

**INVESTIGATING THE EFFECTIVENESS OF REHABILITATION PROGRAMMES
OF STREET GIRLS AND BOYS IN NYERI MUNICIPALITY, NYERI COUNTY,
KENYA.**

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DECLARATION

I confirm that this research thesis is my original work and has not been presented in any other University/Institution for clarification. The thesis has been complemented by referenced works duly acknowledged. Where text, data, graphics, pictures or tables have been borrowed from other works including the internet; such sources have been accurately referenced in accordance with ant-plagiarism regulations.

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DEDICATION

To my husband, Symon Mathenge, children, Raymond Gitonga, Stacy Njoki and Sandra Wambui and to the memory of my late parents Zipporah Wambui and Stephen Njine.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
CNSP	Children in Need of Special Protection
CYEC	Children and Youth Empowerment Centre
DCO	District Children Officer
ECDE	Early Childhood Development Education
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
ICCB	International Catholic Child Bureau
IED	Institute for Education in Democracy
IYC	International Year of the Child
NGOs	Non-governmental Organizations
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNCRC	United Nations Convention on the Rights of the Child
USK	Undugu Society of Kenya

OPERATIONAL DEFINITION OF TERMS

Counselling	An interaction process between a counsellor (in this case teacher counsellor) and a client (street boy or girl) who is vulnerable and in need of valuable tips on how to make informed choices in life.
De-socialization	This is the process through which the individual unlearns inappropriate behavior in rehabilitation centers.
Effectiveness	Defined in this study as the ability to achieve or produce intended result of rehabilitation programs including curbing recidivism, behavior modification and positive adjustment to social roles including schooling.
Gender	Gender is a socially constructed concept that focuses on roles assigned to men and women in the society.
Guidance	Dissemination of knowledge, facts and appropriate techniques of handling situations which will otherwise affect a person's wellbeing.
Rehabilitation	This is the process of guiding, counseling, training or treating children with aim of assisting them to behave in socially ways as the society may determine at a given time.
Re-socialization	This is the process through which an individual acquires (re learns) new and appropriate behavior, cultural norms, skills and values, roles and self- image that are quite different from previous ones.
Street children	Refers to children below 18 years living in streets usually without adult supervision or care.

ABSTRACT

In Kenya, the problem of children living on the streets has long been regarded a perennial problem of the urban areas of the country, often viewed with disdain by most people in the society due to the menacing behaviour of the children. The number of these children has been increasing at an alarming rate prompting the Kenya government, NGOs, churches and private sectors to set up rehabilitation centres for the children living on the streets and their families. Based on this, the study sought to investigate the effectiveness of rehabilitation programmes of street boys and girls in Nyeri Municipality. The objectives of the study were to establish existing programmes for the rehabilitation of girls and boys in selected rehabilitation centers, assess the effectiveness of rehabilitation programmes offered to boys and girls in selected rehabilitation centers, investigate the challenges encountered in rehabilitating boys and girls as well as challenges they faced during rehabilitation. The study further sought to identify strategies to improve the rehabilitation programmes. The study was guided by structural empowerment theory fronted by Kanter (1993). The study used descriptive survey design. The population of the study comprised rehabilitation centres' coordinators, programmes heads, District Children Officer (DCO), social workers and boys and girls in rehabilitation centers in Nyeri Municipality. Selected respondents included 3 coordinators of rehabilitation centres, 1 District Children Officer (DCO), 18 programmes heads and 6 social workers all selected through purposive sampling. 47 children in the rehabilitation centers in the area of the study were selected through simple random sampling. Data was collected using interview schedules for centres' coordinators and DCO; questionnaires for programmes heads and social workers and Focus Group Discussion guides for the children. Data was analyzed quantitatively using Statistical Package for Social Sciences (SPSS) while qualitative data was analyzed thematically and interpreted in context. Descriptive statistics such as frequencies and percentages were used to analyze various variables. The findings of the study revealed that rehabilitation programmes mainly included formal education, guidance and counselling as well as vocational programmes. However, there were gender disparities in the programmes offered in that girls' programmes were fewer compared to those offered to boys. In addition to the formal programmes, children were exposed to games and Sports for the development of different talents as well as for entertainment. The study also established that programmes were affected by various challenges such as lack of enough funds and community support, inadequate Government support and poor working environment, inadequate staff while others lacked skills thus affecting performance of the programmes negatively. Lack of facilities such as tools and equipments as well as inadequate rooms for the programmes also affected the effectiveness of the programmes. In addition, limited resources such as food resulted to girls not getting enough since they could not manage to compete with boys for the same. The study however concluded that rehabilitation programmes if well carried out can go a long way in rehabilitating children living on the street since their attitudes towards the programmes was positive. The study recommends the need for the staff to be trained in their various fields, upgrading of rehabilitation programmes as well as establishing more interventions for girls. Further, more funds should be availed to the rehabilitation centers by the County Government and other stake holders.

CHAPTER ONE

INTRODUCTION

1.1 Background Information

The phenomenon of children living on the streets is an alarming and escalating worldwide problem. The phenomenon that is an offspring of the modern urban environment represents one of the most complex and serious challenges facing humanity (Kaime 2012). Kaime (2012) noted that no country and virtually no city anywhere in the world is without the presence of children living on the streets. Both developing and developed countries face a broad spectrum of problems posed by the conditions of these children, yet few steps have been taken to address the issue. These are children in need of special protection (CNSP) whose rights to survival, development, protection and participation have been violated (UNICEF, 2005). This results in situations where the children may live in extremely difficult circumstances. Some of the children under difficult circumstances include orphans, neglected and children living on the streets. Children living on the streets are vulnerable to various forms of exploitation and abuse. They are deprived not only of their rights as children, but also of their childhood. They live without guidance, concern, love, education and security. Many end up dying on the pavements, victims of drugs, rape, gang rivalry and diseases. Without some form of basic education, and economic training, the future is bleak for these children and their life expectancy is terrifyingly low. These children face an obscure future (UNICEF, 2006).

Children living on the streets have various definitions. One of the definitions is that they are all the young boys and girls who have adopted the streets as their abode or source of livelihood or both. Whether they maintain ties with their families or not, these children are inadequately protected, supervised and directed by responsible adults. When left on their own

they keep to themselves or help their families to survive by engaging in odd jobs such as scavenging, begging, vending and even prostitution (Drane, 2010).

It is estimated that there are over 400 million children living on the street in the world today (International Street Kids ISK, 2016). The number has increased in recent decades because of political turmoil, civil unrest, family breakdowns and death of parents, war, poverty, natural disasters, HIV/AIDs, rapid industrialization or simply social economic collapse. Many destitute children are forced to eke out a living on the streets scavenging, begging and hawking in the slums of polluted cities of the developing world (Mohamed, 2007). United Nations (UN) estimates that, only 20 % of children who call streets their homes live without their families (UN, 2012).

Although children living on the streets phenomenon are a global concern, it is more prominent in Latin America, Asia and Africa. In South America alone, there are at least 40 million children with majority living on the streets of Mexico City, in Asia, 25 million children and Europe approximately 26 million while the estimates in most countries have fluctuated widely (UNICEF, 2007). In Brazil, the exact number of children living on the streets is not known. According to unofficial estimates, the numbers range between 200,000 and 1 million, but this number does not necessarily correspond to the number of children who live on the streets. These children fall between ten and eighteen years of age. These children do what they can to survive ranging from selling candy on street corners, shoe shining and watching parked cars; to drug peddling, petty theft and prostitution (Mitchell, 2006).

Due to poverty, abuse, political turmoil and HIV/AIDS, UNICEF (2010) estimated that there are over 32 million children living on the streets in the African region. It is estimated that 450,000 children live on the streets of Ethiopia and 35,000 in Sudan, Angola 10,000, Ghana 30,000 and Zambia 1.5 million children. During Rwanda and Burundi genocides in 1994,

children were exposed to various dangers, one of them being separated from their families thus getting to the streets to fend for themselves. The outbreak of HIV/AIDS pandemic has made the problem of children being orphaned and vulnerable quite conspicuous resulting to high numbers of children in the streets (UNICEF, 2006). Once children are forced on the streets, it is very difficult to resettle them in the society (UNICEF, 2010).

In Kenya, children living on the streets are referred to as “*chokora*” or “*mapipa*” which are Kiswahili words that literally mean “... one who scavenges and eats from garbage bins” (Kamusi, 2008). The exact number of children living on the streets and their families is unknown. However, Kenya is estimated to host more than 300,000 children and youth on the streets. Of this, 60,000 children are estimated to be living on the streets in Nairobi. The estimated censured numbers of children living on the streets are often unreliable due to the fluidity of this population, thus data are inadequate and the population tends to be underestimated (UNICEF, 2010). The reason for underestimation could be that the estimates are extrapolated from data reported by institutions working with children living on the streets and it is probable that the figures are gross underestimates of the true magnitude of the phenomenon. Moreover, making a direct count of children living on the streets is problematic because of their mobile nature and the suggested practice of making counts at night is difficult, because many children living on the streets are reluctant to disclose their night-time habitats. Using indirect counting methods can also produce underestimates because not all institutions that provide services for street children are included, and also because they do not gather data on children who never use the services. Reliable estimates can probably be obtained by combining the above approaches with, for example, calculations based on the percentage of children at risk in the overall population (Kaime, 2012).

Large numbers of children who live and work in the streets is a reflection of some of the most intractable development challenges of the society, attributed to lack of proper education and

family guidance in upbringing (African Action, 2009). The history of destitute children became a concern after the Second World War in 1945, when the United Nations General Assembly (UNGA) established the United Nations International Children's Education Fund (UNICEF) in 1946 to take care of the children who were victims of the Second World War in Europe. At the time of its formation, the objectives of UNICEF were limited to rehabilitation of orphaned and destitute children in Europe alone. In 1951, UNGA extended the scope of operation for UNICEF to include children from developing countries such as Lesotho, Senegal, Namibia and Kenya among others. UNICEF which is a permanent agency of United Nations (UN) works in partnership with host governments all over the world in alleviating suffering, diseases, poverty and provision of education to children (Kabeberi, 2006).

