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Perspectives of Orphans and Vulnerable Children towards Charitable Children's Institutions of Care

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Abstract: **The purpose of this study was to assess the Orphans and Vulnerable Children (OVC) perspectives about their charitable children's institutions (CCIs) that they reside in. The research design adopted sequential mixed methods strategy which triangulates survey and in-depth interviews. The study sample was comprised of 204 children participants. The children generally rated the CCIs and the caregivers support highly. ANOVA indicated that there was a relationship between characteristics of children (OVCs) and quality of care offered in charitable children institutions (CCIs). The children's perspective on physical facilities influenced the quality of care. The children cited lack of playing ground as a need. The study would be a useful document for future planning for orphans and vulnerable children.**

Keywords: **orphans, vulnerable children, charitable children Institutions.**

1. INTRODUCTION

According to the Kenya population census of 2009, there were over 4.4 million Orphans and Vulnerable Children (OVCs) country wide. Nery Central Sub-County accounted for 76,269 OVCs living in especially difficult circumstances such as the street or as child laborers on farms and as domestic workers. A proportion of OVCs are admitted into Charitable Children's Institutions for care (CCIs).

The purpose of this study was to assess the OVC's perspectives about their charitable children's institutions (CCIs) that they reside in Nyeri Central Sub-County. The study assessed the children's perceptions of the quality of care as measured by basic needs, child rights and protection. The study further explored how the characteristics of children related to the quality of care. The study also examined the children's perspectives on the appropriateness of the physical Infrastructure in CCIs and how it related to the quality of care. Lastly, the study considered the children's perspectives on the psycho-social welfare support in the CCIs.

A vulnerable child has been defined as a person under 18 years facing acute hardship situations, thus in need of attention, provision and assistance. This includes destitute, disabled, street and orphaned children (Children Act, 2001).

One of the major current concerns in Nyeri Central Sub-county is the problem of orphans and vulnerable children (OVC) (Archdiocese of Nyeri 2003: Nyeri District Development Plan 2005). The sub-Saharan Africa is home to over 55 million orphaned children for various reasons (Embleton, et al (2014). A more recent UNAID Report estimates that there are over 16 million orphans under 18 years who have been orphaned by HIV and AIDS in the world. The report further reveals that 14.8 million live in Sub-Sahara Africa (http://

Orphans and vulnerable children is an issue that needs attention in Kenya today. According to a recent research carried out by Boston University in collaboration with Nairobi University (2009), it has been emphasized that providing care and support for OVC's is one of the biggest challenges Kenya is facing today as their estimated population overwhelms available resources. (Dennis, Ross & Smith, 2002; Embleton, 2014).

A clearer picture has been illustrated by Peter Okaalet (2007) in his article on 'Some responses to HIV and AIDS and children in Africa'. He reported that millions of children already orphaned or infected by the disease are overlooked as government and donors draw strategies to fight the pandemic. He added that 'every minute of every day a child under the age of 15 years dies from the disease'. He further advised that the health experts warn that the number of Aids Orphans in Africa may grow to 18 million by 2010 (Okaalet, 2007).

1.1 Theoretical Framework

The study was guided by the ecology of human development theory by Urie Bronfenbrenner (1979), general systems theory by Bertalanfy (1968) and Stufflebeam's improvement oriented model (2007).

The Ecology of human development theory by Urie Bronfenbrenner (1979) holds that relation between developing persons tend to follow life-course of human development in the environment in which they live. The form, power and content directing the process of effective growth vary systematically and depend on the nature of interactions.

General systems theory by Bertalanfy, L. (1968), holds that the inter-relationships between elements which all together form the whole system, is characterized by nonlinear interactions of its components over time. Study adopts the developmental, functionalist approach to systems, where sub-systems operating within the larger system occasion mutual interactions and are interdependent.

