Title

ASSESSING SOCIO-ECONOMIC CHALLENGES ENCOUNTERED BY REHABILITATION CENTERS IN CARING FOR STREET-CONNECTED CHILDREN: A CASE STUDY OF LILONGWE REHABILITATION CENTRE.

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ABSTRACT

The issue of street dwellers, particularly children, has become a global concern, especially in impoverished and developing countries (UNICEF, 2020). Street children are typically defined as those under 18 who live or work on the streets, either alone, with peers, or with family (UNOHCHR, 2011). These children, often referred to as street-connected, rely on the streets for survival, either part-time or full-time. Rehabilitation is a key strategy in addressing this issue, generally involving the provision of shelter, education, training, and support aimed at helping individuals become self-reliant and reintegrated into society (Consortium for Street Children, 2018).

In addressing the needs of street children, alternative care becomes essential, especially for those who lack parental guardianship. According to Article 20(2) of the Convention on the Rights of the Child (CRC), children who are temporarily or permanently deprived of their family environment are entitled to special protection and assistance (UNCRC, 1989). Furthermore, Article 20(3) of the CRC outlines that such care may include, among others, foster placement, adoption, or placement in suitable institutions that respect the child's cultural background and continuity in upbringing (UNCRC, 1989).

1.1 Background of Study

Over the past decades, the phenomenon of street dwellers has become prominent globally, with serious implications for their survival, particularly in poor and developing countries. The United Nations in 2005 reported that approximately 100 million people were homeless worldwide, seeking shelter in public spaces such as sidewalks, parks, and train stations. More recently, the United Nations in 2021 estimated that around 150 million children globally are living on the streets. This number highlights the growing urgency to address the root causes and improve the living conditions of these vulnerable populations (Children, 2017).

UNICEF defines street children as boys and girls under 18 who have turned the streets into their home or primary means of livelihood. Similarly, the United Nations Committee on the Rights of Child added that such children might live alone, with peers, or with family and May periodically

reside or work on the streets (UNICEF, 2020). The Mental Elf further explained that "street-connected children" are those aged 1–18, or youth aged 15–24, who spend a portion or the majority of their time living and working on the streets (Elf, 2006).

The phenomenon of streetism is particularly visible in developing countries, where poverty, abandonment, family breakdowns, and economic migration drive children to urban centers in search of better opportunities. UNICEF noted that obtaining an accurate number of street children globally remains difficult due to their mobility and the hidden nature of their lives (UNICEF, 2020). In Africa alone, an estimated 30 million street children (UNESCO, 2018) face immense adversities such as hunger, exploitation, limited access to basic services, and psychological trauma. In Malawi, this situation is no different. The country has witnessed a disturbing increase in street-connected children in urban areas. As of 2020, an estimated 4,000 children were living on the streets in cities like Lilongwe, Mzuzu, Blantyre, and Zomba (Kayenda, 2022). However, according to UNICEF, the figure could be as high as 15,000, with boys comprising 60% and girls 40%. These figures reflect the national struggle in addressing the multi-dimensional problem of streetism, which is compounded by a lack of infrastructure and limited economic opportunities (UNICEF, 2020).

Streetism in Malawi is largely influenced by systemic poverty, high unemployment rates, and inadequate social services. Factors such as the HIV/AIDS pandemic have contributed to family disintegration, with many children left orphaned and vulnerable. In some cases, families in rural areas send their children to cities with the hope that they will find better prospects, only for these children to end up in precarious street situations, which exposes them to various forms of exploitation, including child labor and trafficking (Evans, 2021).

In response to this growing challenge, rehabilitation has become a central strategy. However, Mauk KL observed that there is no universally accepted definition of rehabilitation. It is portrayed in various ways depending on context, but generally centers on equipping individuals, through shelter, education, and training, to carry out daily activities independently and to reintegrate into society (Mauk, 2011). In the Malawian context, non-governmental organizations (NGOs) like Save the Children and the Centre for Youth and Development are pivotal in offering rehabilitation programs that provide shelter, vocational training, and psychosocial support tailored to the needs of street-connected children. Mulindi and the American Dictionary define rehabilitation as a process of readapting a person to society or restoring someone to a prior functional position, which

has translated into various local initiatives to provide a sense of community, family, and belonging for these vulnerable children (Mulindi, 2020).

1.2 Problem Statement

Despite international recognition of the rights of vulnerable children and the establishment of rehabilitation centers intended to provide care, education, and structured support, rehabilitation centers in Malawi continue to operate within complex socio-economic environments that shape their institutional performance and service delivery outcomes. These centers are expected to function as key pillars within the child protection and social welfare system, contributing to rehabilitation, development, and preparation for successful social reintegration. However, there is limited empirical and scholarly evidence that clearly explains the institutional dynamics influencing how rehabilitation centers function within their broader socio-economic context.

Furthermore, the interaction between socio-economic conditions and the quality of services delivered in rehabilitation centers has not been sufficiently examined. Existing literature provides limited insight into how institutional environments influence service organization, consistency, and overall effectiveness. This gap in knowledge constrains evidence-based policy formulation, program planning, and institutional strengthening efforts. In the absence of systematic and context- specific analysis, interventions aimed at improving rehabilitation services risk being inadequately informed and less responsive to prevailing realities.

