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Project Management Integration and the Performance of Government-Sponsored Rescue Centres for Street Children in Nairobi City County, Kenya

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Abstract: **Government-sponsored rescue centres are the state's principal instrument for removing children from the streets of Nairobi, yet roughly 60 per cent of the children they rehabilitate return to the streets. This study examined the influence of four project management integration practices including resource allocation, monitoring and evaluation, stakeholder engagement and capacity building on the performance of these centres, anchored on systems theory, stakeholder theory and the theory of change. A descriptive design was adopted and a census conducted on the 56 staff of the four government-sponsored centres in Nairobi City County; 53 usable questionnaires were returned (94.6 per cent). Data were analysed using descriptive statistics, Pearson correlation and simple linear regression. Capacity building was the strongest predictor of performance ($r = .741$; $B = 0.704$, $t = 8.11$, $p < .001$; $R^2 = .549$), followed by stakeholder engagement ($r = .680$; $R^2 = .463$) and monitoring and evaluation ($r = .653$; $R^2 = .427$). Resource allocation was significant but weak ($r = .274$; $B = 0.351$, $p = .041$; $R^2 = .075$). The ordering inverts the account staff themselves give: resource adequacy attracted the lowest ratings of any construct ($M = 2.90$) and dominated the open-ended responses, yet explained the least variance, while capacity building rated highest ($M = 3.77$) explained the most. The study concludes that funding is a necessary but weak lever in this setting and that competence, coordination and evidence use carry more of the performance load, and recommends that the county prioritise professional staffing and structured mentorship, formalise stakeholder engagement, and institutionalise monitoring and evaluation as a management process rather than a reporting obligation.**

Keywords: **project management integration; capacity building; monitoring and evaluation; stakeholder engagement; street children; child protection; Kenya.**

1. INTRODUCTION

Kenya carries an estimated 300,000 street children, of whom roughly 60,000 are in Nairobi (Cornelius, 2020). Poverty accounts for approximately 39 per cent of cases, family conflict for 32 per cent and child maltreatment for 26 per cent, with orphanhood and absent guardianship adding a further stream of children without any functioning support network. Article 43 of the Constitution guarantees every child food, shelter, education and quality healthcare, and rescue centres are the state's principal operational response: facilities providing shelter, healthcare, education, counselling, family tracing and skills development to children in distress. Nairobi City County has four that are government-sponsored Bahati, Joseph Kang'ethe, Kayole and Pumwani operating under the Department of Children's Services in the Ministry of Labour and Social Protection (Social Protection by the State Department, 2022).

Their performance is uneven. Approximately 30 per cent of centres record successful reintegration, but around 60 per cent of rehabilitated children return to the streets (Mugo, 2004), and 40 per cent of centres report irregular and unsustainable

funding that interrupts service delivery (Social Protection by the State Department, 2022). Many operate above their designed occupancy, staffing is thin and often unqualified, and 35 per cent of centres report poor communication with key stakeholders (Kotut & Sakataka, 2022). Miriti (2015) documents the same cluster of constraints in Nairobi's rehabilitation centres, and Chepchirchir and Nyang'au (2022) attribute persistent recidivism specifically to limited post-rehabilitation support and poor inter-agency coordination.

Project management integration is the coordinated management of the several dimensions of a project resource allocation, monitoring and evaluation, stakeholder engagement and capacity building so that they operate as one system rather than as parallel activities (Kerzner, 2017). The logic of integration is that these dimensions are interdependent: funding that arrives without trained staff to deploy it, or monitoring data that no decision process consumes, produces less than the sum of its parts. Existing scholarship on street-child rehabilitation in Kenya documents the constraints these centres face but has largely not tested whether integrated management practice changes their performance (Mbogo & Mirara, 2022). Much of the available evidence addresses privately run or NGO-operated facilities, whose funding structures and governance differ materially from government centres, and systems integration theory is rarely applied to child welfare programmes at all (UNDP, 2022). This study measures four integration practices against performance in the four government-sponsored centres in Nairobi City County, and establishes their relative weight, a question of direct practical consequence, since a county with limited discretionary funds must decide which lever to pull first.

The study's specific objectives were to assess the influence of resource allocation, to evaluate the role of monitoring and evaluation systems, to investigate the effect of stakeholder engagement, and to examine the impact of capacity building on the performance of government-sponsored rescue centres for street children in Nairobi City County.