Stufflebeam's improvement oriented assessment model (Stufflebeam et al, 2007) defines an assessment as a process as obtaining, reporting and applying descriptive and judgmental information about some objects merit worth, significance and probity in order to guide decision making support accountability, disseminate record and promote increased understanding of the phenomenon under review. Stufflebeam therefore, developed context: input, process and product (CIPP) model that is an ongoing check on implementation of a plan. This study interrogates various systemic influences to the quality of care of OVCs in CCIs.

1.2 Problem statement

According to the Kenya population census 2009, the number of OVCs in Nyeri Central Sub-county had 14,061 (18.4%) which was the highest number of OVCs in Nyeri County, which had 76,269 distributed in 23,112 households. The figures for the neighboring sub-counties were as follows: Mukurweini 9,306 (12.2%), Othaya 8,890 (11.7%), Mathira East 9,198 (12.1%), Mathira West 7,526 (9.9%), Kieni East 10,661 (14%), Kieni West 8,723 (11.4%) and Tetu 7,903 (10.3%). (Nyeri District Strategic Plan, 2005-2010).

For the past two decades the OVCs in Nyeri Central Sub-county have increased due to poverty, emergencies and compounded by emerging of HIV and AIDS (UNICEF, USAID, 2009). The budgets to run the homes are meager. In some cases the homes rely on donations from well-wishers. The government role in supporting the OVC has been mainly on policy formulation, advisory and supervisory matters while the faith based organization (FBO), Non-governmental organization (NGO), community based organization (CBO) and other donors have been committed in care support and protection of OVCs. Their contributions are able to meet (5-10%) of the OVCs needs. (Human rights watch, 2005, Williamson, 2000). However, despite the various local efforts, the OVCs are increasing in the institutions and their care and support still remain low. Moreover, once at the CCI, the issue of infrastructure and staff training and commitment affects the quality of care (Weda & Mwangi, 2015).

1.3 Research Objectives (RO)

RO1 - Assess the children's perceptions of the quality of care as measured by basic needs, child rights and protection.

RO2 - Determine whether the characteristics of children relates to the quality of care.

RO3 - Assess the children's perspectives on the appropriateness of the physical Infrastructure in CCIs.

RO4 - Determine whether the children's perspectives on appropriateness of the physical relates to the quality of care.

R05 - Determine the Children's Perspectives on the Psycho-social Welfare Support in the CCIs.

1.4 Significance of Study

The study contributes to the overall knowledge related to care, specifically on institutional support system in CCIs for the protection services of OVCs in this country, region and other international countries as the findings could be replicated. The study would lead to identification of strong and weak areas in overall care, support and protection services of OVCs

in Nyeri Central Sub-county. In addition, the study would lead to improvement towards the overall care, support and protection services in institutional based OVCs. The study would be a useful document for future use in planning of the OVCs projects in Nyeri Central Sub-county.

Poverty and HIV/AIDS are the main factors that lead children to becoming OVCs (Malman, 2003.) The traditional ways of absolving the OVC in extended families and communities are declining. The fact that modern trends encourage de-institutionalization and opt for alternative care of OVCs, such as the cash transfer system in Kenya may affect the results. The government of Kenya has taken up the policy formulation, advisory and supervisory roles which may have some impact.

2. RELATED LITERATURE

Kenya's Ministry of Gender, Children and Social Development (2013) observe that Charitable Children's Institutions (CCIs) have become critical partners in the support of the OVCs in Kenya in the last 50 years. The department emphasizes that the government cannot effectively care for all the OVCs in many rural and urban areas and have invited other organizations such as religious organizations to share the responsibility. It was estimated that there were 1.1 million orphans due to HIV and AIDS. The number was expected to rise from 2.3 million to 2.9 million by 2010 (Muita, 2001). The NACC estimated that there are 2.4 million orphans and that among them 1.2 million due to HIV and AIDS.

The Kenya Government has responded by putting in place a Nation Plan of Action on OVC's which help to strengthen the capacity of families to protect and care for OVC's - which provide economic, psychosocial and other supports- such as food, nutrition, education, health care, housing, water, and sanitation. The Ministry of Gender, Children and social services in collaboration with the National Steering committee develop the OVC policy. In addition the Government has established a regular cash subsidy of Ksh. 1,500 to house hold caring OVC (on trial basis) (Boston University and Nairobi Universities, 2009).

