate of bringing together all stakeholders in the district to oversee the plight of children in their area of jurisdiction. Among the rights are the right of access to education, health and protection.

4.3.13 Researcher's observations on the care and protection of OVC in CCIs

From my observation through the use of observation checklist, I noticed a great deal of respect accorded to the children by the CCI community. This could be seen from the communication and bonding among them and a sense of self-esteem among a number of children. Some children playgrounds are safe, well maintained and equipped with child friendly play items. However, the playgrounds are inadequate partly because of scarcity of land around Meru Municipality. Within these facilities, the children seem to interact freely as they engage in play. The staff can be seen occasionally assisting children in various activities.

5.0 Summary of findings and Discussions

The summary of the findings are made based on the objectives and research questions which the study sought to answer.

The first objective of the study sought to find out the extent to which child care in a charitable children's institution influence their welfare in Meru Municipality. As far as nutrition is concerned, it was observed that most CCIs in Meru Municipality are able to provide the children with meals at least three times a day thus showing that children in CCIs are in relative safety as far as food is concerned

All the children in the CCIs were treated when they fell sick. A total of 108 (100%) of the children were treated when they were sick. This enhanced the safety of the children as simple and treatable conditions could be treated before they get complicated and contagious putting the lives of the children at risk. All the CCIs have health and nutrition programs for their children. This is in line with the Sustainable Development Goal on combating HIV, malaria and other diseases (World Bank, 2010)

Charitable Children's Institutions in Meru Municipality have not fully embraced children's rights specifically on the right of participation (Children's Act, 2001). Only 38 (35.18%) of respondents to this question indicated that their opinion is always asked whenever any decision or action is taken in their CCI. Among them, 47 (43.52%) were asked sometimes and 23 (21.30%) were never asked. The implication of this is that other rights of the children could be violated and hence the welfare of the children in the CCIs compromised. Some cases of child abuse are also not reported because of lack of knowledge of the children on their rights.

Children in the CCIs in Meru Municipality have diminished opportunities for their psychosocial needs to be met. A substantial proportion of the children 47 (43.52%) do not belong to any club. As a result this, some children are predisposed to isolation, loneliness and lack of a sense of belonging. According to UNICEF (2004) such children may fall prey to vices such as drug and substance abuse.

There is no tangible evidence from the study that the children are prepared to cope with disasters like fire. The study also observed that majority of the children only have a theoretical idea on how to cope during these types of disasters. The children are therefore living in unsafe environments that do not promote child welfare in CCIs. Stanfield and Bwibo (2005) argue that it is due to the children's inability to claim their rights that they are abused. They further argue that for care and protection to take place, provisions for the need must be made. CCIs should enable children who are at risk of losing the care of their family to grow within a caring family environment. This protects the children from falling into vices like Child labor, early marriages, Sexual Exploitation and becoming Street Children

5.1 Conclusions

The purpose of this study was to determine the influence of charitable children's institution on child welfare in Meru Municipality. To this regard, the results of this study indicate that child care among CCIs in Meru Municipality have some influence on child welfare. Child care and protection is shaped by various factors in Meru Municipality. These include nutrition, health, child rights, psychosocial needs and disaster preparedness. These are key components to the wellbeing of children and ultimately to their welfare. It can be concluded that most CCIs in Meru Municipality are to a greater extent addressing nutritional needs of their children. 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 children welfare.

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. 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 as 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 on emergency situation in more practical ways to enhance their disaster preparedness in order to ensure their welfare.

5.2 Recommendations

From the study findings, the researcher therefore recommends that:

In order for CCIs to take good care and protect the children, they must provide a complete package of essential services to them. 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. Psychosocial needs of the children should be addressed by providing opportunities for quality interaction among the children and with professional children workers. CCIs should have disaster preparedness plan that include practical drills with the children.

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