Further, formation of United Nations Convention on the Rights of the Child (UNCRC) and which was adopted by UNGA in 1989 and came into force in 1990 raised the awareness on the rights of children. UNCRC is an international human rights treaty that grants all children and young people aged 18 years and below a comprehensive sets of rights regardless of their race, background, religion or abilities (Smith, 2009).

Children living on the streets have experienced considerable attention nationally and internationally during the past three decades. The issue first appeared as a major concern during international year of the child (IYC) in 1979. In 1982, the inter NGO programs on children living on the streets and street youth, the first to draw on the extensive body of expertise was initiated (UNICEF, 2007). In 1986, UNICEF developed priority measures on behalf of "children in especially difficult circumstances" (CEDC), including children living on the streets and for developing strategies to defend their rights, avoid exploitation and to respond to their personal, families and community needs (UNICEF, 2007). UNICEF changed the child protection policy in 1996 and the term CEDC was replaced by "children in need of special protection" (CNSP) measure.

In the twenty –first century, the international community including UNICEF has devised a new term “orphan and vulnerable children”(OVC) which is now widely used in most developing countries such as Nigeria and Kenya to refer primarily to children orphaned by HIV/AIDS but also other vulnerable children such as children living on the streets (world bank 2005). This frequent change of terms changes the funding and focus of the programs at the national level and disrupts local organization as they try to follow the funds. However, in most countries, the terms CEDC or OVC are still used for programming while CNSP is used in legal context when referring to these children (Kaime, 2012).

In African traditional society, it was unheard of for children being on the streets, since children belong to the society. To date, it is not surprising to see a number of children living on the streets even in village shopping centers and in major towns. This is due to financial implications of brining up an extra child which discourages the extended families from taking such children in thus they end up running to the streets to fend for themselves. This led to formation of Pan- African network that promotes child rights and child protection which was set up in 1984 by some African countries including Nigeria and was inaugurated in Enugu Nigeria in April 1986, at the first child labor conference. A task force was set up to look into the possibility of starting an all-African Network on Prevention and Protection against Child Abuse and Neglect (ANPPCAN). Its mission was to enhance in partnership with others the prevention and protection of children from all forms of maltreatments as well as offer programs to the disadvantaged. During its inauguration, children living on the streets in Africa received increased attention (ANPPCAN, 2009).

Gatiiya (2005) reported that the high number of children living on the streets in Kenya stems back after *mau mau* in 1952-1956 when many children were left homeless. This is when colonial government broke up families by imprisoning men and women or taking them to the concentration camps. A report from child welfare in 1961 estimated the number of children

living on the streets to be 1500 in Nairobi alone. This led Geoffrey Griffin, one of the earliest educators in Kenya to rescue a handful of destitute boys found roaming the streets of Nairobi in 1959. The boys were housed in a two ragged tin huts which served as homes of seventeen former street children from which Starehe Boys Centre was founded. During 1992, 1997, 2002 and the latter 2007/2008 general elections, there were politically instigated ethnic clashes that displaced many families (Human watch, 2009). This affected many children since they were uprooted from their families. Some were traumatized as a result of witnessing merciless slaughter of their parents. As a result they retreated to the streets (Gatiiya, 2005).

The above necessitated the country Kenya to start institutions to care for these children. *Undugu* society of Kenya (USK) is one of them. USK was founded by Arnold Grol a Dutch priest in 1973 when he became aware of the snowballing vicious cycle of poverty and the attendant juvenile delinquency. It is then that this Dutch priest started the parking boy's programs explicitly to rescue children living on the streets from the stranglehold of urban poverty. There was, at the same time a moral concern for the society to do something to help children living on the streets. With the increasing number of children living on the streets, youth and families, the number of Community-Based Organizations and Non-Governmental Organizations (CBOs and NGOs) and private interventions addressing the plight of children living on the streets were set up. Supporting this UNICEF (2010) reported that, street children's villages were established in Nairobi as long ago as 1973. Since then the work to help the town's street children has expanded considerably. Recently a program called "Give a Child a Good Start" was launched in partnership with Unilever. Its aim is to feed the homeless, and recently a "street breakfast" was organized which was attended by over 400 children. It is against such back ground that rehabilitation centers with various rehabilitation programs for street children started coming up (Mohamed, 2007).

In 2003 when the problem persisted since *mau mau*, the Government of Kenya led an emergency response, which was initiated in early 2003 to provide and improve the situation of children living on the streets and offer services such as Free Primary Education (FPE), shelter and food, among others. This was implemented in January 6th 2003 (David, 2005). Further developments in the readiness of programme of destitute children included the efforts made by Ministry of Gender and Children Affairs and Ministry of Local Government in rehabilitation of children living on the streets and families through Street Families Rehabilitation Trust Fund. This initiative commenced on 24th January 2004. The projects coupled with the Free Primary Education programme (FPE) have been interpreted as positive developments in the readiness of the children living on the streets reality (Khaemba, 2008). This led to initiations of many interventions to address the plight of children living on the streets in the country.

In Kenya, it is part of the children's Act to promote and safeguard the welfare of children in especially difficult circumstances and their families. Through the then Municipal Councils street families' rehabilitation trust fund and children related departments, the Government of Kenya embarked on an initiative to remove children from the streets and placed them in rescue centres or rehabilitation homes (Droz, 2006). The rescue centres temporarily provided safety protection and care to children in need and facilitated their referral to rehabilitation homes as well as community and family reintegration. Currently, the County governments have partnered with National government to address the problem of street families comprehensively by setting land aside to construct rehabilitation centres (The Standard Digital News, 2015, July 12th). Other Counties such as Nyeri have rolled out programmes for street families and children rehabilitation (Murumba, 2014, April 1st).

There are several rehabilitation homes in this country. The homes are registered in different departments namely Ministry of Education, Ministry of Home Affairs, Ministry of Gender,

Children and Social Development, Ministry of labor Social security and Services and church organizations among others. By the year 2003, there were 300 registered homes in Nairobi but this number has risen up to 3000 in 2013 (Muguti, 2005). Ombour, (2015, June 4th) explained that the number of children in these institutions has also risen resulting to rehabilitation homes mushrooming left right and centre which are not registered or even regulated as per the provisions of children's Act 2001. Some of these homes act as centers for caring for orphans and other vulnerable children while others are rehabilitation centers with mixed functions (Nyamai et al, 2014). Muya (2009) further reported that NGOs and community based organizations (CBOs) run remedial and preventive programs seeking to promote the welfare of children living on the streets, with aim to reform the character of children living on the streets and prepare them to fit back in the society.

According to Wara (2007), there are currently more programs for boys than for girls. The kind of vocational training provided for boys includes carpentry, masonry, mechanical engineering, motor vehicle mechanic, tailoring, driving, welding, plumbing, and automobile, while girls' training programs includes hair dressing, catering, dressmaking and tailoring. Wara (2007) further reports that the street girls' programs are relatively recent. When *Undugu* society started in 1973 the number of girls' children living on the streets was negligible. However that is no longer the case. Today the number of girls living on the streets has risen tremendously though not as high as that of boys. Begging and prostitution became the source of the livelihood even at very tender age not to mention their being more vulnerable to the harsh streets environment than their male counterparts.

Children living on the streets in Nyeri County have been in the streets of Nyeri town and its environs' for as early as when the streets were built but in a very insignificant number. However their presence in the streets started becoming an issue of concern in the early 1980s. The Kenya government under the Ministry of Home Affairs and National Heritage set up a

children department in Nyeri County to address their issues. It was under such departments that Children and Youth Empowerment Centre (CYEC) in Nyeri was founded (Muya 2009). CYEC was established as a model centre to develop standard of provision for the ever increasing number of children dwelling in streets of Nyeri, and to establish a sustainability strategy for programs that care for these children as well as to develop an effective exit strategy for the children upon departure from the programs. Muya (2009) added that, with increase in number of children living on the streets other rehabilitation centers started coming up to cater for ever increasing number of these children.

According to Leonards' (2007), rehabilitation programs vary depending on geographical location of rehabilitation centers, age and gender of children living on the streets. However, programs offered give children an opportunity to increase their knowledge and skills and to promote their attitudes. The programs aim to ensure that children acquire skills which they can use as well as help them solve their own personal problems after leaving rehabilitation centers. However it is not clear whether such programs achieve this objective. It was therefore necessary to investigate the effectiveness of rehabilitation programs of street boys and girls in Nyeri Municipality.

1.2 Statement of the Problem

The number of children living on the streets has been increasing despite the interventions. Currently Kenya is estimated to have 250,000 to 300,000 children living on the streets, with 40% estimated to be living on the streets of Nairobi (Nation Digital News, 2016, April, 14th). Efforts have been made by the government through children departments and various NGOs, to eradicate these children's menace from various towns such as Nyeri town, by taking these children to rehabilitation schools and charitable homes to undergo rehabilitation programs in order to achieve the rights to survival, development and protection.

However, despite the government, churches, NGOs and private sectors interventions towards alleviating the problem of children living on streets, there is lack of a comprehensive approach that yields significant impact in addressing specific challenges of rehabilitation programs for children living on the streets. For instance, Free Primary Education provided children living on the streets access to public primary school. However, they are often sent away due to their low levels of cleanliness, lack of uniforms and inability to cope with daily activities. As a result children living on the streets continue to increase in their numbers, such as in Nyeri town where they face social challenges in their struggle to participate in the wider community. Indiscipline in urban primary schools has also been linked to children living on the streets due to the deviant behavior and violence they encounter in the streets. Measures to salvage these children need to be applauded since the government is committed to their rehabilitation. Efforts to rehabilitate children living on the streets have been largely undertaken by well wishers and this study gives us a lens to view the effectiveness of rehabilitation programs from a gender perspective.