A child is generally accepted as a young person who may dependent and under the 18 years (Orenge, 2008). In our African system a child is a person who has not reached circumcision age and dependent. An orphan is a child who has lost one or both parents or guardians to HIV and AIDS or other causes before reaching 18 years and dependent (Orenge, 2008). A vulnerable child is a child in need of special care and support or a child with chronically ill parents, care-giver or a child living in a high-risk setting (Orenge, 2008).

There are varied situations which make a child vulnerable such as when parents are ill or dying, or when they do not have parents or guardians, or when they are living in the streets, or when they are in jail or prison or when they are isolated, discriminated, exploited or when they live in supportive or unhealthy environment and when they have inadequate medical care (Orenge, 2008). Similarly, Malman (2003) has made a detailed analysis of the main causes of children vulnerabilities. She argues that the following categories of children are vulnerable. Children held in detention; children lacking education and skills; children living in poverty; children being exploited or abused discriminated against or exposed to violence, children isolated or children withdrawn (who might have no access to schools or adequate medical care), children whose rights are not uphold and children who have lost parents to HIV and AIDS. She further cautions that babies and young children are more vulnerable than older children and those girls are more vulnerable than boys (Malman, 2003).

According to (UNICEF, 2006), orphans and vulnerable children are deprived of their first line of protection- the parents, especially when they are orphaned. Similarly, they lose their first-time protection when they lose their guardians or care-givers. In addition, when they are placed in alternative care-givers or even left or kept in prolonged hospital care on health status or even detained or placed in remand, correction or penal facilities as a result of judicial decision (UNICEF, 2006).

Category of OVC varies significantly in practice and in some cases, from one country to another, as well as from one community to another. According to Ferguson (2009) in his recently carried out studies on OVCs in Kenya, it has been established that there are several categories of OVCs. The main categories include the following: Children at risk, Children who are heads of households, Children living with HIV and AIDS, Children sent to the streets daily, Children in situations of commercial sexual exploitation, Children who are AIDS orphans, Children who are in institutions from poverty, children from all causes and Children who are completely on their own.

The term 'child protection' is used to refer to the range of activities undertaken to prevent and respond to abuse, exploitation and violence against children. Child protection should be viewed as part of the wider protection system for children as opposed to a one stop place. For children protection to work for the child, the different partners need to work together. These partners include caregivers, the community, government as well as other organizations (NCCS, 2011).

2.1 Literature gap

Many studies in Kenya have focused on child abuse and the situation of OVCs at the community setting. Few studies have focused on children's perception of the quality of care provided in charitable children's institutions. This study hopes to fill this gap in knowledge.

3. RESEARCH METHODOLOGY

3.1 Research Design

The research design adopted sequential mixed methods strategy (Creswell, 2009) which triangulates survey and in-depth interviews. The study was conducted in a county in Kenya, East Africa. The target population was all the orphans and vulnerable children (OVCs) who were 8-18 years in the care institutions in that one county. This study used stratified sampling technique to select six child care institutions (CCI's) housing the OVCs. Only OVCs in the institutions who agreed to participate in the study ended up being part of the final sample.

3.2 Ethical Procedures and Data Collection Procedures

The researcher received permission and clearance for the study from Kenyatta University Graduate School, Ethics Review Committee, and the National Council for Science, Technology and Innovation (NACOSTI) for a research permit. Permission from the Sub-County Commissioner, Nyeri Central Sub-county was also obtained. Ethical considerations of informed consent, assent, voluntary participation, confidentiality and anonymity were ensured.

The researcher pretested the reliability and validity of the instruments by selecting a sample of one similar CCI outside Nyeri Central Sub-County which was not included in the final study. Pretesting followed the same procedures that were later used in the actual research.