In addition, limited attention has been given to documenting and analyzing locally grounded and innovative approaches that could enhance the effectiveness and sustainability of rehabilitation centers. Local initiatives and adaptive practices remain underexplored, reducing opportunities for learning, replication, and long-term institutional improvement. Without adequate documentation of such approaches, stakeholders may struggle to identify practical strategies that align with local capacities and socio-economic conditions.

1.3 Main objective

To assess Socio economic challenges encountered by rehabilitation centers in caring for street connected children.

1.3.1 Specific objectives

To examine the key factors that trigger socio-economic challenges faced by rehabilitation centers.

To assess the Influence of socio-economic challenges on children in rehabilitation centers and on the quality of services provided at these centers.

To introduce local innovative solutions that will help reduce socio-economic challenges in rehabilitation centers.

1.4 Research question

What are the key factors that trigger socio-economic challenges faced by rehabilitation centers?

What is the influence of socio-economic challenges on the well-being of children and the quality of services provided in rehabilitation centers

What local innovative solutions can be implemented to mitigate socio-economic challenges faced by rehabilitation centers?

1.5 Significance of the Study

The findings of this study will play a critical role in shaping evidence-based strategies aimed at supporting rehabilitation centers in their efforts to care for street-connected children. By identifying key socio-economic challenges and proposing practical solutions, the study will inform the development of interventions that foster a more supportive and nurturing environment within these facilities. Such improvements are essential not only for safety but also to transform rehabilitation centers into places where children feel valued, respected, and motivated to build a future free from the constraints of street life.

When children experience a sense of belonging, emotional security, and hope, the likelihood of them returning to street life is significantly reduced. This, in turn, contributes to a long-term decrease in the overall population of street-connected children. International organizations such as UNICEF emphasize that addressing the underlying conditions within rehabilitation centers, including inadequate staffing, lack of psychosocial support, and poor infrastructure, can lead to substantial improvements in child rehabilitation outcomes. UNICEF highlights the need for child- centered, rights-based approaches supported by sustainable policy reforms (UNICEF, 2020).

This research similarly aims to address critical knowledge gaps regarding the day-to-day realities and structural limitations that rehabilitation centers face when caring for street-connected children. By documenting these challenges, ranging from chronic underfunding and staff shortages to social stigma and inadequate integration with government services—the study brings them to the

forefront of national and institutional discourse. It is expected to serve as a catalyst for coordinated, data-driven action from key actors, including government agencies, NGOs, donor organizations, and faith-based institutions.

Government officials responsible for child protection have repeatedly highlighted the need to address root causes rather than merely managing symptoms. Such statements underscore the critical importance of systematic approaches that strengthen child welfare systems, improve inter- agency coordination, and prioritize sustainable interventions over short-term solutions. Similarly, senior policymakers advocating for youth-centered initiatives emphasize that investing in vulnerable children is not charity but a moral and strategic imperative for national development.

By identifying the socio-economic challenges and analyzing their impact on the

quality of care provided, this study makes a vital contribution to the field of child welfare. It provides a comprehensive understanding of systemic and structural barriers that limit the effectiveness of rehabilitation centers and offers an evidence base for designing long-term, targeted interventions. Ultimately, these findings support strategies that enhance the well-being of some of the most vulnerable children in Malawi, contributing to their rehabilitation, reintegration, and overall social development.

CHAPTER TWO LITERATURE REVIEW
2.1 Introduction

This chapter consists of the literature review of the topic that will include definition of significant terms, empirical evidence from other authors, theoretical frameworks and a summary of the chapter.

2.3 Empirical Evidence

2.3.1 Factors Triggering Socio-Economic Challenges in Rehabilitation Centers

Rehabilitation centers play a crucial role in addressing the needs of marginalized populations, particularly street children. These centers serve as lifelines for children who have been forced onto the streets due to a complex web of socio-economic hardships, familial breakdown, and community neglect. Unfortunately, socio-economic challenges persist, influencing the

Efectiveness of these centers in achieving their goals. A qualitative study conducted in Uganda highlights several factors that influence street children's decisions regarding their living situations. The research underscores that the allure of street life often stems from perceived advantages such as freedom, friendships, and drug culture (Salihu, 2019). However, the pull toward rehabilitation centers arises from

essential services like access to education, dignified treatment, and the promise of a brighter future.

Understanding the motivations behind street children's choices is paramount, as these children are active social agents who seek a better life. As noted by Nestor, Street children often develop a sense of agency that drives their decisions. The transition from street life to rehabilitation is contingent not only on the benefits provided by the centers but also on the children's fundamental desire to escape their circumstances. Thus, for rehabilitation centers to be successful, the incentives they offer must outweigh the comforts or perceived freedoms of street life (Nestor, 2015).

In addition to internal factors, external influences play a significant role in shaping the socio- economic landscape for street children. Advocacy work, as discussed by Volpi, is essential in promoting policies that protect street children's rights and well-being. Lobbying efforts directed at governments and international organizations have proven critical for securing resources and reforming the conditions surrounding both rehabilitation centers and the streets (Volpi, 2021). Mulindi, who argues that insufficient government support hinders the efficacy of social initiatives targeting street children, echoes the call for additional funding for social programs.

This lack of financial support creates a gap that reflects not only on the quality of services provided but also on the overall capacity of rehabilitation centers to fulfill their mandates (Mulindi, 2020). Awareness raising is another vital component in addressing the socio-economic challenges faced by street children. Mobilizing financial support and advocating for the rights of these vulnerable children can catalyze significant improvements in their situations. For instance, community-driven campaigns can

help raise awareness among the public and pit advocacy groups against institutional neglect (Volpi, 2021). However, this effort is complicated by the harsh realities of the environments in which these children often find themselves. As pointed out by Nestor, street children frequently navigate contexts rife with criminal activity, exposing them to exploitation and further marginalization. These challenges are often exacerbated by family breakdowns, poverty, and the death of guardians, which push children toward the streets as a desperate survival mechanism (Nestor, 2015).