2. THEORETICAL FRAMEWORK

Systems theory. Von Bertalanffy (1968) holds that an organisation is an integrated arrangement of interdependent elements in which a disturbance to one part propagates through the whole. Applied to a rescue centre, the theory supplies the study's central premise: resource allocation, staff development, monitoring and stakeholder relations are not separable levers but components of one operating system, and performance is a property of how well they cohere. Where integration is weak, the failure typically surfaces somewhere other than where it originated. The theory's breadth is also its limitation, it describes the system without specifying the intervention that would correct a particular operational failure.

Stakeholder theory. Freeman (1984) holds that organisational performance depends on how an organisation manages its relationships with the parties who affect it or are affected by it. In social welfare delivery those parties are government agencies, non-governmental organisations, donors, community leaders and the beneficiaries themselves, and the claim is that including them in decision-making improves both legitimacy and effectiveness. For a rescue centre this is concrete: partnership mobilises resources, expertise and community trust that the centre cannot generate alone. The theory under-specifies power, however: where an official's view systematically outweighs a beneficiary's, formal engagement can be present while substantive participation is not.

Theory of change. Weiss (1995) makes explicit the causal chain running from inputs through activities and outputs to outcomes. For a rehabilitation programme it connects what is invested funds, staff, training — to what is ultimately sought, which is a child reintegrated and remaining so. Its value here is diagnostic: it obliges a centre to state which practice is supposed to produce which result, and therefore makes the stated link testable. Its limitation is an implicit linearity that under-represents the political, economic and community conditions capable of interrupting the chain.

The study accordingly modelled the performance of government-sponsored rescue centres as a function of four independent variables: resource allocation (timeliness and adequacy of funds, staffing, supplies, fairness of distribution, infrastructure); monitoring and evaluation systems (existence of formal systems, frequency of reviews, use of findings, availability of reports, feedback mechanisms); stakeholder engagement (collaboration with government, partnerships with NGOs and donors, community involvement, participation in decision-making, seeking of feedback); and capacity building (training, professional development, mentoring, skills enhancement, relevance to the work).

3. EMPIRICAL LITERATURE REVIEW

Resource allocation. Omullo (2018) found that 60 per cent of government-funded rescue centres in Nairobi experienced operational delays traceable to intermittent funding, and attributed the pattern to the absence of financial management structures capable of supporting long-term planning. Mwaura (2023) reports that privately funded centres, drawing on

diversified income, mobilise resources more effectively than their government counterparts, and Cornelius (2020) finds that public–private cooperation improves both operational effectiveness and financial stability in South African child welfare organisations. The constraint is not only one of volume: Kamau (2023) reports that more than 70 per cent of Nairobi's government rescue facilities operate with insufficient staffing and depend heavily on volunteers without professional child-care qualifications, while Nyasha and Mapfumo (2021) caution that donor diversification substitutes one instability for another.

Monitoring and evaluation. Mugo (2004) found that many government-funded centres lack structured monitoring systems and are therefore unable to track individual children's progress or to allocate resources on evidence. Nsubuga and Katusiime (2019) report that well-structured monitoring and evaluation improved service delivery in Ugandan social welfare organisations by 40 per cent. In Kenya only about 30 per cent of government rescue facilities operate functioning systems, and performance standards for reintegration are largely absent. Two developments remain untested in this setting: Patel and Singh (2021) find that digital dashboards substantially improve tracking and transparency, and Khan and Rahman (2022) argue for participatory approaches that include children, social workers and community members in review, on the grounds that they build ownership and accountability.

Stakeholder engagement. Cornelius (2020) found that partnerships between government and commercial sectors improve financial security and operational effectiveness in child welfare. The obstacle in government-run centres is coordination rather than the absence of stakeholders: Mwaura (2023) reports that 65 per cent of Kenyan child welfare institutions describe engagement as inadequate, and duplicated effort and resource inefficiency are attributed to poor coordination among the parties involved (Social Protection by the State Department, 2022). Regional evidence supports the engagement case where it is structured. Mkama (2020) shows that participatory approaches in Tanzania improved service delivery and built local ownership, and Karim and Magea (2021) find that cooperative governance models involving multiple stakeholders significantly improved institutional sustainability in Ugandan child rescue centres.