The researcher made a preliminary visit before administering the questionnaires. The researcher explained the purpose of the research and the procedure to be used. Questions were read aloud by trained research assistants to cater for the OVCs who may not be in a position to read and complete the questionnaires on their own.

Quality of Care of the OVC was measured using a rating scale developed to gather information from children's perceptions of quality of care provided in the institutions. The tools include: The quality of care scale for children 8-18 years, and the quality of care scale, which was rated with varying Likert scales. An example of a question is - Tell me if you feel happy or sad about the children's home where you stay. Then there was a list of bathrooms, dormitories e.t.c, Often, smiley faces were used to accompany each response so it made more meaning to the children. The four response would for example be 'very happy, happy, sad and very sad. Some parts of the scale were open ended to facilitate collection of more in-depth information.

4. RESULTS

4.1 Questionnaire Results

The findings of data gathered from six Charitable Children's institutions (CCIs) in Nyeri County; through structured questionnaires. The study sample was comprised of 204 children participants. The demographic characteristics of children who participated in the study were- 1) Institution (1-6); 2) Gender - males149 (73.0%) , Females 53(26%); 3) Age; and

4) Education level (primary or secondary). More details are in table 1

RO1 Assess the children's perceptions of the quality of care as measured by basic needs, child rights and protection

(Total Quality of care = Child Basic Needs+ Child Protections rights + Overall rating on care)

The highest rating for children was shelter (3.75) while the lowest ratings for the children was clothing, with a (3.47 out of 4.00. The second part of the table summarizes the rating for the quality of care as measured by children rights and protection. The highest rating for the children was the advice and guidance given (3.67). One of the questions asked the overall quality of care for the OVCs and the children's rating was pretty high - 3.63. For the children's ratings on quality of care, for the basic needs section, the mean was 21.97 out of a possible 24 (six items x4 on Likert scale). For child protection needs only the mean was 14.37 out of a possible 16 (four items x 4 on Likert scale). The quality of care had a mean of 3.65 out of a possible 4.00 (one item x 4 on Likert scale). The overall mean score of all quality of life variables combined was 40.16 out of a possible 44, the standard deviation was 4.45, the lowest score was 28 and the highest was 44, and the median was 42.

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RO2 – Determine whether the characteristics of children relates to the quality of care.

ANOVA was conducted with the various children characteristics (gender, age, education level, and various institutions) as the independent variables and the Quality of care totals as the dependent variable. Table 1 gives a summary of the results. The results indicated that the -

- ✓ Females' means on the overall quality of care (41.83) was significantly higher than the males' quality of care mean (39.59).
- ✓ Older children's' means on the overall quality of care (41.29) was significantly higher than the younger children's' quality of care mean (39.36).
- ✓ Secondary school children's means on the overall quality of care (42.23) was significantly higher than the primary children's quality of care mean (39.87).
- ✓ Children's mean of quality of care from institution 5 were significantly different from the other institutions (*Turkey's HSD post hoc analysis indicated this).* Notably, all the other institutions had a quality of care mean over 40, but institution 5 had a mean of only 32.65 out of a possible 44 points.

Table 1: ANOVA of Quality of Care Totals by Children Characteristics

Children Characteristics		**N**	**Quality of Care Mean Out of 44**	**Std. Deviation**	**Mean Square**	**F**	**Sig *P =0.05***
Gender	Males	145	39.59	4.80	110.615	5.853	.003
	Females	53	41.83	2.76			
	Total	200	40.16	4.45			
Age	Younger 10-14 years	97	39.36	4.84	161.719	8.360	.004
	Older 15-18 years	78	41.29	3.77			
	Total	75	40.22	4.49			
Educational Level	Primary school	127	39.87	4.50	182.180	10.275	.002
	Secondary School	44	42.23	3.21			
	Total	171	40.47	4.32			
Institutional levels	Institution1	10	42.70	.68	182.180	10.275	.002
	Institution 2	16	42.69	2.09			
	Institution 3	53	41.94	2.905			
	Institution 4	70	40.51	3.70			
	Institution 5	31	32.65*	1.05			
	Institution 6	20	42.50	3.63			
	Total	200	40.16	4.45			

RO3 - Assess the children's perspectives on the appropriateness of the physical Infrastructure in CCIs.