Influence of Socio-Economic Challenges on Children and Rehabilitation Services

Children in rehabilitation centers across Malawi face a range of socio-economic challenges that severely hinder their overall well-being and developmental progress. These centers are primarily established to offer a protective environment and a pathway to recovery for children who have endured traumatic experiences such as life on the streets, various forms of abuse, neglect, or family disintegration. Ideally, such institutions should function as safe havens where children can receive comprehensive support aimed at healing and empowerment. However, the reality on the ground reveals a stark contrast; many of these facilities operate under significant financial constraints that limit their ability to provide holistic care (Parker, 2020).

In Malawi, where poverty rates remain alarmingly high and government allocations for child protection services are limited, these obstacles are felt more acutely. A report from The Nation newspaper on February 16, 2023, captured the dire situation: "Several rehabilitation centers across the country are struggling to feed children three meals a day due to inconsistent funding and delayed government subventions."

The plight is even more severe for street-connected children, those who have lived without adult supervision, protection, or access to basic services. Many of these children enter rehabilitation centers suffering from multiple forms of deprivation, including malnutrition, exposure to physical and emotional abuse, and a complete lack of formal education. Without adequate financial resources, centers are often unable to deliver the multi-layered care such children require. Overcrowding, poor sanitation facilities and a critical shortage of trained caregivers are common challenges that further compound the psychological and physical stress experienced by the children (Yates, 2018).

These limitations have drawn attention from various stakeholders. During a press briefing on March 5, 2023, Hon. Jean Sendeza, then Minister of Gender, Community Development and Social Welfare, emphasized the gravity of the situation by stating: "Our children are our most important asset. If we do not prioritize their care and protection now, we are setting ourselves up for a future of continued poverty and instability." This statement underscores the far-reaching implications of underinvesting in vulnerable children, not only in terms of individual futures but also in terms of the broader socio-economic health of the nation.

To make meaningful progress, there is a need for sustainable, coordinated, and well-targeted funding mechanisms that ensure rehabilitation centers do more than provide temporary shelter. They must be equipped to offer transformative services that empower children and enable them to rebuild their lives. An editorial from The Nation on March 22, 2023, captured this sentiment well: "The issue is not just about keeping these children off the streets; it is about giving them a real chance at life, which requires serious political will and financial commitment." Without such commitment,

the cycle of poverty, neglect, and vulnerability will continue unbroken.

Innovative Local Help for Rehab Centers' Socio-Economic Issues.

In South Africa, organizations like Street-Wise, with branches in Johannesburg, Soweto, Durban, and Pretoria, are working to support street children through childcare, education, and vocational training. Their success has been largely attributed to involving the local community in these efforts, creating a comprehensive model focused on improving the well-being of street children (Le Rou, 2015). This community-centered approach aligns with the African philosophy of Ubuntu, which emphasizes the interconnectedness of people and the importance of community. Ubuntu highlights that the well-being of an individual is inherently tied to the well-being of others, suggesting that the rehabilitation of street children must involve the active participation of the community for long-lasting success (Epstein, 2022).

However, despite some progress, there remain significant challenges in accommodating street children, particularly those who have grown accustomed to urban life or have spent longer periods on the streets. These children often struggle with cognitive development and may resist following the rules of rehabilitation centers. They frequently refuse to interact with peers they encountered on the streets and are initially unwilling to accept help (Mullan, 2017). In this context, rehabilitation programs need to balance respecting the autonomy of these children while providing the necessary support to guide them toward reintegration into society.

In Malawi, the traditional childcare system emphasizes keeping children within their communities, a practice supported by national policies such as the Child Care

Protection and Justice Act (2010). This approach aligns with Ubuntu, where the responsibility for children's welfare is seen as a collective community effort. The Lilongwe Social Rehabilitation and Transit Centers, for example, provide care and protection for vulnerable children in line with national laws (YONECO, 2019). Yet, with the growing number of vulnerable children, there has been a rise in the establishment of

specialized childcare institutions. Organizations like Chisomo Children's Club (CCC) and the Evie Gray Foundation have been pivotal in offering support through rehabilitation, family reintegration, and community initiatives aimed at addressing the root causes of vulnerability (Wade, 2019).

However, the challenges persist. One of the primary barriers is the lack of comprehensive data on children living outside their families. This lack of data makes it difficult for the Ministry of Gender, Children, and Community Development (MoGCCD) and other stakeholders to monitor the situation effectively, hindering their ability to make informed decisions about interventions. The absence of up-to-date data on assessments, admissions, and integration processes compromises the ministry's capacity to prevent family separations, promote reunifications, and provide appropriate alternative care (UNICEF, 2020). The need for robust monitoring and evaluation systems to ensure that accurate and timely data is available for decision-making is crucial for the success of any rehabilitation initiative.