Capacity building. Okeke and Adeyemi (2021) found that structured mentorship improved service quality in Nigerian rescue centres by 30 per cent, and note the absence of comparable programmes in Kenyan government facilities. Mphahlele and Dlamini (2023) report that e-learning and remote training improved knowledge retention and practical application among social workers. The wider human resource development literature treats capacity building as a principal determinant of institutional performance (Armstrong, 2014; OECD, 2019), with an important qualification from Murithi, Mutiso and Mwangi (2017): training alone has limited effect unless supported by organisational structures, appropriate job matching and performance-based management. That distinction separates the availability of training from its conversion into practice, and proves material to the present findings.

Across this literature each practice is individually associated with performance in social welfare settings, but none of the reviewed studies examines the four together in Kenyan government-sponsored rescue centres, so their relative weight cannot be established from the existing evidence.

4. METHODOLOGY

A descriptive research design was adopted. Descriptive designs observe and record a phenomenon in its natural setting without manipulation (Saunders, Lewis, & Thornhill, 2019), which suited an enquiry into how project management practices are currently integrated in the four centres and how that integration relates to performance.

The unit of analysis was the rescue centre and the unit of observation the individual member of staff. The study covered all four government-sponsored centres in Nairobi City County — Bahati, Joseph Kang'ethe, Kayole and Pumwani enumerating the 56 staff who hold roles bearing on the four practices: four financial managers, four project managers, four monitoring and evaluation officers, four child protection volunteers, four sub-county children officers, sixteen social workers and twenty support staff, distributed evenly across the four centres. The population being small and fully accessible, a census was conducted rather than a sample.

Primary data were collected using a structured questionnaire administered through a drop-and-pick procedure over one week. The instrument comprised respondent demographics, Likert-scaled items covering the four independent variables and the dependent variable scored from 1 (strongly disagree) to 5 (strongly agree), and open-ended questions used to interpret and qualify the quantitative pattern. A pilot was conducted on 12 purposively selected respondents drawn from comparable centres outside the main study, and the instrument refined on the basis of their responses (Mugenda & Mugenda, 2003; Tavakol & Dennick, 2011). Content validity was established through expert judgement by experienced

child welfare practitioners and academic supervisors, and construct validity by aligning every item to the theoretical constructs from which the variables were derived. Reliability was assessed on the pilot responses using Cronbach's alpha with 0.70 as the acceptable threshold, which was met.

Data were analysed in SPSS version 30. Descriptive analysis produced frequencies, means and standard deviations; Pearson product-moment correlation established the direction and strength of the bivariate relationships; and simple linear regression was estimated for each independent variable against performance, so that the explanatory contribution of each practice could be quantified and compared (Field, 2018). Unstandardised estimates are reported as B. Section 5.4 explains why the fully specified multiple regression is not reported as a finding. An introductory letter was obtained from Kenyatta University and a research licence from the National Commission for Science, Technology and Innovation before data collection; participation was voluntary and no identifying information was collected.

5. RESULTS AND DISCUSSION

5.1 Response rate and respondent profile

Of the 56 questionnaires distributed, 53 were completed, returned and valid for analysis, a response rate of 94.6 per cent, comfortably above the 70 per cent Mugenda and Mugenda (2003) treat as very good. Women made up 62 per cent of respondents and 62 per cent were aged between 26 and 45. The education profile is the more consequential feature: while 42 per cent held a bachelor's or master's degree, 36 per cent had secondary or primary education as their highest attainment. The occupational distribution reinforces the point half the respondents were social workers and a quarter child protection volunteers, while only 15 per cent held roles specifically concerned with project management, monitoring and evaluation, or financial management. The workforce is weighted towards direct service delivery and thin on the technical and managerial functions that integration requires, a structural fact that anticipates the study's central result.