The data indicated that the children were very happy with the infrastructure. The children's means for the infrastructure were almost all above 3.5 out of a 4 except for two; sanitation 3.49, and play grounds 3.21. The highest ratings for the children were for with the clean water (3.86) and electricity (3.84). In the open ended section on infrastructure, the need for playground was mentioned 30 times and entertainment 28 times.

RO4 - Determine whether the children's perspectives on appropriateness of the physical relates to the quality of care.

ANOVA's were conducted with the quality of care total for the children as the dependent variable and the ratings of the physical facilities (high=above mean) and Low (below mean) as the independent variable. The results are summarized on Table 2 –Those children who rated the physical facilities high (above mean), also had a significantly higher mean on their ratings on the quality of care, than those who rated the physical facilities Low (below the mean). Hence indicating that, from the children's perspective, physical facilities influenced the quality of care.

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Table 2: ANOVAs for Physical facilities Influence on Quality of Care

	Physical Facilities Ratings	N	QUALITY OF CARE Mean out of 44.00	Std. Deviation	Mean Square	F	Sig.
Children Ratings out of 24 mean=21.74	Low -below mean	65	35.69	4.37	1917.80	187.39	.000*
	High- above mean	135	42.30	2.45			
	Total	200	40.16	4.45			

R05 – Determine the Children's Perspectives on the Psycho-social Welfare Support in the CCIs.

The psycho-social support for the CCIs in this study was determined by asking the children to respond on issues about caregiver's availability, helpfulness, guidance, encouragement, and friendliness. The children rated the caregivers support highly, all the means were above 3.5 out of 4.00. Availability of the caregivers was rated highest by the children (3.68) and the manager (3.57). All the ratings for the staff and the managers on the psycho-social support of the care givers were above 3.00 out of 4.00. In the open ended question in this section, children indicated the need for more volunteers (17 mentions).

4.2 Observation results

The researcher made at least two visits to each CCI to observe and where possible, get first-hand information on the CCIs under the study. Most information has been tabulated in Table

It was noted that there were two main types of CCIs under the study – Private effort CCIs and Faith Based Organizations (FBO) efforts. Two of the institutions were private, they were not large, each had 31 children and had an about three to four employees. Both were connected to water, and had a large burglar proof gate with alarm. Their compounds were small, an average of (1/2 - ¾) of an acre land. The two private CCIs have been running for more than five years, hence are they are relatively new CCIs. Basically they have kept their compounds tidy and well fenced around and the general atmosphere.

4.3 Focus group discussions

All CCIs the children reported that their basic needs were met, education sponsorship was facilitated and that the environment was loving. Five out of six reported some basic provision of medical care within the facility. However, in only three out of six CCIs, children reported that their belonging to a CCI helped keep them from trouble as they had deliberate mentorship programs. They reported that their former friends who were not housed had resorted to drugs and other misdeeds. Similarly, only 3 out of six CCIs reported that being at the facility helped them with their spiritual growth. Only one institution reported the reported a boy's initiation program as an advantage of being in the institution.