To address these systemic challenges, it is critical to implement local innovative solutions. Engaging street children in the planning and execution of rehabilitation programs can help improve their sense of agency and ownership in the process. This will also help build trust between the

children and caregivers. As street children witness tangible improvements and sustainable changes in their rehabilitation process, they will be more likely to leave the streets. A collective approach involving the community, government, and NGOs will help develop and implement sustainable solutions that address both the immediate needs and the long-term welfare of these children. Programs must also address socio-economic issues such as poverty, family instability, and lack of education to ensure that children are not only removed from the streets but also equipped with the skills needed to thrive in society (Forum, 2018).

In conclusion, local innovative solutions rooted in Ubuntu philosophy, community involvement, and a commitment to ensuring the well-being of street children can mitigate the socio-economic challenges faced by rehabilitation centers. By focusing on education, providing necessities, and creating collaborative networks, we can work toward the successful reintegration of vulnerable children into society. Ultimately, it is through understanding the deep interconnectedness of our communities and fostering a sense of collective responsibility that we can achieve lasting change.

Theoretical Framework.

Addressing the socio-economic challenges faced by rehabilitation centers for street-connected children in Malawi requires a multi-dimensional framework that integrates several key theories, providing both ethical and practical guidance for improving care. Four significant theories stand out in this context: Ecological Systems Theory, Social Capital Theory, Maslow's Hierarchy of Needs, and the combined insights of Immanuel Kant's Categorical Imperative and the Theory of Otherness.

Ecological Systems Theory, developed by Urie Bronfenbrenner, emphasizes that a child's development is influenced by a layered network of relationships and social systems (Bronfenbrenner, 1979). According to this theory, street-connected children are affected by many factors, including their immediate family, friends, community, and even the larger society. For example, a child living on the street experiences challenges not only from their home life but also from their neighborhood's safety, the availability of schools, and government policies. Understanding these interconnected layers allows rehabilitation centers to provide more tailored and effective support. By considering how each factor influences the child's life, these centers can adopt holistic strategies that address the root causes of the children's issues, instead of just focusing on surface-level symptoms.

Social Capital Theory, proposed by Pierre Bourdieu and later expanded by Robert Putnam, focuses on the value of social networks and community relationships in enhancing well-being (Bourdieu, 1986). This theory indicates that strong community ties can provide emotional support, share resources, and encourage collaboration between rehabilitation centers and local organizations. For street-connected children, having strong social connections can mean access to mentors, volunteers, and therapeutic services that aid their recovery. By investing in building social capital, rehabilitation centers can improve their effectiveness in creating positive environments for the children. Fostering relationships with local businesses or community groups can provide much-needed assistance, such as job training programs or educational opportunities, which are essential for the children's long-term success (Bourdieu, 1986).

The combined perspectives of Kant's Categorical Imperative and Levinas's Theory of Otherness further enrich the ethical

framework necessary for understanding society's responsibilities toward street-connected children. Kant's Categorical Imperative emphasizes that individuals must be treated as ends in themselves, meaning they have inherent dignity and rights (Kant, 1785). This means rehabilitation centers must prioritize the well-being of each child, treating them with respect and caring for their needs in a way that supports their dignity. In other words, caring for these children should not be seen as a simple duty or task, but rather as an opportunity to honor their value as human beings.

In tandem, the Theory of Otherness, as articulated by Levinas, calls for the recognition of the "Other" and highlights the importance of empathy and responsibility in our moral obligations (Levinas, 1969). This theory encourages caregivers and rehabilitation centers to see street- connected children as unique individuals with their own experiences, rather than merely viewing them as victims or statistics. By incorporating this perspective, rehabilitation centers can create supportive practices that validate the children's feelings and involve them in decision-making processes regarding their care. This approach fosters an environment of dignity and respect, allowing children to feel valued and understood (Levinas, 1969).

CHAPTER THREE RESEARCH METHODOLOGY
3.1 Introduction

This chapter consists of the research method and design, research setting, study population, sampling method, sample size, research instrument, data collection procedure, pilot study, data analysis and ethical considerations.

3.2. Research method and design

3.2.1. Research design

This study used a combination of evaluative, exploratory, and descriptive designs where systematic factual data were collected for easy understanding of the phenomenon being studied (Creswell, 2014). The descriptive design was used to describe the demographic characteristics of street children, identify the challenges that rehabilitation centers faced**,** and document the experiences and perspectives of street children (Lindqvist, 2016). The descriptive design permitted researchers not only to collect facts for description but also to understand the operations of street children in real-life situations through observation (Creswell, 2014).

3.2.2. Research methodology

According to the University of Newcastle (2023), research methods were defined as the strategies, processes, or techniques utilized in the collection of data or evidence for analysis to unveil new information or enhance understanding of a topic. This study adopted a mixed-methods approach, integrating both qualitative and quantitative research techniques to deliver a comprehensive analysis of the socio-economic challenges encountered by rehabilitation centers for street- connected children. Primary data were collected through structured questionnaires and in-depth interviews with street-connected children, caregivers, and rehabilitation center managers.

3.3 Research Setting

This referred to the physical, social, or experimental context within which research was conducted; this included the location, period, population, and environmental factors (Creswell, 2014). This research was conducted at Lilongwe Rehabilitation Centre, located in the capital city of Malawi, Lilongwe. According to Mkandawire (2015) and UNICEF (2011), an estimated 104 rehabilitation centers existed in Malawi, with 29% of them located in Lilongwe.