1.3 Objectives of the Study

The study sought to address the following objectives.

- i. Establish the existing programmes for the rehabilitation of girls and boys in selected rehabilitation centres in Nyeri Municipality, Nyeri County, Kenya.
- ii. Assess the effectiveness of rehabilitation programmes offered to boys and girls in selected rehabilitation centres in Nyeri Municipality.
- iii. Investigate the challenges encountered in rehabilitating boys and girls in rehabilitation centres as well as challenges faced by boys and girls during rehabilitation in Nyeri Municipality.
- iv. Identify strategies to improve the rehabilitation programmes for boys and girls in the area of the study.

1.4 Research Questions

The study sought to answer the following research questions

- i. What programmes had rehabilitation put in place in rehabilitating boys and girls in the selected rehabilitation centres in Nyeri Municipality, Nyeri County, Kenya?
- ii. What is the impact of rehabilitation programmes offered to boys and girls in the rehabilitation centres in Nyeri Municipality?
- iii. What are the challenges faced by rehabilitation centres in rehabilitating boys and girls and what challenges do boys and girls face during rehabilitation in Nyeri Municipality?
- iv. What strategies could be employed to improve the rehabilitation programmes for street boys and girls in the area of the study?

1.5 Justification and Significance of the Study

The purpose of the study was to investigate rehabilitation programs used to rehabilitate children living on the streets and what correction measures could be taken to change their behavior. Adequate provision of services that are relevant to the needs of boys and girls living on the streets are of paramount importance if they are to be got out of the streets. This will eventually lead to our urban towns acquiring decency and sobriety. The issues of insecurity in Kenya's major towns have been associated with escalating and alarming increase of children living on the streets. Rehabilitation of children living on the streets is not only beneficial to rehabilitees but also to the public at large. They have been living in dangerous lifestyles that are characterized by drugs and substance abuse, irresponsible sexual behavior, and other anti- social behaviors. To many of public members, the sight of these children spells danger especially those who have had an encounter with them such as harassments, mugged or pick pocketed. Their presence in the streets has been a source of insecurity. The rehabilitation programs by the government and other organizations aiming at shaping their character and restoring their self worth and dignity which have been set up in

various centers such as in Nyeri Municipality seem to be yielding limited success. The programs have been ineffective in controlling children living on the streets children from trickling back to the streets as well as engaging in dangerous lifestyles, an indication of something amiss hence the need to investigate on the effectiveness of rehabilitation programs in Nyeri Municipality.

The study is important in that the findings, conclusions and recommendations may be utilized to create awareness among policy makers, rehabilitation staff and other stakeholders on challenges facing rehabilitation of street boys and girls. The study may also be useful to policy makers, who may see the need of coming up with appropriate and clear policies to guide rehabilitation centres on rehabilitation process, training, and recruitment of the care-givers. The programmes heads could also see the need of using appropriate training techniques during informal learning activities for enhancing holistic development of young boys and girls. The study also unearthed possible weakness within the programmes that hinders effective rehabilitation of former street children. This means that a basis for evaluation of the performance can be found. It is anticipated that the knowledge generated will serve as an addition of knowledge to the already existing literature on rehabilitation programmes of street children. Other researchers might wish to use the findings of this study as a basis for further research in related areas.

1.6 Scope and Limitations of the Study

In relation to the sample, the study confined itself to only those coordinators who had served in their respective centers for a minimum of three years. Similarly, only those program heads who had served for at least three academic years in the centers under study were eligible for the study. This was done for the reasons that the period was adequate for them to be conversant with various programs in various homes. Although children in all the age sets in

the centers were involved in the study, the study relied more on information acquired from children above 8 years because they understood the questions from focus group discussion guides more and gave appropriate responses.

The study was confined to boys and girls in the rehabilitation centers for the children living on the streets in Nyeri municipality, Nyeri County, Kenya. Children living on the streets at the time of the study could not be included in the study. However, those children in the rehabilitation centers were adequate to assess the effectiveness of rehabilitation programs.

The study was carried out in Nyeri municipality which has many social and economic activities which may influence children living on the streets behavior as well as rehabilitation programs. As such the study findings and conclusions may be specific in some aspect. Although some generalization may be made, this should be done with a lot of caution as there may be some aspects of rehabilitation programs that are specific to these three rehabilitation centers due to their geographical location, socio- cultural as well as historical background that are not experienced in other rehabilitation centers. However, it is possible that the findings can be useful to other various rehabilitation centers in the republic.

In conclusion, it is evident that several studies have been carried out on conditions and problems of children living on the streets. However, not many studies have been carried out on rehabilitation programs especially in Nyeri County. It is hoped that findings of this study would bring to light how conditions of children living on the streets can be improved and how these children can be empowered.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter presents reviewed literature related to the rehabilitation programs on children living on the streets. The presentation is on the following subsections: the street children problems, policies governing rehabilitation of children living on the streets, Programs for rehabilitating street boys and girls, effectiveness of rehabilitation programs on street boys and girls, challenges that are faced by rehabilitation centers in rehabilitating street boys and girls as well as challenges that street boys and girls face during rehabilitation and strategies that may be used to improve rehabilitation programs. Also presented is the theoretical and conceptual framework that guided the study.

2.2 The children living on the Streets Problem

Information from organizations working with children living on the streets in most cities indicate that the majority of the visible children living on the streets are boys aged 5 to 16 years, but the number of girls appears to be increasing as well (Raele, 2008). Day-to-day survival is the primary objective of these children and almost all activities on the streets are in one way or another considered illegal, particularly by law enforcers. Nearly all children living on the streets worldwide, including those in Kenya, beg, scavenge or work in order to earn an income (Mercer, 2009). Work includes guarding parked cars, washing cars, selling plastic bags, working in market stalls, fetching water, carrying luggage, shining shoes, selling sweets and flowers, pick pocketing, robbing stores, selling drugs or prostitution.

According to Kaime et al (2008), while the streets present opportunities for work and freedom, they also violate a child's dignity and adversely affect their physical, mental,

emotional and overall well-being. This is particularly true for those children, to whom the street is their “home” as they encounter conditions of great difficulty, including unemployment, poverty, hunger and lack of shelter. Many live in slums and makeshift camps or hovels. Others sleep on shop verandas, street pavements, dark alleys and dumpsites. They face difficulties of providing themselves with good source of food, clean drinking water, health care services, toilets and bath facilities and adequate shelter. This compels them to form membership in groups or gangs that provides companionship and protection from other street gangs, the police or the general public. This contact with their peers is positive for the child and acts as a substitute for the adult care, protection and affection that these groups of children lack (Kaime et al, 2008). However, it can also mean strengthening of harmful habits, such as smoking, drug use, gambling, sniffing glue and prostitution. Combination of drug use and unsafe sex practice among the children living on the streets make HIV/AIDS infection a major concern since most street girls on drugs carry out prostitution as a major source of income (Muya, 2009). Muya (2009) added that children living on the streets have sexual intercourse with peers and adults from within and outside their social circle for money in order to buy food and clothes and for shelter.

Many children living on the streets have their first sexual experience within the peer group for entertainment, comfort and to exert power and establish dominance. Sex is often unprotected and consequently, the children are at an increased risk of contracting STIs, including HIV, thus prone to the suffering from the stigma (Patel et al, 2010). Patel et al (2010) noted that girls face an added risk of becoming pregnant and some proceed to deliver their infants and undergo the associated problems of early childbearing and motherhood and the cycle of street life and poverty continues. Others may resort to unsafe abortion with little medical care afterwards. These children are difficult to reach with services due to their mobile life and when they seek care, they are reluctant to give detailed information.

According to Mercer (2009) street children with families may return home to sleep, but home is often cramped and within dangerous areas offering minimal opportunities for social development. Such adverse circumstances in themselves can compel these children to engage in prostitution or commit crime. This is due to the fact that, many children living on the streets come from troubled backgrounds characterized by poverty and unsupportive home lives involving various forms of abuse, neglect, and conflict. They also suffer from absence of parental protection and security due to the missing connection with their families. In addition, there is lack of any kind of emotional support (Mercer, 2009). Once they are outside the homes, the challenges for these children tend to continue and broaden. They are at risk of making unhealthy choices, such as substance abuse, being sexually exploited and abused by others, and thereby becoming further outcasts from society (Reale, 2008).

While some children become initiated into these habits early, others gradually become involved. To begin their life on the street, they beg, guard cars, shine shoes, scavenge, sell sweets and flowers or work in other informal jobs for low pay and in frequently dangerous conditions. As the rigors of street life slowly harden them, they progress to pick-pocketing wallets, robbing stores, selling drugs or prostituting themselves. Their primary concern is how to survive from day to day. At a tender age, street children learn to avoid bullies and policemen (Kaime et al, 2008).

The communities in which children living on the streets live and operate does not readily accept them because of their naughty and criminal minded behavior, bad language, poor self image and sometimes violent reactions to situations. Generally people fear and mistreat them (Hamilton et al, 2006). Children living on the streets are constantly evicted from the streets in some countries. For instance, in India children living on the streets were badly treated when Bombay had an operation that targeted and arrested street children and took them to indebted solitude (UNICEF, 2008). In Nairobi children living on the streets are usually

forcibly evicted from the streets by the County council 'Askaris' but they retreat into the alleys where they hide till the heat settles down and then they resurface (UNICEF, 2009).