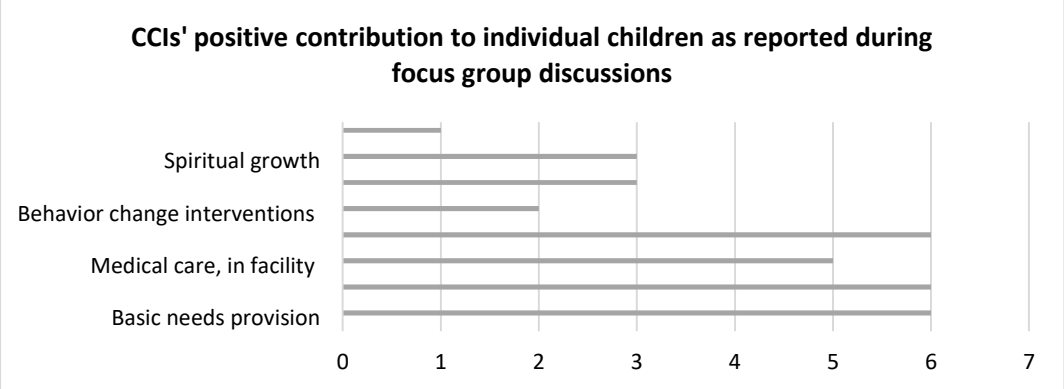

Figure 2: Summary chart for reported CCIs positive contribution themes during focus group discussions

5. DISCUSSION

It emerged that there were more male orphans than females (149:53). The study did not extend to why this is the case. However, in our traditional society, it is easy for orphaned girl children to be absorbed in the traditional society more than boys. In some cases, boys tend to be more curious, adventurous and easily influenced by peers. In each case, boys could easily leave home, get lost and be influenced by peers to venture in the urban areas. There are more children in the (CCIs)

in the age bracket of (10-14 yrs.). It was also established that the number of children in the (CCIs) decrease as their chronological ages increase.

The study also established that most of the orphans and vulnerable children were in the (CCIs) because of issues related to poverty or lack of basic needs. Another large number was there because they had one or both parents. This study concur with both (Orange, 2008 and Mailman, 2003) where they emphasize that there are many reasons why children become orphans and vulnerable in the society. The study also concur with (UNICEF, 2006) where the children become orphans as a result of losing their first line of protection; When they lose their guardians or caregivers, or when their parents are kept for prolonged hospital care or detained in correction or special facilities. This study further concurs with (Ferguson, 2009) which listed several categories of OVCs including children at risk, children sent to the streets, children in situations of commercial sexual exploitation and children who are HIV/AIDS – orphans.

The quality of care refers to the expected standards in care giving in CCIs. In this study it is measured by the responses and the questions about basic needs and on the child rights and protection. This study has established that the following areas need improvement: clothes, shelter/housing, food, protection of child rights, and guidance/advice.

The children in CCIs depend on donation of clothes. The children would take the donations with gratitude but have no alternatives. Those who go to school are lucky to get school uniforms. Those children are probably looking forward to get clothes that are probably new that can fit them and possibly in modern fashions. Possibly, it's time for them to receive the newer donations of the clothes that are not too old or worn out. In real sense, these children are growing and in most cases the clothes could be too tight or too big for them. It could therefore call for an alternative method to improve and facilitate clothes in reasonable time.

The study established that there was a relationship between characteristics of children (OVCs) and quality of care offered in charitable children institutions (CCIs). The study established that students who had a good relationship with their managers and care givers had a higher mean in their quality of care than those students who did not have a good relationship with their managers and caretakers. In addition, the children who rated the physical facilities high (above mean), also had a significantly higher mean on their ratings on the quality of care than those who rated the physical facilities low (below the mean).

Among the eight infrastructure physical facilities, the study established that the most needed facilities were the playground and sanitation. Most of the (CCIs) are accommodated in buildings/ structures within small plots. There is sometimes hardly any space for children to play. Some of them are rented premises just enough to accommodate the dormitories, bathrooms and toilets. This is reminiscent of the Maslow hierarchy of need ladder, whereby after the basic needs are met, i.e. the children have had adequate food and shelter, then the playground other needs become of significance. The best rated infrastructure includes clean water and electricity.

The study established that the main child welfare programs included providing hygiene and cleanliness, adequate clean water, providing safety, security and providing electricity. The study established that the (CCIs) were providing good adequate clean tap water, safety, and electricity. However, it was felt that there is need for improvement in the level of hygiene and cleanliness.