3.4 Study Population

A study population referred to a specific group selected for examination in a research study, sharing common characteristics relevant to the research objectives. In this research, the study population comprised street-connected children who were residing and receiving care at rehabilitation centers in Lilongwe, as well as their caregivers. These children encompassed a diverse range of ages, backgrounds, and experiences related to life on the streets, making them a crucial focus for understanding the socio-economic challenges faced by rehabilitation centers in providing effective support and services. The

inclusion of caregivers, who played a vital role in the day-to-day care and rehabilitation of these children, added an essential dimension to the study, offering insights into the operational, emotional, and resource-related challenges experienced within these centers (Newcastle, 2023).

3.5 Sampling Technique

Sampling referred to the selection of a subset from a larger population that was of interest in a research study (Turner, 2018). It played a crucial role in ensuring that the findings of a study could be generalized to the broader population. In this research, I employed both simple random sampling and snowball sampling techniques to ensure a diverse and representative group of

participants. Snowball sampling, a non-probability sampling method, was particularly effective in reaching hidden or hard-to-identify populations. In this approach, I asked initial participants who met the study criteria to refer others in similar situations, thereby creating a chain of referrals.

3.6 Sample size

The number of individuals included in a research sample depends on several factors, such as the size and diversity of the target population, the research objectives, and the chosen methodology. Selecting an appropriate sample size is crucial to ensure that the findings are both reliable and representative of the broader population. According to Shona (McCombes 2023), various sample size calculators and formulas can assist researchers based on their specific analytical goals. For this study, 38 participants will be selected, divided into 18 participants for qualitative data collection, comprising street-connected children residing in rehabilitation centers and their caregivers, to gain in-depth insights into their experiences. The remaining 20 participants will be involved in quantitative

data collection to provide measurable and generalizable findings related to the dynamics within the rehabilitation centers. This division allows for a comprehensive understanding while keeping the sample size manageable for effective data collection.

3.7 Research Instrument

Observation, questionnaires, and checklists were the main data collection tools. These data collection tools helped me obtain a more comprehensive understanding of knowledge, behavior, practices, and the root causes. This helped me apply the required techniques to lessen their situation.

3.7.1 A Questionnaire

This was used in the survey method. A questionnaire is a list of questions or items used to gather data from respondents about their attitudes, experiences, or opinions (Lindqvist, 2016). Questions were formed to include items on how mothers took care of children. Types of questioning included open-ended questions and close-ended questions. Close-ended questions required "Yes or No" answers, while open-ended questions demanded follow-up answering.

3.7.2 Key Informants

These were individuals with specific knowledge about certain aspects of a community, site, or population according to their professional background, leadership duties, or experiences. Selection
was based on their ability to provide valuable insights and understanding in various fields. These interviews involved in-depth qualitative data collection methods used to gather firsthand knowledge on a topic. The interviews were structured to allow for a free flow of information, resembling a conversation among acquaintances, and were valuable for gaining a comprehensive understanding of issues, perspectives, and motivations related to a specific subject (Needs Assessment Task Force).

3.7.3 Observation

Observation was considered both a data collection method and a technique. In research, observation involved directly watching and recording behaviors, events, or characteristics in their natural setting to gather data. It was a method used to collect information by observing and noticing what was happening without direct interaction. Observational data could be captured through methods like human observation, open-ended surveys, or using instruments or sensors to monitor and record information (Hecker, 2024).

3.8 Pilot Study

A pilot study was a small-scale preliminary investigation designed to test and refine research methodology before the main study (Teijlingen, 2001). It aimed to evaluate the practicality and clarity of research instruments rather than provide conclusive results. Such studies allowed researchers to identify flaws in the design, improve the reliability and validity of data collection tools, and ensure ethical practices before the full study (Lancaster, 2004).

In this pilot study, conducted at the Lilongwe Rehabilitation Centre, three street-connected children and two caregivers participated. Their feedback on research instruments, such as questionnaires and observation checklists, helped refine the tools and procedures, ensuring that the main study was effective and relevant to the research objectives.

3.9 Data Analysis

This study was based on primary data collected using questionnaires. A pre-test of the questionnaire was carried out to ensure the accuracy and consistency of questions. This helped remove ambiguity in answering

the questions. To collect reliable data, respondents were assured that the data provided would be used only for research purposes, which encouraged them to disclose information without inhibitions. The study was qualitative, with data from the

questionnaire analyzed using descriptive statistics, and thematic analysis was applied. Data were analyzed using the Statistical Packages for Social Sciences and Kobo Toolbox, and results were presented using tables, percentages, and pie charts.

3.10 Ethical Considerations

Ethical considerations were fundamental in ensuring that research was conducted responsibly, respecting the rights, dignity, and well-being of participants. This study adhered to ethical guidelines to maintain integrity, fairness, and credibility in data collection, analysis, and reporting. The following ethical principles were observed:

3.10.1 *Informed Consent*

Participants were provided with clear information about the study's purpose, procedures, risks, and benefits. Their voluntary consent was obtained before participation.

3.10.2 *Confidentiality and Anonymity*

All participant data were kept confidential, and identifying information was anonymized to protect privacy and ensure that responses could not be traced back to individuals.

3.10.3 *Voluntary Participation and Right to Withdraw*

Participants were not coerced into taking part and had the freedom to withdraw at any stage of the study without any consequences.

3.10.4 *Non-Maleficence*

The study ensured that no physical, psychological, or emotional harm was inflicted on participants, maintaining their well-being throughout the research process.