According to Kaime (2012), children living on the streets lack basic knowledge, skills and proper attitude. The lack of knowledge and skills make them vulnerable and predisposes them towards illegal activities such as abusing drugs. Drugs abuse alleviates hunger and even enables the children to gain a sense of boldness. It also gives the children false heightened sense of self esteem and boldness that enables them to engage in criminal activities for survival. Children living on the streets also develop delinquent behavior by copying the behavior of other delinquent children on the streets such as stealing and prostitution as a way of earning a living. This results to the children portraying a negative image of the country and creating fear among tourists regarding their security while in the country (UNICEF 2008).

2.3 Policies Governing Rehabilitation of Children Living on the Streets

Children living on the streets are in need of unique interventions that are distinct from other children in need of care (Dybicz, 2005). There are a number of global, regional and national conventions, goals, and other instruments that define the framework for responses and services for children living and working in the streets. They include;

a) United Nations Convention on the Rights of the Child, 1989

The Convention on the Rights of the Child (CRC) is a legally – binding international agreement which is the most comprehensive international document on the rights of children. The UNCRC is the only international human rights treaty to give NGOs like 'save the child' a direct role in overseeing its implementation (Article 45a) (UNICEF, 2010). It defines a child as "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier" (Article 1). It spells out a wide range of rights for all children including the right to dignity, right to life, education, freedom from discrimination,

survival; development, protection from harmful influences, abuse and exploitation, and participation in political, civil, cultural, social and economic activities, with overall consideration of the best interests of the child.

In addition, UNICEF (2010) outlines the following rights of the child set out in the CRC as of particularly relevance to the Framework for rehabilitation of children living on the streets; Interests of the child- This should be of primary consideration whether in social welfare institutions or otherwise taking into account the rights of duties of his /her parents or individual legally responsible for him or her to take appropriate legislative and administrative measures. The institutions, services and facilities available for the care and protection shall conform to the standards established by competent authorities , particularly in the areas of safety, health, number of suitability of their staff as well as competent supervision (Article 3). Development of institutions, facilities and services for the care of children - Appropriate assistance should be rendered to parents and legal guardians in the performance of their child-rearing responsibilities in developing of institutions, facilities and services which aids in promoting the rights of the children (Article 18).

Sexual and physical abuse- Children should be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (Article 19). Protection of a child without family- The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate family care or institutional placement is available (Article 20). Health and health services- Children have a right to the highest level of health possible which includes a right to health and medical services, with special emphasis on primary and preventive health care, public health education and the diminution of infant mortality (Article 24). Adequate standard of living- This should be for the child's physical, mental, spiritual and social development. People responsible for the child have the primary responsibility to secure,

within their abilities and financial capacities, the conditions of living necessary for the child's development. People responsible for the child should be assisted to implement this right and shall in case of need provide material assistance and support programs, particularly with regard to nutrition, clothing and housing (Article 27). Education- All children have the right to education, and this right should be achieved progressively and on the basis of equal opportunity. It is the State's duty to ensure that primary education is free and compulsory to all (Article 28) (UNICEF, 2010).

b) The African Charter on the Rights and Welfare of the Child, 1990

This is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children and was adopted by Organization of African Union (OAU) in 1990 (UNICEF' 2007). It is a regional human rights treaty that covers the whole spectrum of civil, political, economic, social and cultural rights. Its mission is to promote and protect the rights established by ACRWC, to practice these rights and to interpret the disposition of ACRWC as required of party states, African Unions or all other institutions recognized by AU or by a member state. It was built on the 1979 declaration on the Rights and Welfare of the African Child (UN, 2012). The Preamble recognizes that the child—defined as “every human being below the age of 18 years (Article 2) occupies a unique and privileged position in the African society”, but also notes with concern the critical situation of most African children. The right which is of particularly relevance to the Framework for rehabilitation of children living on the streets is on (Article 16) where the charter calls for children's legal protection, as well as “particular care with regard to health, physical, mental, moral and social development”. Protection measures shall include “effective procedures for the establishment of special monitoring units to provide necessary support for the child, as well as other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child abuse and neglect”

c) **National Children Policy**

Kenya, upon recognition that children rights are human rights, has taken great effort in advancing and advocating for the said rights. In this respect, Kenya is a signatory to various international conventions including the United Nations Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and the Hague Convention on the protection of children and cooperation in respect of inter-country adoption. The country has gone further and domesticated the same instruments by enacting the Children Act 2001, and participated in the various sessions reporting the progress made in implementing the said instruments (UNICEF, 2010).

National children policy was established by a council known as the National Council for Children's Services (NCCS) to serve as a framework to guide the Kenya Government in achieving commitment to the children through the implementation of the Children's Act 2001 (Section 30) (GOK, 2010). By so doing, all the children in Kenya should realize their rights as articulated in the various international instruments. The rights under protection rights relevant to the Framework for rehabilitation of children living on the streets is included in "Appropriate measures to protect orphans and vulnerable children (OVC) which include supporting care givers and strengthening and supporting structures and community system taking care of the orphans and vulnerable children (OVC) as well as provision of treatment, care and support to children including their parents and caregivers." Further "all children living under charitable children's institutions shall be protected against any possible abuse and exploitation. This should be achieved by domestication of the provisions of the Hague Convention on Inter-country Adoption and Provision for CCIs to operate as the last resort and temporary measure for children as they await appropriate placement and alternative family care within the community" (GOK, 2010).

Under section 47 of the children's Act 2001, "The Minister may establish such number of rehabilitation schools (hereinafter referred to as "rehabilitation school") as he may consider necessary to provide accommodation and facilities for the care and protection of children."

A rehabilitation school shall have separate sections for children of different sexes, and age categories, and separate sections for children offenders and children in need of care and protection (Section 48) while Section 49 states that the manager of a rehabilitation school shall be bound to accept every child who is duly sent or transferred to the school or otherwise committed to his care" (GOK, 2010).

2.4 Programs for Rehabilitating Boys and Girls Living on the Streets

Rehabilitation of children living on the streets has several definitions by various scholars. According to Gichumba, (2009) rehabilitation is an intensive, insidious and deliberate strategy which aim to give skills to children living on the streets to enable them become self reliant. USK is one of such rehabilitation centers. Kaime (2012) defines rehabilitation is an institutionalized supportive programs for delinquent juveniles of ages 6 to 18. Kaime (2012) further adds that although the programs were not initially set up for children living on the streets, their delinquent nature has made them the programs main beneficially.

Rehabilitation treatment centers refer to any of several kinds or levels of counseling available for individuals that have problems with drugs, alcohol abuse and/or behaviors. Some rehabilitation centers are residential, offering long term or short-term services, which depend on the result of competent substance abuse, screening and evaluation done by rehabilitation centers. These are also places where children are housed and given care, which can be qualitative and quantitative, that is, fulfilling the needs of the children (Strehl, 2010).

UNCRC is an international human rights treaty that grants all children and young people aged 18 years and below a comprehensive sets of rights regardless of their race, background,

religion or abilities thus, street children lack of access to education is considered a violation of fundamental human right. This is in regard to right to education which was proclaimed in 1948 universal declaration of human rights to the 1989 convention on the rights of the child (UNICEF 2009). In Kenya, the Kenya manifesto of 1963 underscores the government commitment to the provision of universal free primary education which came to light in 2003 when the NARC government came to power (David 2005)

According to Section 58 of the Children's Act, 2010, a CCI refers to a home or institution which has been established by a person, corporate or a religious organization and has been granted approval by the council to manage a program for the care, rehabilitation or control of children. A CCI shall not include rehabilitation schools established by the Ministry of Gender, Children and Social Services under section 47 of the Children's Act, 2001. This therefore, excludes a school within the meaning of the Education Act, a borstal institution, any health institution, a children's day care centre, nursery or other similar establishment (Children's Act, 2010). The definition applies to privately run children's homes that have been granted approval by the council to manage programs for the care and support of orphans and other vulnerable children. It also includes institutions offering accommodation for any child overnight or on a longer term basis (Kaime et al, 2011).

Okello (2012) in his study on Influence of charitable children's institutions on child safety reports that formation of charitable children institution (CCIs) ensures safety of vulnerable children. The association of charitable children institution of Kenya (ACCIK) was founded in 2006 and was officially launched on 3rd October 2012. This is a national network of legally registered charitable children institution (CCIs) providing residential care for orphans and vulnerable children. The association operations are guided by both international and national laws and standard on child care and endeavors to support the government in ensuring that all children in Kenya fully enjoy their prescribed rights (Silungwe et al, 2011).

According to Okello (2012), categories of children placed in charitable children's institutions range from abandoned, neglected and sexually, physically, emotionally and psychologically abused, orphaned, street children and children with disabilities. Child safety refers to a state of health, happiness and/or prosperity. Okello (2012) further added that if the issue of safety in charitable children's institution is not addressed adequately, there is great danger of the children living in these institutions to go to the streets.

In any given state, government laws and policies are put in place so as to streamline things and ensure sanity (Strehl, 2010). Strehl (2010) further describes government regulations as government policies put in place governing various activities in a given place. Government policies often indicate proposed priorities and patterns for development. This is usually done through National Development Plans (NDPs) and other government policy documents that could be sources of business ideas. A major finding of the study conducted by Kaime et al (2008) on “Are street children beyond rehabilitation” was that there were many organizations mainly by NGOs, churches and other rehabilitation homes or centers dealing with the problems of children living on the streets which were initiated through policy on child welfare towards the protection and provision of their rights.

According to ANPPCAN (2006) most of the existing programs that cater for children living on the streets have endeavored to respond to their special needs. This is due to the fact that a vast majority of children living on the streets are either illiterate or semi- illiterate, and thus the curriculum for their alternative educational syllabus includes basic literacy, numeracy, vocational training, socializing skills and nutrition. The main target is providing formal basic education in consistence with the needs of children living on the streets and completing stages, vocational and life skills development. Education will help the children to be adequate, productive, responsible, conscientious, fully functional and healthy adults beyond having reading and writing skills (Nalan, 2006). This is supported by UNICEF (2009)

sentiments that every child has a right to education which is a basic human right. Education is the way of personal and social development and that it provides individual with knowledge and skills adequacy to maintain a successful and happy life.