5.2 Descriptive statistics

Table 1. Descriptive statistics for the study variables (n = 53)

Statement	Mean	Std. dev.
Resource allocation		
Funds are received in a timely manner	2.26	1.09
Financial support is adequate for the centre's needs	2.28	1.06
Staffing levels are adequate	3.00	1.07
Essential supplies are available	3.79	1.04
Resources are distributed fairly	3.02	1.07
Infrastructure is adequate	3.06	1.08
Overall	**2.90**	**1.07**
Monitoring and evaluation systems		
Formal M&E systems exist in the centre	3.53	0.99
Performance reviews are conducted frequently	3.62	0.99
M&E findings are used in decision-making	3.40	1.04
M&E reports are available	3.75	0.90
Feedback mechanisms are in place	3.60	0.99
Overall	**3.58**	**0.98**
Stakeholder engagement		
The centre collaborates with government agencies	3.72	0.89
Partnerships exist with NGOs and donors	3.64	0.98
The local community is involved in the centre's work	3.55	0.99
Stakeholders participate in decision-making	3.58	0.99
Stakeholder feedback is actively sought	3.68	0.92
Overall	**3.63**	**0.95**

Statement	Mean	Std. dev.
Capacity building		
Staff training opportunities are provided	3.77	0.89
Professional development is supported	3.66	0.96
Mentoring and coaching are available	3.85	0.86
Skills for child care are actively enhanced	3.74	0.88
Capacity building is relevant to the work	3.81	0.86
Overall	**3.77**	**0.89**

Source: Survey data (2026). Items scored 1 (strongly disagree) to 5 (strongly agree). Means and standard deviations computed from the reported frequency distributions, each of which sums to 53.

Resource allocation returned by far the weakest ratings of any construct (M = 2.90 against 3.58, 3.63 and 3.77). Within it, the two financial items are the source of the shortfall: timeliness of funds (M = 2.26) and adequacy of financial support (M = 2.28) both fall in the disagreement band, with 35 and 36 of 53 respondents respectively disagreeing or strongly disagreeing. Availability of essential supplies (M = 3.79) is the single exception, suggesting that supplies reach the centres even where the money to plan for them does not. The open-ended responses converge: one respondent reported that "insufficient funding limits centre operations and sponsorship programs," and several described resources as unable to keep pace with rising numbers, producing overcrowding and constrained psychosocial support. Uniform standard deviations across the block indicate that this is not a problem of one centre.

Monitoring and evaluation returned moderate agreement (M = 3.58), with availability of reports highest (M = 3.75) and use of findings in decision-making lowest (M = 3.40) — a gap that is itself the finding. Reports are produced; they are less reliably converted into decisions, which is the implementation gap Ngatia (2016) identifies across Kenyan government programmes. Stakeholder engagement returned M = 3.63, with collaboration with government agencies rated highest and community involvement lowest; respondents credited NGOs and community members with substantive contributions "NGOs are helping, and the government response is inadequate" while describing government engagement as slow and review meetings as occurring without a settled rhythm. Capacity building returned the highest ratings of the four constructs (M = 3.77). Respondents described training as practically relevant "courses in trauma counselling have enhanced my working abilities" while others reported the opposite: "no formal training opportunities are provided," "learning is on the job only." Provision is real but unevenly distributed across centres and roles.

5.3 Correlation and regression results

Table 2. Correlation and simple linear regression of each practice on performance (n = 53)

Predictor	Pearson r	Constant	B	Std. error	t	p	R^2
Capacity building	0.741	1.274	0.704	0.087	8.11	< .001	0.549
Stakeholder engagement	0.680	1.600	0.650	0.095	6.82	< .001	0.463
Monitoring and evaluation	0.653	2.031	0.516	0.081	6.34	< .001	0.427
Resource allocation	0.274	1.982	0.351	0.168	2.10	.041	0.075

Source: Survey data (2026). Dependent variable: performance of government-sponsored rescue centres. Each row reports a separate bivariate model; F (1, 51) = 65.834, 46.483, 40.221 and 4.395 respectively.

All four practices correlate positively and significantly with performance and every regression model is significant, but the ordering is the notable result. Capacity building accounts for 54.9 per cent of the variance in performance, stakeholder engagement for 46.3 per cent and monitoring and evaluation for 42.7 per cent. Resource allocation — the construct respondents rated lowest and complained about most — accounts for 7.5 per cent.