CHAPTER FOUR RESULTS AND DISCUSSION
4.1 Introduction

This chapter presents, analyzes, and discusses the findings of the study titled Assessing Socio- Economic Challenges Encountered by Rehabilitation Centers in Caring for Street-Connected Children. Data was collected from caregivers, management staff, children, and community volunteers at Lilongwe Rehabilitation Centre. The chapter follows the sequence of the study

objectives, covering response rate, demographic characteristics of respondents, and detailed analysis of findings.

4.2 Response rate

In research study, response rate is the percentage of participants who complete and return a survey, questionnaire or other research instrument out of the total number of participants sampled. In this study, 38 respondents were selected in order to bring about the research findings. On the other hand, out of the 38 respondents, the researcher successfully collected 38, which summed up to a response rate of 100%. The diagram below shows how it was represented;

Category	Percentage (%)
Respondents	100
Non-Respondents	-
Total	100

Table 1: Response rate

4.3.1 Gender of Respondents

Gender	Frequency
Male	15
Female 6	23
Total	38

Table 2: Gender of Respondents

The table above showed gender information of participants who were involved in the study research.

Presentation of Research findings

Factors Triggering Socio-Economic Challenges in Rehabilitation Centers
4.4.1 Financial Constraints Are the Leading Cause of Challenges Facing Rehabilitation Centers

Most respondents indicated that financial

shortages were the primary challenge affecting the daily operations of rehabilitation centers. Participants consistently reported that inadequate funding limited the center's ability to provide essential necessities such as food, clothing, learning materials, and basic hygiene supplies. One caregiver explained, *"There are days when meals are reduced because the money is not enough to sustain the children"* (R3). Another respondent noted, *"Children sometimes lack basic items like soap and exercise books, which affects both their health and learning"* (R7). These shortages resulted in inconsistent service provision and negatively affected children's physical well-being and participation in educational activities.

In addition, respondents highlighted that limited financial resources constrained the maintenance of infrastructure such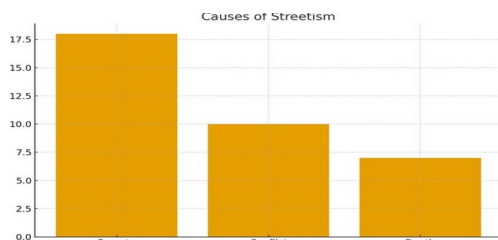 as sleeping facilities and sanitation systems. A program coordinator stated, *"The buildings are old and need renovation, but funding only allows us to manage emergencies"* (R1). Similarly, a caregiver reported that *"overcrowding in dormitories affects the children's comfort and sense of safety"* (R5). Such conditions compromised the rehabilitation environment and reduced the effectiveness of care provided to vulnerable children.

These findings align with UNICEF (2021), which reported that inadequate financial investment weakens child protection and rehabilitation systems in many developing countries, including Malawi. Without sustainable funding, rehabilitation center has remain overstretched and operate below recommended standards. As one stakeholder summarized, *"without proper funding, rehabilitation becomes basic care rather than meaningful recovery"* (R12). This ultimately undermines rehabilitation outcomes and limits successful reintegration of children into families and communities.

Lack of Trained Caregivers Contributes to Poor Rehabilitation Outcomes

Figure 1: *Lack of Trained Caregivers*

Respondents indicated that most caregivers lacked professional training in child psychology, counselling, and trauma management, which significantly affected the effectiveness of rehabilitation services. Participants reported that caregivers often relied on personal experience rather than professional skills when handling children with complex emotional and behavioral challenges. One respondent explained,

"Most of us have the heart to help, but we were never trained to deal with trauma or psychological issues" (R4). Another caregiver noted, *"When a child becomes aggressive or very quiet, we are not always sure how to handle it in a professional way"* (R8).

Without specialized skills, caregivers struggled to understand behavioral patterns, emotional distress, and trauma-related reactions exhibited by street-connected children, many of whom had experienced abuse, neglect, loss, or prolonged exposure to harsh living conditions. A key informant stated, *"Some children express their pain through anger or silence, but this is often misunderstood as bad behavior"* (R1). As a result, responses tended to focus on discipline rather than healing. One participant observed, *"We spend more time controlling behavior than addressing the emotional pain behind it"* (R6).

Furthermore, respondents indicated that unresolved trauma and behavioral challenges made reintegration into families and communities more difficult. One stakeholder explained, *"Children may leave the Centre physically stable but emotionally unchanged"* (R3). Another respondent noted,

"Without proper psychological support, reintegration often fails because children struggle to relate positively with others" (R9). These findings relate closely to studies by UNICEF and the World Health Organization, which emphasize that effective rehabilitation of vulnerable children, requires trained caregivers and trauma-informed psychosocial support. Both UNICEF and WHO highlight that inadequate professional capacity within rehabilitation centers undermines emotional recovery and reduces the likelihood of successful reintegration, a pattern that is clearly reflected in the findings of this study.

Poverty and Broken Families Drive Children into the Streets

Figure 2*: Poverty & Broken Families as Causes of Streetism*
Poverty was identified as the leading contributor to streetism, with respondents emphasizing that many families were unable to meet basic household needs such as food, clothing, school materials, and medical care. Participants explained that persistent economic hardship placed immense pressure on households, often forcing children to seek survival options outside the home. One respondent stated that *"some parents fail to provide even one meal a day, so children go to the streets to look for food"* (R5). Another participant added, *"When there is no money for school or basic needs, children feel they have no choice but to survive on the streets"* (R11).