In Turkey, vocational training support project has benefited quite large number of children living on the streets. They have gone through the programs and have started to participate in their daily life more actively, easily, confidently and satisfied with their new acquired knowledge and skills. They have also developed personally and socially with vocational training as well as with the education, which is one of the basic human rights and these results to the support projects being seen as considerably important lifelong model that assists children living on the street (Nalan 2006).

2.5 Effectiveness of Rehabilitation Programs of Boys and Girls Living on the Streets

The term effectiveness has various definitions by several scholars. One of the definitions is the degree to which objectives are achieved and the extent to which targeted problems are solved (Elliot, 2013). For effective rehabilitation to take place a number of measures need to be put in to consideration. According to ANPPCAN (2006), education programs for children living on the streets need to be supported with additional resources like health workers and counselors, to ensure effective learning so as to offer regular medical checkups and counseling. This may not be realized since many rehabilitation centers may not have enough funds to employ enough health workers and counselors.

Nyamai et al, (2014) reports that successful rehabilitation and reinsertion of children living on the streets is often very resource demanding. Costs variations are best projected by assessing two key factors: how much time will sustainable rehabilitation and reinsertion take in the case of target group, and how qualified (that is, costly) does the staff need to be to deal with their level of trauma. These two factors will depend on the experiences the child had

prior to ending in the street, the length of time the child has been exposed to street life, the age at which the child ended up in the street and the age of the child today. The amount of violence and abuse to which the child has been exposed on the street, the value of the child's present and potential social network, the amount and quality of support the child has received from individuals and other projects are also of paramount importance (Nyamai et al, 2014).

According to Wara, (2007) successful street child projects are mainly based on self-recruitment. The expressed commitment of the child to a difficult rehabilitation process highly improves project success rate. To facilitate self-recruitment, street children projects must finance a staff presence in the streets, where trust is developed and street children are motivated to enrol in the project. Street social workers need training, and are often equipped with basic medical supplies and games; these costs must be budgeted.

Silungwe et al, (2011) noted that the early stages of the street child rehabilitation process is normally fully centre-based, thus requiring capital costs for buildings and furniture and high recurrent costs for nutrition, hygiene, health and clothing. Therefore, before one starts to construct, investigation is important to see if renting existing facilities could be more cost-effective, or if the community or municipality can offer suitable buildings that do not require too much investment to serve the project effectively. However, this study does not look at ways in which the centres get their rehabilitation buildings.

According to Njoroge (2009) children living on the streets get admitted to rehabilitation centers when they are already drug addicted and therefore need to be treated on drug related problems before any training can take place. Njoroge (2009) further specifies that some rehabilitation centers have drug treatment programs that are aimed at rehabilitating children living on streets on drug related problems. However this treatment is very expensive and

cannot be affordable to many rehabilitation centers. This study does not point out how affordable drug treatment can be acquired.

Boyden (2006) asserts that some rehabilitation centers have turned into schools of crime where street children already experienced in crimes and drug usage teach young ones how to carry out different unlawful activities. Young delinquents are also taught on drug usage thus establishing dependence geared to crime in a world of unlawful conduct from which escape is difficult and which rehabilitation fosters. Gichumba, (2009) however observes that rehabilitation programs aims to give skills to children which may occupy them during the normal duration of the work day to decrease idleness which is the major factor contributing to drug usage in the rehabilitation centers. To some extent this work should contribute to ensuring children are busy throughout and enhancing the ability of children living on the streets to an honest living upon departure from the programs. Programs offered may also enable boys and girls to acquire more knowledge and skills which can lead to employment or self employment after exiting the centers. However this study does not indicate how many street children have benefitted from this arrangement.

According to Muya (2009) there are rehabilitation centers that offer guidance and counseling services to boys and girls on matters of HIV/AIDS which includes sexually transmitted illnesses, unwanted pregnancies and abortions. Muya (2009) however observes that these programs are not effective since many children escape back to their old life in the streets even before completion of the programs an indication that they find return to street more attractive than being in a centre where they have to follow laid down rules and regulations.

2.6 Challenges Encountered During Rehabilitation

This section presents challenges encountered in rehabilitation of street children in two levels namely, those within the centers and those that children face during rehabilitation.

2.6.1 Challenges within the Centers

A study carried out by Muya (2009) on behavior patterns among street children in relation to HIV/AIDS revealed that street children have various health problems such as Sexually Transmitted Disease (STDs), Tuberculosis (TB) and even HIV/AIDS which requires specialized care which may not be available in rehabilitation centers and which are very expensive financially. This study does not indicate how children suffering from HIV/AIDS can be assisted while undergoing rehabilitation programs.

According to Kabeberi (2006), the institutions' solution for children living on the streets that has been historically and still predominates in most countries is some kind of residential setting, a school, an orphanage or a reformatory. Many children find themselves virtually prisoners in closed environment even if they are not actually put into prison. In too many cases, they are treated as delinquents and imprisoned with adults. Kabeberi (2006) added that however benevolent an institution is, it may be recognized by the child experts that it is not the ideal solution. Children under rehabilitation fail to learn the full range of social and emotional skill they will need as adults. It is impossible for them to be treated as individuals and unlikely that they will be able to fully develop their human potentials. Institutions are also not cost effective and they can only take a limited number of children living on the streets and that they are expensive to run. However Gatiiya (2005) observes that closing former street children in the institutions are options generally preferred by the governments and NGOs as it is a tidy solution that clears the streets off the children. People who provide funds (donors) are satisfied with the image of a washed child with clean clothes, well fed and

elementally schooling. Education is usually limited to provision of basic skills such as arithmetic, carpentry and welding.

From the study conducted by Elliott (2013) on “effectiveness of NGOs in rehabilitation of street children”, most NGOs leaders reported that they faced several constraints ranging from financial difficulties and shortage of qualified and dedicated staff to lack of lands, building facilities and public support. Based on these experiences as programs implementers, they suggested several aspects of their programs which needed intensification. These included education, guidance and counseling, linkages with families, preventive strategies, vocational training and coordination between NGOs working with street children. In addition, many organizations admitted that they needed more committed and better trained social workers and counselors with expertise to help get these children off the drugs. Further, Nyamai et al (2014) observed that most street children institutions greatly rely on voluntarism and charity. These characteristics lead to various constraints in the operations of children organization such as poor management, high staff turn out, duplication of work and poor results in rehabilitation centers. Although the commitment is high, the staff’s good intentions do not surmount to such constraint. This study however tried to look at various ways in which the centers can create their own resource to avoid depending on donors.

Silungwe, et al (2011) observed that, the interventions are started without any assessment of the needs of the children who may be involved in the implementation of the daily running of the centers such as cooking, cleaning and washing clothes as well as utensils, under the guise of rehabilitation. Children therefore become mere recipients of services offered by projects and are provided with things which are considered to be their basic needs such as food, shelter, medical care and vocational training. In addition, where reunion is possible, both children and relatives are usually very poorly prepared. A common anecdote with much truth in it is that the children are back in the streets even before the social workers gets back to the

centre Nalkur (2009). Nalkur (2009) further noted that many rehabilitation programs deal with symptoms rather than the causes. The intervention scenes of children living on the streets are characterized by foreign concepts assumptions and wrong approaches that heavily influence the effectiveness of rehabilitation programs in assisting children in need.

2.6.2 Challenges Experienced by Street Boys and Girls in the Rehabilitation Centers

African network for ANPPCAN (2006) established that boys and girls are frequently abused through beatings, ill treatments and sometimes though rape in rehabilitation homes, remand homes as well as in prisons by older street dwellers and even adults. Some of them have even contracted STDs and AIDS. Many street girls contract STDs as early as 8 years while boys as from 13 years of age an indication that girls are more vulnerable than boys. To cope with the above experiences, Nyamai (2014) observed that the children engage in drugs and solvents substances abuse such as glue fumes to escape from reality, dull their senses, and shut out their cold, loneliness, fear and hunger as they offer them solace.

According to Elliott (2013) some of the picked up children living on the streets attended primary schools to some extent before they left home for the streets. However, there were others who never attended any primary school. Such children with no basic education find it difficult to commence schooling as they consider themselves grownups. Lack of education even at basic level, is very detrimental to these children as they lack elementary knowledge and fundamental skills with which to manage their lives and more so some vocational programmes require one to have basic education (Elliott, 2013).

According to Gatiiya (2005), schools find it difficult to cope with children under rehabilitation, since schools have limited resources and untrained personnel to deal with schooling street children. Many children living on the street are usually in need of medical attention in addition to food, shelter and solace. This is because of health hazards these

children had been exposed to. Gatiiya (2005) further observed that once children are taken to schools, there is need to keep a close eye on their movements to ensure they do not get lost in towns on the way to and from schools. This is because they were used to free life on the streets and can easily decide to go back. It helps to have a school that is not too far from rehabilitation centers and an informed and willing adult who helps to keep track of the children. The whole process of rehabilitation, must be holistic and that educational programs designed for children previously living on the streets must be flexible such that it provides for the child's physical (health, food and shelter), security for balanced development and sociological (identity and sense of belonging) needs (Strehl, 2010).

Njoroge (2009) observed that rehabilitation centers use traditional programs which do not allow girls' rehabilitees to adopt to changing society we live in. The number of girls' rehabilitees is also increasing yet the quality and quantity of conventional programs for these rehabilitees remains low and inadequate. The numbers of programs available to girls are few and therefore may not develop the skills required. There is need to identify gender specific needs for girls rehabilitees through empowerment, making meaningful and responsible choices, respect and dignity, supportive environment and shared responsibility.