Capacity building (B = 0.704, t = 8.11, p < .001) was the strongest predictor: a one-unit increase in the capacity building score is associated with a 0.704-unit increase in performance. Read alongside the demographic profile, the result acquires a sharper meaning. A workforce in which 36 per cent of staff have secondary education or below, and in which only 15 per cent hold technical or managerial roles, is one where the marginal return to building capability is high precisely because the baseline is low. Murithi et al. (2017) caution that training delivers little without organisational structures to convert it into practice; the unevenness reported here — some respondents describing specialised trauma training, others

learning on the job only — suggests that the conversion mechanism is exactly what varies between these centres. The finding is consistent with Okeke and Adeyemi (2021), who report a 30 per cent improvement in service quality from mentorship in Nigerian centres.

Stakeholder engagement ($B = 0.650$, $t = 6.82$, $p < .001$) accounts for close to half the variance, supporting stakeholder theory's claim that organisational effectiveness depends on the management of relationships with affected parties, and consistent with Mkama (2020) and Karim and Magea (2021) on participatory and cooperative governance in Tanzania and Uganda. The descriptive and qualitative data locate the mechanism: where NGOs, donors and community members engage, they supply resources and capability the centres cannot generate internally; where government engagement is slow and meetings unstructured, the coordination benefit is not realised. Simiyu, Wanjala and Mutua (2018) report a comparable effect for Kenyan public projects, operating principally through accountability and resource mobilisation. The gains available here therefore come less from adding stakeholders than from regularising the engagement that already exists.

Monitoring and evaluation ($B = 0.516$, $t = 6.34$, $p < .001$) is consistent with Nsubuga and Katusiime's (2019) finding of a 40 per cent improvement in service delivery in Ugandan organisations with structured systems. The descriptive pattern qualifies it usefully: reports are available ($M = 3.75$) more reliably than findings are used in decisions ($M = 3.40$), so the performance gain appears attached to the use of monitoring information rather than to its production. That points at a specific and relatively inexpensive intervention — closing the loop between report and decision, rather than generating more reports.

Resource allocation ($B = 0.351$, $t = 2.10$, $p = .041$) was significant but weak, and this is the study's most consequential and most counter-intuitive result. It does not mean that funding is unimportant. The descriptive data are unambiguous that funding is inadequate and irregular, and the open-ended responses return to it more than to any other subject. What the result means is narrower: across these four centres, variation in resource adequacy explains little of the variation in performance. Two readings are available. The first is a restriction-of-range effect — if all four centres are similarly under-resourced, as the uniform standard deviations in Table 1 suggest, there is little variance in the predictor for the model to work with. The second is that resourcing operates as a threshold rather than a gradient: below a certain level a centre cannot function, but above it, additional resources without the capability to deploy them do not translate into performance.

Both readings converge on the same implication, and it is one the systems-theoretic framing anticipates. Resources are an input to a system whose conversion capacity is set by staff competence, coordination and evidence use. Where that capacity is thin as the workforce profile indicates it is money enters a system that cannot fully convert it. Omullo (2018) and Kamau (2023) document both halves of this condition in Nairobi's government centres: intermittent funding, and a workforce relying on volunteers without professional child-care qualifications. The finding suggests the second constraint currently binds harder than the first.

The results therefore invert the account the staff themselves give. Asked what limits their centres, respondents answered overwhelmingly in terms of money; measured against performance, the practices carrying the most explanatory weight are capability, coordination and evidence use, in that order, with funding last by a considerable margin. This is not a contradiction but the distinction between a constraint that is severe and a constraint that discriminates between better and worse performing units. Funding is severe and shared, so it is visible to everyone and explains little of the difference between centres; capacity building is uneven, and that unevenness tracks the performance differences closely. For a county allocating scarce discretionary resources, the practical reading is that additional funding alone is unlikely to produce proportionate gains, and that investment in professional staffing, structured mentorship, regularised engagement and the conversion of monitoring data into decisions offers a higher return.

5.4 A note on the multiple regression model

A multiple regression including all four predictors was estimated but is not reported as a finding, for reasons that should be stated openly. It returned $R^2 = 1.000$ and a standard error of the estimate of 1.04×10^{-16}, with a residual sum of squares of 5.53×10^{-31}; the coefficient on resource allocation was exactly 1.000 and the remaining three were of the order of 10^{-17}, indistinguishable from zero at machine precision. A perfect fit with residual variance at machine epsilon is not a substantive result and is not attributable to multicollinearity, which inflates standard errors but does not eliminate residual variance. It indicates that the dependent variable, as constructed for that estimation, was an exact linear function of one predictor. The bivariate results reported above are by contrast internally consistent in every respect that can be checked:

each t reproduces its coefficient divided by its standard error to within rounding, each F equals the square of its t, and each R^2 equals the square of the corresponding Pearson correlation. Re-estimating a correctly specified multiple model on properly constructed composite scores remains necessary to establish the unique contribution of each practice net of the others.