Respondents further indicated that the lack of sustainable livelihoods, high unemployment among caregivers, and weak social protection systems exacerbated the problem. One stakeholder noted, *"Many parents want to care for their children, but unemployment and lack of support make it impossible"* (R9). Another respondent emphasized that *"without social assistance, poor families have no safety net, and*

children become the most affected" (R13). As a result, poverty not only pushed children onto the streets but also entrenched long-term vulnerability, limiting access to education, stable care, and emotional support.

These findings relate closely to studies by UNICEF and the World Health Organization, which identify poverty, unemployment, and inadequate social protection as key structural drivers of street-connectedness among children. Both UNICEF and WHO emphasize that chronic economic deprivation forces children into survival-based street activities and increases their exposure to exploitation and health risks. The consistency between this study and existing literature

underscores the central role of poverty in driving and sustaining streetism and highlights the need for comprehensive socio-economic interventions to address the root causes of the problem.

Influence of Socio-Economic Challenges on Children and Rehabilitation Services

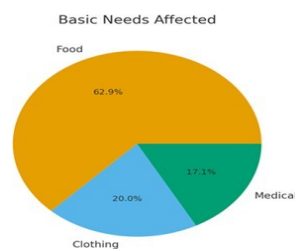**Inadequate Funding Affects Children's Access to Basic Needs**

rehabilitation centers struggled to consistently provide adequate meals and proper clothing due to limited resources. Respondents indicated that many center has relied on irregular donations and inadequate funding, which resulted in insufficient and nutritionally poor meals. One caregiver explained, *"There are times when the food is not enough, and the children go to bed still hungry"* (R4). Another respondent added, *"Meals are sometimes repetitive and lack the nutrients children need to grow well"* (R8).

Ultimately, these challenges undermined the core purpose of rehabilitation, which aims not only to remove children from the streets but also to restore their health, well-being, and self-confidence in preparation for reintegration into family or community life. These findings relate closely to studies by UNICEF and the World Health Organization, which emphasize that meeting children's basic nutritional, health, and hygiene needs is fundamental to effective rehabilitation and psychosocial recovery. Both UNICEF and WHO note that inadequate provision of food, clothing, and hygiene undermines children's physical health, emotional stability, and ability to benefit from rehabilitation programs, a pattern that is clearly reflected in the findings of this study.

Basic Needs Affected

Food 62.9%

20.0% Clothing

17.1% Medical

Figure 3*: Inadequate Funding Affecting Basic Needs*
Children were reported to experience hunger, malnutrition, and poor hygiene as

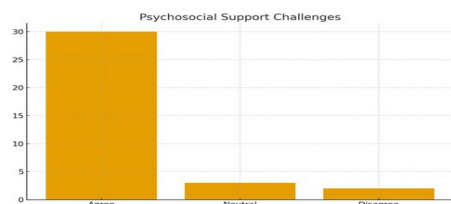**Socio-Economic Challenges Affect the Quality of Psychosocial Support**

Figure 4*: Quality of Psychosocial Support*

Most respondents indicated that limited resources significantly restricted the availability and quality of counselling services and therapy sessions within the rehabilitation Centre. Participants reported that financial constraints and the absence of professionally trained counsellors prevented children from accessing consistent and structured psychosocial support. One respondent explained that *"we do not have a full-time counsellor, so children only receive counselling when volunteers are available"* (R3). Another participant noted, *"There are many children who need therapy, but the resources cannot support regular sessions"* (R7).

The findings indicated that unresolved trauma contributed to persistent anxiety, depression, and behavioral challenges among children in rehabilitation. One respondent observed, *"Some children remain emotionally unstable even after staying at the Centre for a long time"* (R5). Another participant explained, *"Without proper counselling, children struggle to manage their emotions and relate positively with others"* (R11). This emotional instability was reported to negatively affect children's social interactions, learning capacity, and overall readiness for reintegration into families or community settings.

These findings are consistent with existing literature, including studies by UNICEF and the World Health Organization, which emphasize that trauma-informed counselling and psychosocial support are central to effective child rehabilitation. Additional studies by Save the Children and the International Organization for Migration highlight that children with prolonged exposure to violence and street life require structured and continuous therapeutic interventions to achieve

emotional recovery. Similarly, research by Bronfenbrenner's ecological systems theory and attachment theory scholars underscores the importance of stable, supportive relationships and professional counselling in promoting children's emotional regulation and social development. The alignment between this study and existing literature demonstrates that inadequate counselling resources significantly weaken rehabilitation outcomes and hinder successful reintegration processes.

Overcrowding Reduces the Quality of Shelter and Sanitation

Overcrowding was reported to expose children to multiple health and social risks, including increased vulnerability to contagious diseases, reduced personal space, and heightened stress levels. Respondents explained that when too many children were accommodated within limited facilities, essential amenities such as sleeping areas, bathrooms, and dining spaces became overstretched. One caregiver stated, *"Sometimes many children share one room, which makes it difficult to maintain cleanliness and order"* (R4). Another respondent added, *"Bathrooms and toilets are not enough for the number of children we have, leading to hygiene problems"* (R8).

Participants further indicated that overcrowded conditions compromised both physical and emotional Well-being. A key informant explained, *"Children fall sick*

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easily because infections spread faster in congested spaces" (R2). In addition, a caregiver observed that *"lack of privacy makes some children feel unsafe and uncomfortable, especially those who have experienced trauma"* (R6). The absence of personal space was reported to increase stress levels and emotional discomfort, limiting children's sense of security, which is essential for healing and behavioral stability.