In addition, Nyamai et al (2014) observed that, in spite of the efforts that had been put in place in the institutions, National Institute of Children Health and Human Development (NICHHD) researchers discovered that many street children remanded in juvenile courts for protection and discipline, had been released back to the street because of lack of rooms in the institutions and often the institution itself may be inappropriate to the needs of the children.

2.7 Strategies to Improve the Rehabilitation Programs; Past Studies

This section presents strategies identified to improve the rehabilitation programs of street boys and girls. Various strategies are employed by rehabilitation centers to sustain boys and girls in the centers thus ensuring effectiveness of rehabilitation programs. They include;

a) Improvement of social policies for care of children living on the streets

Kabeberi (2006) observed that the governments and other stake holders should protect former street children and other vulnerable children through improving social policies that cater for boys and girls within the centers and outside. Supporting this World Bank (2005) noted that some NGOs plays an important role in promoting policies and legislation that encourage the positive improvement of programs dealing with children under rehabilitation and that help governments remove some of the social and economic causes of child vulnerability. Further, UNICEF (2007) noted that changing the focus of policies and programs from children living on the streets to all children by giving interventions such as social and developmental support was imperative compared to focusing attention on children living on streets alone as this may can cause agencies to overlook or ignore the much longer problem of urban and rural poverty that is underlying causative agents.

b) Provision of grants

Sourcing NGOs to provide grants to programs, with aim of financing training and networking activities as well as public awareness campaigns can improve the program's effectiveness. This can upgrade the quality of their interventions and recognition by public authorities (Sexton, 2005). In addition, Sexton (2005) in "hearing and protecting street children" observed that funded NGOs increased their cooperation and new incentive was given to lobbying activities. Children living on the streets organizations supported by the program in cooperation with other NGOs dealing with children, put pressure on legislators to incorporate a component on the children in the new legislation. The Child Welfare Reform included

provisions to ensure financial support for children living on the streets programs with aim of improving them.

c) Programmes evaluation

According to World Bank (2005) children living on the streets programs should be adequately evaluated in order to quantify their results and to avoid undocumented and unavailable results to the public and donors. This is in line with the fact that “the quality of programs increases in proportion to the extent that funding is continuous over a defined period of time”. Better quality in turn enables NGOs to raise public support and become sustainable. Donors should not only contribute financial support but also provide guidelines or conduct external evaluations. Further, donors should facilitate and support the establishment of municipal, multiagency development programs with children living on the streets as one of their components (World Bank, 2005).

d) Working as a team

According to Dybicz, (2005) “Coming together is a beginning, keeping together is progress and working together is success”. The children and rehabilitation staff should work together for the success of the programs, as Skelton, (2007) says, “Both parties need to work at it”. It is therefore important to get the team behind the project and drive it forward right from the beginning. In addition according to Silungwe et al (2011), the most important resource in project design and management is a not money or buildings or adult skill, but the children themselves, acknowledging that they are not “objects of concern,” but people. The fact that children are vulnerable does not mean that they are incapable. Children living on the streets “need respect not pity.” They are resourceful and determined people who must be given a chance. Their voices and stories should be listened to and learnt from. Families, communities and governments need to recognize that children are full of imagination, desires and hope (Silungwe et al, 2011). Skelton (2007) noted that children should be allowed to participate in

decisions making in matters that affect their lives for the success of the programs. When children are subjected to authority and denied opportunities to establish rules through relationships of mutual respect, they fail to develop into responsible adults and contributors to the common good (Skelton, 2007).

e) Employing well trained staff

The key players in the success or failure of any program for children living on the streets are the staff (Gichumba, 2009). The programs are mainly staffed by child care workers who are under qualified and poorly paid. Mercer (2009) observed that for the success of the programs, the staff in the homes should be specifically trained to help the children develop long-range goals and to inspire a desire for an independent and productive life. Care-givers with knowledge of child development recognize importance of children having sense of belonging, being loved and trusted in their environment. Warm and caring relationships with adults provide children with the basis for all types of learning. Specific training in Early Childhood Education is critical because even most supportive care-givers may not fully understand children's needs at different stages of their development (Mercer (2009).

f) In-service training for rehabilitation staff

According to the National Institute of Child Health and Human Development (NICHD) (2006), care-givers who attend workshops, courses, and staff development programs are better able to create strong bonds with children and are responsive to all children in their care. NICHD (2006) stated that “the higher the care-givers education level the prediction is, the higher quality of observed care and better developmental outcomes for children”. Thus the quality childcare promotes the developmental wellbeing of children. In-house staff development and training should therefore take place continuously through regular meetings to incorporate staff observations and feedback in many institutions which work with children living on the streets as a way of improving their programs. When education of care-givers is

limited, the care provided tends to be of lower quality and children's development is less advanced (NICHD, 2006). Supporting this Njoroge (2009) noted that care givers and trainers should be given in-service courses and training to enable them cope with increased demands of street boys and girls since some trainers use outdated methods and materials which do not assist majority of the children.

g) Provision of formal and non formal education

In Kenya, there are over 250 NGOs offering formal and non-formal education such as *Undugu* Society of Kenya (USK), *Tunza Dada*, *Kwetu* Home, Good Samaritan Home and *Imani* among others (Kaime et al, 2008). According to Fabio (2006), good programs should incorporate development-oriented activities through integration into the family, school, and labor market as well as basic assistance to children living on the streets. By contrast, development-oriented practices actively promote links between children and social institutions. They teach their participants a wide array of practical and emotional skills (from communication to money management) that will enable them to function in different social contexts. Khaemba (2008) observed that, good programs should look into employment creation and small enterprise development in the pursuit of affordable shelter, nutrition and health. The objectives of the programs should be to rehabilitate, educate and train children under rehabilitation within the framework of a wide range of community development to improve the conduct and prospect of all the children under rehabilitation programs whose future appears uncertain. In addition, the programs should promote the healthy growth and development of individual street children, as required by the United Nations Convention on the Rights of the Child (Khaemba, 2008). Supporting this Elliott (2013) observed that various services are provided by the NGOs to the children living on the streets so as to ensure their total rehabilitation. The services provided include primary education in order to prepare the child for a productive life. The children who pass the primary education examinations should

be selected to join the secondary schools and should be given opportunities to pursue further education. In addition, Elliott (2013) asserts that street children are gifted and talented like other children and therefore the NGOs should take concerted efforts to develop those talents.

h) Adequate re-integration process

The implementation of Free Primary Education (FPE) for all, and land resettlement programs are important contributions towards removing and eliminating the conditions that cause children, youth and families to take to the streets (GOK, 2007). For this to benefit the current population of children living on the streets, adequate reintegration process must be put in place, that enables children, youth and families to build the emotional, cognitive and social competencies required before they can take full advantage of either educational or income-generating activities. It is worth noting that providing opportunities alone without adequate reintegration process will result to a few numbers of children living on the streets being able to sustain income-generating activities (Khaemba, 2008).

i) Confining street children in controlled homes

According to Kaime et al (2008) rehabilitation programs that have been instituted for children living on the streets, residential ones have been found to be more successful. Notwithstanding the restricted availability of such programs, they have the advantage of taking the child away from the appeal of the streets environment and providing time and space for social re-orientation. A typical example is Starehe boys centre in Nairobi, which was started by one of the earliest educators Geoffrey Griffin in 1959. Starehe boys centre has become one of the most successful school ventures in Kenya which has turned helpless children into fine scholars and public servants. However Njoroge (2009) argues that such programs are more limited to girls and where they exist they do not have as much successes as in the case of boys. Girls have proved more difficult to rehabilitate especially since they have been more amenable to pressures from child abuse and molesters.

j) Providing structured and supportive environment

According to Gichumba (2009), children should be provided with a structured and supportive environment. These may include feeding them with nutritious food which will satisfy their salient needs and environment should be conducive by ensuring they are well clothed and have clean beds to enable them to have appropriate growth and development of all aspects. In addition children should have diagnostic and medical treatment, education and vocational training, security and most importantly hope and love. Supporting this Njoroge (2009) noted that children should be nursed by a carefully chosen team of counselors, who try to replicate a positive family environment. This will enable the children to develop long-range goals and to inspire a desire for an independent and productive life.

k) Sensitizing community on issues of street children

According to Leonard's (2007) the effectiveness of the programs development for children living on the streets has been hindered by a weak understanding of the phenomenon of street children. Leonard's (2007) observes that the knowledge about their background, characteristics and causes of the problem, their needs and the dynamics surrounding the community in which the problem occurs is acknowledged for effective intervention strategies in order to mitigate the adversaries faced by the children in any given society. Supporting this Ward et al (2007) observed that difficulties children face in the rehabilitation homes and the harsh conditions of the streets are less than the societal reaction to the children living on the streets, yet most programs work towards changing behavior of the children, leaving the important work of changing society's attitude towards the children living on the streets completely neglected. No treatment program for street children can succeed as long as the community fails to respect and provide opportunities for them. Policies should be set to change people's attitude and mindset towards rehabilitated street children UNICEF (2009).

2.8 Theoretical Framework.

The study was premised on structural empowerment theory by Kanter (1993). Empowerment theory postulates that empowerment is promoted in various environments that provide people with access to information, resources, support and opportunity to learn and develop. The theory further states that, empowerment occurs when an organization sincerely engages people and progressively responds to this engagement with mutual interest and intention to promote growth factors that correspond to expected effectiveness of rehabilitation programs.

While advancing the theory Kanter (1993) observes that, empowerment develops over time as people gain greater control over their lives and increasingly taking part in the decisions which affect them. As quoted by Skelton (2007) children should be allowed to participate in decisions making in matters that affect their lives for the success of the programs a factor that is relevant in rehabilitation homes of children living on the streets.