The study established that the caregivers support was rated high. The study established that the caregivers were available, helpful, gave advice /guidance and gave encouragement. A certain number of children felt that some of the caregivers were not friendly. It can be argued that there are several factors that may lead a caregiver to be efficient in her work: The number of hours that one works per day, the number of shifts per week, the number of children assigned to her, the various tasks that she may have been assigned, the type of training she may have received and even the level of motivation in terms of salary as well as her general attitude towards children.

It can further be agreed that the children admitted in (CCIs) come from different backgrounds and it may take the caregiver's time to understand them and the children too may take time to internalize all the regulations and rules set in the CCIs. The study further established the relationship with managers and volunteers were satisfactory, but it was not always as with the caregivers. This study did not go to the extent of finding out why the relationship between the children and the caregivers was not perfect.

A number of children felt that there was need to improve on housing. As the children are growing there is a tendency for the older ones to feel that they need their privacy in the CCIs accommodation. It should be noted that bathrooms need to be separated, those for junior children and those for senior children. Apparently, the children have not specified which

ages the shelter and housing have short comings or need improvements. Possibly sharing of rooms should be minimized and efforts should be made to ensure the toilets and bathrooms have doors.

About a quarter (25%) of the children felt that there was need to improve food in the CCIs. A small number of the children about 15% felt that food was not satisfactory. This study did not go into detail to find out what was wrong with the food. May be the type given to the children, or possibly there were no variety to choose from or possibly was not cooked to satisfaction. As the children grow, they need more food to sustain the various activities they undertake each day. It must be admitted each child has come from a different background and family tradition.

A few children (6.8%) rated child and protection rights as unsatisfactory. This study did not go to the extent of identifying the factors. The children may have felt that the tone used when being directed to do the CCIs chores was rather harsh or authoritative. Possibly they were punished if they did not do their tasks. Precisely there may have been some aspects of mishandling which could have been directed to a few of the children.

This study has established that both managers and staff offered advice and guidance to the children, however, a few children expressed that there is a need of improvement of the advice/guidance. This study did not go to the extent of finding which areas were to be improved. Ideally, advice/guidance could be passed to the children either individually or collectively. To some extent individual administered advice/guidance was effective. It provokes thoughts in the individual OVC. However, it is not always possible to offer individual advice/guidance individually.

In most cases advice/guidance is administered through the various groups of children in CCIs. Sometimes, external professionals could be very useful in supplementing the CCIs advice/guidance. Professionals such as (Health experts) and (Church Priests) would easily be able to offer useful advice/guidance. Professional psychiatrists, counselors and other specific choices would go a long way to supplement the advice/guidance. The CCIs should allocate time for this important aspect of welfare.

6. RECOMMENDATIONS

When the OVCs were responding to questionnaires, suggestion for improvement of the institution to make it better, majority responded that i) Entertainment ii) No playing ground and playing materials. The study established that there is need to improve the physical infrastructure of the CCIs, so as to give satisfactory services to the CCIs**.** It is recommended that the facilities be expanded and improved as the number of the OVCs in the institution increase. It is recommended that facilities such as toilets & bathrooms should be increased as the number of OVCs increase and be fitted with doors so as to give privacy to the individual OVCs when using them.

Most of CCIs admit children who are 5 years and above. There is limited literature on children below 5 years. It is important to explore the challenges and changes related to care of the OVCs who 5 years are and below.

Alternative methods of care of OVCs, without institutionalization ought to be investigated. What are the main methods of caring of OVCs, without institutionalization? What are the main challenges and problems of caring for the OVCs without institutionalizing their case? Safety and security of OVCs was a major ingredients of the overall care. What are the main methods used in OVCs care to ensure that the safety and security of the OVCs are taken care of?

The study established that the gender gap in the enrollment of the OVC at CCIs; The enrollment data shows that there were more males than females; with a ratio of 143:53. It is recommended that research be conducted to investigate the reason why there are significantly more males than females OVCs in the CCIs.

It has been argued that long stay in the institutions of care has a lasting negative impact (save the children, 2009).

It is recommended that further research be conducted to assess how the long stay in institutions may have impacted on the children.

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