Respondents also noted that overcrowding contributed to frequent conflicts, disrupted sleep, and

Local Innovative Solutions to Reduce Socio-Economic Challenges

Community Participation Helps Address Key Challenges

Respondents highlighted that community involvement through activities such as food donations, volunteer teaching, clothing drives, and counselling support was vital for the functioning of rehabilitation centers. One caregiver explained, "Without the community bringing food and clothes, it would be very difficult to meet the children's basic needs" (R3). Another participant noted, "Volunteers who come to teach or provide guidance help the children feel valued and supported" (R7). Respondents emphasized that these contributions not only supplemented limited

resources but also promoted a sense of belonging and social support for the children, reinforcing their emotional well-being and aiding in the rehabilitation process.

These findings align with studies by UNICEF and the World Health Organization, which underscore the importance of community participation in child protection and rehabilitation, noting that local engagement strengthens service delivery, enhances resource availability, and improves psychosocial outcomes for vulnerable children. Additional research by Save the Children also highlights that volunteer involvement and community-led initiatives significantly contribute to children's learning, social integration, and overall recovery.

Income-Generating Activities Can Help Centers Become Self-Sustaining

Gardening and poultry rearing emerged as the most preferred activities among respondents, highlighting a strong interest in sustainable, income-generating ventures. These activities not only provide immediate sources of food and nutrition but also create opportunities for economic independence, enabling individuals and communities to generate their own resources rather than relying solely on external assistance. Engaging in gardening allows for the cultivation of vegetables and fruits, which can supplement household diets and reduce food insecurity, while poultry farming offers both a source of protein and potential income through the sale of eggs and chickens. Over time, such initiatives can foster self-reliance, build resilience against economic shocks, and gradually reduce long-term dependence on donors, contributing to more sustainable community development.

Strengthening Partnerships with NGOs Improves Child Welfare

Most respondents emphasized the importance of collaborating with organizations such as UNICEF, World Vision, and Save the Children, noting that these partnerships are critical for strengthening the capacity of rehabilitation centers. Literature supports this perspective, highlighting that international and local NGOs play a vital role in enhancing service delivery in resource-constrained settings. Studies indicate that such organizations provide technical expertise through targeted training programs that improve caregivers' competencies in child development, trauma

management, counselling, and case management (UNICEF, 2020).

In addition to capacity building, these organizations often provide financial and material support to address gaps in essential services such as food provision, sanitation, healthcare, and educational resources. Research demonstrates that multi-sectoral collaboration between rehabilitation centers

and NGOs significantly improves the quality of care and ensures that vulnerable children have access to holistic support (WHO, 2018). Such support is particularly important in low-resource contexts where centers struggle to meet the basic needs of children due to funding constraints and limited professional expertise.

Respondents also highlighted the role of NGOs in supporting reintegration efforts, including family tracing, community sensitization, and follow-up programs to ensure children remain safe and stable after returning to their families or communities. This aligns with the literature emphasizing that sustainable rehabilitation requires not only interventions within the Centre but also comprehensive community-based support (UNICEF, 2020). Through these collaborations, rehabilitation centers are able to provide child-centered, holistic services that would otherwise be unattainable, confirming that partnership with experienced organizations is a key determinant of effective rehabilitation outcomes.

5.4 Conclusions

The study concludes that the socio-economic challenges faced by rehabilitation centers significantly affect the quality of care provided to street-connected children. Financial limitations, lack of trained staff, inadequate infrastructure, and limited psychosocial services hinder effective rehabilitation. These challenges not only affect the daily well-being of children but also delay or compromise their long-term reintegration into society.

However, the findings also show that there are practical and achievable solutions that could improve service delivery. Community involvement, income-generating activities, and strong partnerships with NGOs and government bodies offer realistic strategies for addressing resource shortages. Capacity building for caregivers is also essential in enhancing rehabilitation outcomes. Overall, the study concludes that although the challenges are substantial, they can be addressed through coordinated and sustainable efforts.

Recommendations

Recommendations to Rehabilitation Centre Management

Develop fundraising strategies and diversify sources of income to reduce reliance on donor funding.

Recruit more trained caregivers and invest in continuous training to enhance professional skills.
Improve infrastructure to reduce overcrowding and improve sanitation and sleeping arrangements.
Strengthen psychosocial support programmers by introducing structured counselling and trauma-informed care.
Implement income-generating activities such as agriculture, tailoring, and poultry to ensure financial stability.

Recommendations to Government and Policy Makers

Increase financial allocations and material support to rehabilitation centers.

Establish national guidelines and training frameworks for caregivers working with vulnerable children.

Strengthen family-based social protection initiatives to reduce the root causes of street-connectedness.
Support monitoring and evaluation of rehabilitation center has to ensure compliance with child welfare standards.

Recommendations to NGOs and Development Partners

Provide technical support through training, mentorship, and psychosocial support programs.
Support rehabilitation centers with educational materials, food supplies, healthcare resources, and clothing.
Collaborate with rehabilitation centers in establishing sustainable income-generating projects.
Facilitate caregiver training in trauma management, behavioral rehabilitation, and child development.

Areas for Further Research

The study recommends further research in the following areas:

An in-depth analysis of the long-term outcomes of rehabilitated street-connected children after reintegration.Comparative studies between private and government-run rehabilitation center is regarding operational efficiency.
An exploration of community-based rehabilitation as an alternative to institutional care.

An investigation into the role of extended families in supporting reintegration of street-connected children.

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