Principles associated with empowerment theory relevant to this study includes; equity, partnership and accountability. Equity is defined as integration of rules to achieve common goals and willingness of each member to contribute collectively towards common goal a factor that is required in a rehabilitation home where children must work together and contribute for the well being of the others. Partnership, defined as development of relationship to promote mutual respect, enhanced communication and collaboration to achieve organizational objectives. This principle is important to the study as it emphasizes on team work where the children and their care givers must work together as quoted by Dybicz, (2005) “Coming together is a beginning, keeping together is progress and working together is success”. The children and rehabilitation staff should work together for the success of the programs, since “Both parties need to work at it”.

Accountability defined as willingness to invest in decision making and sharing a sense of responsibility for individual and collective outcomes. This principle is applicable in this study in the sense that when children are subjected to authority and denied opportunities to establish rules through relationships of mutual respect, they fail to develop into responsible adults and contributors to the common good for effective rehabilitation programs to be realized. When principles related to this theory are incorporated into individual (children under rehabilitation) and the organization (rehabilitation centers) the programs becomes effective and the intended objectives are achieved.

2.9 Conceptual Framework

In the conceptual framework in figure 2.1 below, critical inputs (independent variables) includes programs offered such as vocational training, government policies and regulations such as laws concerning children welfare, quality of staff such as their professional training and CCIs environment such as security that may affect implementation of the programs and strategies there in. If these variables are well manipulated, they determine the throughput (dependent variable) which is the effectiveness of rehabilitation programs.

Intervening variables refers to abstract processes that are not directly observable but that link the independent and dependent variables. The proximates (intervening variables) come between the independent and dependent variables (Orodho, 2008) and may modify the relationship between them. In this study, the intervening variables include government supervision and availability of financial resources.

Orodho (2008) defines a throughput (dependent variable) as the one that varies as a function of the independent variable. The dependent variable attempts to indicate the total influence arising from the effects of the independent variables. In the case of this study, the dependent variable is the effectiveness of rehabilitation programs. The effectiveness may vary with variation of independent variables in this study.

Any effect or shift or disturbance of any of these factors may affect the effectiveness of the rehabilitation programs. A positive effect such as availability of highly trained staff and availability of resources may produce a positive result that may trickle down to effective programs whereas a negative shift such as inadequate rehabilitation programs and poor implementation of rehabilitation policies may produce a negative result which will trickle down to negative effectiveness of the programs thus many children may revert back to the streets. This is illustrated in figure 2.1 below.

Critical Inputs

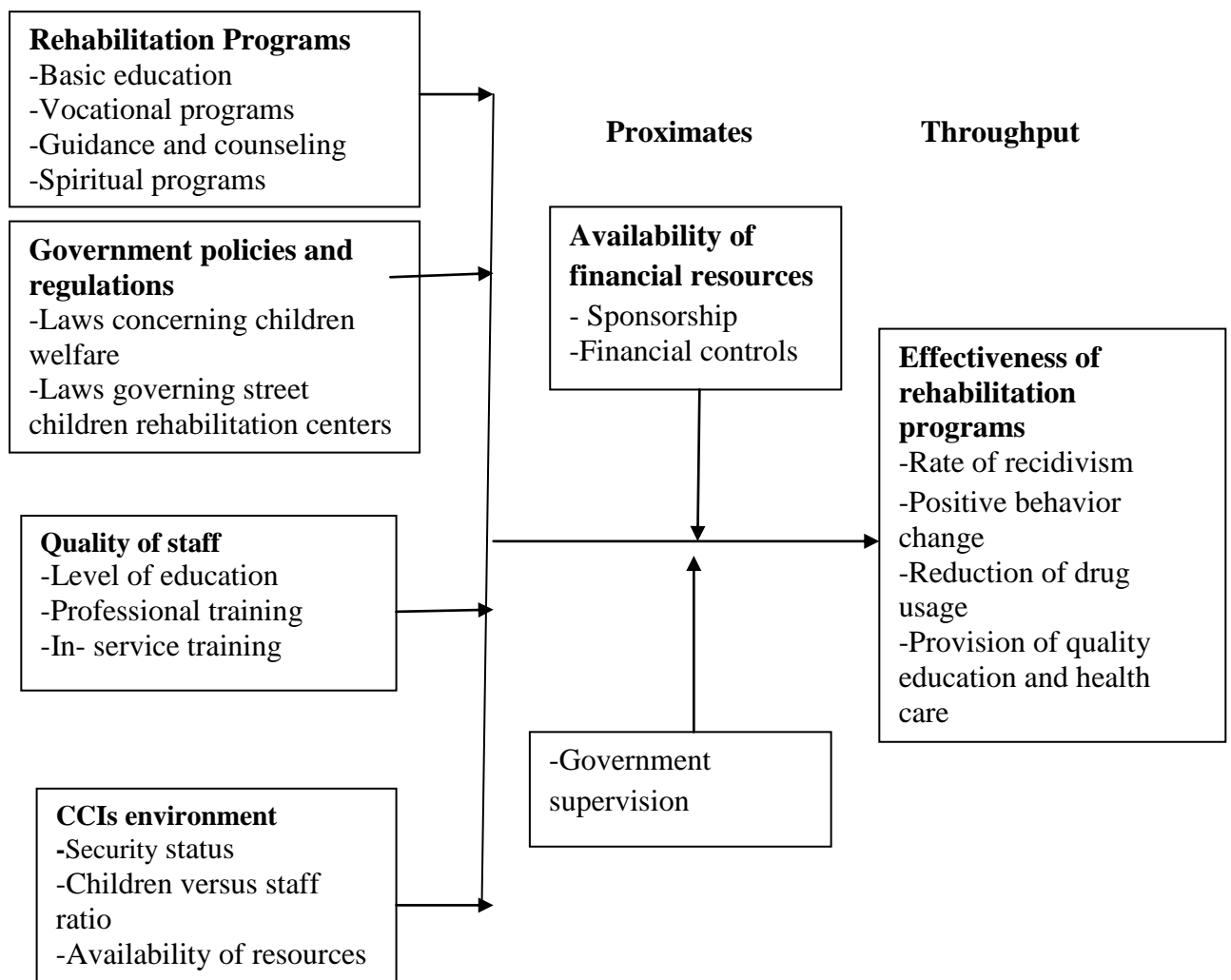


Fig 2.1 Effectiveness of Rehabilitation Programs

Reviewed literature and more so with regard to effectiveness of rehabilitation programs has established some gaps. It is evident from the reviewed literature that effectiveness of the programs is influenced by variables such as quality of staff, availability of resources, social policies among others. It is also evident that the programs face several challenges and many suggested have been given on how to improve rehabilitation programs. The current study sought to investigate effectiveness of such rehabilitation programs using a gender lens and to determine the key factors both individual and institutional that played a part.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents methodology used to obtain data. It includes research design, study site, sample size and sampling technique, research instruments and validity and reliability of research instruments, procedure followed in data collection, coding for data analysis and presentations.

3.2 Research Design

This study utilized a descriptive survey design. Kothari (2006) explains research design as a systematic way of solving the research problem whereby a researcher adopts various steps to study the problem along with the logic behind them. Survey methods collect data through questionnaires or/ and interviews and attempts to collect data from members of a population for the purpose of establishing the current status of that population with respect to one or more variables (Orodho, 2005). The descriptive survey design had been selected for this study because the study was involved in describing, recording, analyzing and reporting conditions as they currently exist. Descriptive survey design was used in this study because of its appropriateness in establishing relationships between variables and facilitating the collection of information for determining the population parameter.

3.3 Study Site

The study was conducted in Nyeri Municipality, Nyeri County in Kenya. Nyeri County borders Murang'a County to the south, Kirinyaga County to the east, Nyandarua County to the west and Laikipia County to the north. The main activity of the people from neighboring Counties is farming.

The reason for the selection of Nyeri town is that it was the headquarter of the former central province and the number of children living on the streets in the area is increasing at an alarming rate in the recent past. Frankfort (2007) observed that factors such as familiarity to an area, limitations of time, effort and money may influence the researchers' choice of locale. This in part influenced the researcher to choose Nyeri Municipality, Nyeri County for the current study. Moreover, Kothari (2006) notes that carrying out a research in a setting where one is familiar with, facilitates data collection. Finally, similar studies have been carried out in other counties but no such studies have been carried out in Nyeri County.

Nyeri Municipality has a total population of over 300 children living on the streets according to records available at District Children Officers' (DCO) office, with the ratio of boys to girls at 7:3 giving a total population of boys at around 210 and girls at 90. People in Nyeri Municipality are mostly peasant farmers. The Municipality has a high population of squatters living in Kiawara and Manjengo slums which is characterized by high levels of poverty which could be a push factor for the high number of children living on the streets. At the time of the study, the Municipality had a total of nine rehabilitation centers for street boys and girls out of which 3 were for boys only, 4 for boys and girls while 2 were for girls only.

Nyeri municipality is divided into five wards namely Nyeri town (Manjengo), Gatitu, Kamakwa, Mathari /Kiganjo and Ruring'u wards. Rehabilitation centers are spread in three out of the five mentioned wards. St Mary's boys, Kiawara and Ebenezer hospital and rehabilitation centers are situated in Nyeri town (Manjengo) ward. Thunguma, Bellswopps and Upendo rehabilitation centers are situated in Gatitu ward while Huruma children's centre, Caltex and Ruring'u children's rescue centre are situated in Ruring'u ward.

Thunguma Rehabilitation Centre

Thunguma rehabilitation centre is situated about two kilometers off Nyeri Karatina road in Gatitu ward. It borders Thunguma primary school to the west and Thunguma shopping centre to the south. The rehabilitation centre was initially a private school but after the demise of the owner in 2006 the locals under the guidance of the Ministry of Local Government used a trust fund to come up with street children rehabilitation centre. It is situated in a big piece of land and part of the land had been turned into a museum. It caters for girls and boys ranging from 5 years to 18 years of age.