6. CONCLUSIONS AND RECOMMENDATIONS

All four project management integration practices are positively and significantly associated with the performance of government-sponsored rescue centres for street children in Nairobi City County, but they are not equally consequential. Capacity building is the strongest determinant: staff training, mentorship and professional development correspond to the largest share of the variation in performance, and in a workforce where more than a third of staff have secondary education or below, this is where the capability constraint is most binding. Stakeholder engagement is second, mobilising resources and expertise the centres cannot generate internally, with the available gains concentrated in regularising engagement that already exists rather than in creating new relationships. Monitoring and evaluation matters substantially, and its value lies specifically in the use of monitoring information rather than in its production. Resource allocation is significantly but weakly associated with performance not because funding is adequate, which the descriptive evidence establishes it is not, but because variation in resourcing across these centres explains little of the variation in how they perform.

Read through systems theory, the four practices are not independent levers but components of one operating system, and the study's contribution is to establish their relative weight in this setting. The ordering it produces is actionable: capability first, coordination second, evidence use third, and funding as a necessary condition rather than a sufficient one.

6.1 Recommendations

1. Recruit, train and retain qualified child protection professionals; social workers, counsellors, psychologists, child protection officers and monitoring and evaluation staff at each centre, and deliver structured mentorship and continuing professional development consistently across all four rather than opportunistically. The unevenness of current provision is itself a source of the performance differences observed.
2. Institutionalise monitoring and evaluation as a management process rather than a reporting obligation. Standardised formats and scheduled evaluations are necessary but not sufficient; the performance gain attaches to a defined process by which findings enter decisions and produce documented changes to practice.
3. Formalise stakeholder engagement through scheduled review meetings with government agencies, NGOs, donors and community representatives, with a standing agenda and recorded actions. The evidence indicates the deficit is in structure and rhythm rather than in willingness.
4. Progressively convert the centres from long-stay residential facilities into short-stay transit, assessment and reintegration centres, supported by structured reintegration services; family tracing, family economic support, counselling, scheduled home visits and continued monitoring. Recidivism at 60 per cent indicates that the handover to family and community is where the rehabilitation chain breaks.
5. Introduce a county-wide child case management and referral system linking the centres to schools, hospitals, police, probation, children's services and community-based organisations, and constitute multidisciplinary rehabilitation teams within each centre so that each child's case is managed as an integrated whole.
6. Diversify resourcing through partnerships with NGOs, faith-based organisations, donors and corporate social responsibility programmes, using diversification to stabilise the timing of funds rather than to substitute for public funding, and recognising the donor-dependency risk Nyasha and Mapfumo (2021) identify.

6.2 Limitations and further research

Four limitations bound these findings. The fully specified multiple regression returned a degenerate solution and could not be used, so the unique contribution of each practice net of the others has not been established; because the four practices are themselves correlated, the individual R^2 values should be read as upper bounds, and re-estimating the multiple model with multicollinearity diagnostics is the first priority for further work. The study covered four centres in a single county with 53 respondents, so while the census describes this population completely, the findings do not generalise to privately run centres or to rural and semi-urban settings; a comparative study would establish whether the ordering observed here is

a property of government funding structures or of the sector more broadly. The design was cross-sectional, so the analysis establishes association rather than causation and cannot rule out the reverse direction — that better-performing centres attract training and partnership opportunities. Finally, performance was measured through staff perception rather than administrative outcomes; future work should incorporate reintegration rates, recidivism, length of stay, occupancy against capacity and cost per child, which the centres already record.

Declarations. Ethical approval was granted by Kenyatta University and a research licence issued by the National Commission for Science, Technology and Innovation; participation was voluntary and informed consent obtained from all respondents. The authors declare no competing interests. The research received no specific grant from any funding agency. The dataset is available from the corresponding author on reasonable request.

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