St. Mary's Boys' Rehabilitation Centre

St, Mary's boys' rehabilitation centre was founded in 1999 by De Lasalle Brothers. It is situated about half a kilometer from Nyeri town and in Manjengo (Nyeri town) ward. It borders Nyamachaki primary school to the west and DEB Muslims primary school to the east. It caters for boys only and had a population of over 140 children at the time of the study.

Kiawara PCEA Church Rehabilitation Centre

Kiawara PCEA church rehabilitation centre was started in 2012 by Nyeri district children officer (DCO). It is situated in Kiawara slums in Manjengo (Nyeri town) ward about half a kilometer from Nyeri town to the North. It caters for girls only with a population of over 70 children. Their vision is to have a free children living on the Streets County. The mission of the centers is to facilitate and coordinate service providers in rehabilitating street children through fund raising, public education and capacity building for service providers and provision of education and skills training.

Other rehabilitation centers included Ebenezer hospital and rehabilitation center situated in Nyeri town (Majengo) ward and catered for boys only. It is situated about one and half a kilometer from Nyeri town south of Nyeri general hospital. Upendo and Bellswopps rehabilitation centers are both situated in Gatitu ward. Upendo centre caters for boys and girls

and is situated about five kilometers off Nyeri Karatina road. Bellswopps was rehabilitating boys only and was also situated in about three kilometers from Thunguma rehabilitation center.

Huruma children's centre, Caltex and Ruring'u children's rescue centre were all situated in Ruring'u ward. Huruma children's centre rehabilitates both boys and girls and was situated four kilometers off Nyeri Othaya road. Caltex rehabilitation center catered for girls only and was situated about three kilometers off Classic Mukurwe-ini road. Ruring'u children's rescue centre catered for boys only and was situated about three kilometers off Nyeri Mukurwe-ini road. The study was conducted in three out of nine rehabilitation centers namely Thunguma rehabilitation centre for girls and boys, St Mary's boys' rehabilitation centre and Kiawara PCEA church rehabilitation centre for girls only (all in Nyeri Municipality).

3.4 Study Population

According to Creswell (2005) a target population is that population to which the researcher wants to generalize results. All the rehabilitation centers in Nyeri municipality were included in the study. Nyeri municipality had nine rehabilitation centers at the time of the study, 3 for boys only, 4 for both boys and girls and 2 for girls only. The target population was the boys and girls in the rehabilitation centers, heads of various programs; rehabilitation centers coordinators, social workers and District Children Officer in Nyeri Municipality.

3.5 Sampling Techniques and Sample Size

The sample size was determined as follows:

The sample consisted of 3 rehabilitation centres which was a representative sample from 9 homes. Stratified sampling method was used to select the rehabilitation centres for participation. In stratified sampling, the study population was divided into homogenous strata

and samples were selected from each stratum independently. Stratified sampling was used to split rehabilitation centres in Nyeri municipality into three categories, namely girls’ only centres, boys only and mixed rehabilitation centres category.

The rehabilitation homes in Nyeri municipality were split into three homogenous categories – that is, boys only homes category, girls only homes category and mixed homes category. At the time of the study, the number of homes in each category was, 3 boys only homes, 2 girls only homes and 4 homes for both boys and girls making a total of 9 rehabilitation centres. The sample consisted of 3 homes which was 33.3% of the total population. To obtain a proportional representation of the homes 33.3% of the total number of homes in each category was selected for the study. The sample homes were therefore, 1 boys’ only centre, 1 girls’ only centre and 1 mixed rehabilitation centre. To obtain the homes for participation a simple random probability method was used where the rehabilitation centres names were written on a piece of paper which was folded and put in a basket. Then the number required per stratum was selected. All homes an equal chance of being selected. This is shown in

Table 3.1

Table 3.1 Sample Summary of Homes Category

Homes category	Target population	%	Sample	%
Boys only	3	33.3	1	33.3
Girls only	2	22.2	1	33.3
mixed	4	44.4	1	33.3
Total	9	100	3	100

a) Rehabilitation centres:

The three selected rehabilitation centres were managed by the centre coordinators. Under each manager (centre coordinator) there was an assistant manager who was being assisted by heads of various programmes. The support staff was answerable to the assistant manager while various trainers/ facilitators were guided by heads of various programmes under each category of the programmes.

Robinson (2007) asserts that for survey design a sample of at least 20 per cent is justifiable for the study. On this strength, the study settled on a sample size of 3 rehabilitation centers namely Thunguma rehabilitation centre, St. Mary's Boys' rehabilitation centre and Kiawara PCEA church rehabilitation centre all in Nyeri Municipality, Nyeri County for the study. This comprised 33.3% of the total centers, representing one mixed rehabilitation centre, one boys' only rehabilitation centre and one girls' only center.

b) Coordinators:

Each sampled centre had a coordinator who was the manager of the centre. Under the managers there were assistant managers, then heads of various programmes who were assisted by various trainers under each category of the programmes.

The coordinators from the 3 sample homes selected through purposive sampling technique took part in the study. These were 3 coordinators out of the target population of 9 coordinators which was 33.3% of the total number of coordinators. The Coordinators comprised 2 males and 1 female and they all took part in the study since they oversee programmes delivery and implementation in the rehabilitation centres.

c) Programmes heads:

The study involved 18 heads of various programs. This number of heads of various programs was selected from the three sampled rehabilitation centers with a total of 27 programs heads forming 66.6% of the total population of programs heads. Heads of various programs in

three rehabilitation centers for street children were sampled purposively since they took care of children under their programs.

d) Children:

Proportional allocation was used to obtain the required number of boys and girls in each category. In order to determine the number of children to be sampled, simple random sampling was applied. In simple random sampling, each individual is chosen randomly by chance and has the same probability of being chosen during the sampling process (Kothari, 2006). According to Orodho (2005), 10% of the total population is required in a descriptive research. Since each rehabilitation centre had a different total number of children, a proportional sample was taken using simple random sampling technique. In this case the lists of boys and girls provided by the coordinators were the sampling frame.

In each centre a representation of 14% of the children were involved in the study. Boys only centre had 145 children out of whom 20 boys were selected, ten (10) girls were selected out of 70 in the girls' only centre, while in the mixed centre where girls were 45 and boys were 78, 6 girls and 11 boys were selected giving a total of 47 children.

The children were clustered according to three age sets that is, 3 to 7, 8 to 12 and 13 to 18. Between 3 to 7 years, the study involved 9 children, 6 boys and 3 girls. Ages 8 to 12 years, 18 children were involved where 12 boys and 6 girls were selected while in age set of 13 to 18, 20 children comprising 13 boys and 7 girls took part in the study. FGDs were organised according to age clusters.

e) Key informants:

The key informants included DCO and social workers. The Municipality has one district children officer. The sampled rehabilitation centers had a total of 12 social workers out of which 6 were purposively sampled giving a representation of 50%. The DCO and social workers were in charge of rehabilitation programs in the Municipality.

Sample size formula

$$n = N / (1 + N(e)^2)$$

Where n = sample size

N = sample population

e = precision

Table 3.2 Sample Frame

Population	Target population	Sample at 10% precision
Homes	9	1
Coordinators	9	1
Programs heads	27	3
Children	338	34
Social workers	12	1
DCO	1	0.1
Total	338	40.1

However according to Geoffrey (2011), a sample of more than 10% is better as it offers a better representation and increases the confidence level that results are accurate. The study therefore involved more than 10% of the target population. The above information is shown in table 3.3.

Table 3.3 Study Sample

Target Population	Sampling method	Sample size	Instruments
9 homes	Stratified sampling and simple random probability	3	-----
9 coordinators	Purposive sampling	3	Interview guides
27 program heads	Purposive sampling	18	Questionnaires
338 children	Simple random sampling	47	Focus group discussions
12 social workers	Purposive sampling	6	Questionnaires
I DCO	Purposive sampling	1	Interview guides
Total		78	

3.6 Research Instruments

The study utilized both primary and secondary data. Primary data was generated using the following three instruments.

a) Interview guides

Interview is a face to face oral communication using a set of predetermined questions involving one or more persons. This method is recommended for a descriptive study as it gives comparability, spontaneous reactions and supplementary information (Robson, 2007). Separate Interview schedules for the centres coordinators and Nyeri district children officer (Appendix II and IV) was used. The interview guides were chosen in order to allow the coordinators to speak in their own words for the purpose of getting in-depth information from the centre coordinators and DCO. It also allowed the researcher to take control of the response situation and to probe further for the clarity of the information being sought. The interview schedules were administered in different sessions.

b) Questionnaires

Separate self administered questionnaires for programmes heads of the rehabilitation centres and social workers (Appendix III and V) were used. Questionnaires were appropriate because they allowed for the collection of large amount of information in a reasonably quick space of time and could be interpreted easily without altering the meaning. They are also less time consuming as the respondents may not have time for interview. Information collected included among others rehabilitation programmes offered, effectiveness of the rehabilitation programmes and number of boys and girls in the centres. Of particular advantage was the high literacy level of the selected respondents.

c) Focus Group Discussion guide

Fontana et al (2008) defines focus group discussion as a “systematic questioning of several individuals simultaneously.” Focus group discussion guide (Appendix VI) was used on boys and girls. They were divided in groups of 9 girls’ representatives in the mixed and girls’ only centres, and 10 for boys’ representatives in the mixed and boys’ only centres. Before focus group discussion the group rules were established and a trusting atmosphere was created between the participants and the moderator (researcher). The FGD started by creating an activity where the learners were allowed to say something about themselves to create a friendly atmosphere and a sense of trust of the researcher and rest of the group. During focus group discussions, the researcher asked questions and moderated the group to ensure that all the individuals in the group were given a chance to express their views while at the same time keeping the focus on the discussions. After FGD, the participants were provided with rewards of appreciation for their help. FGD are appropriate because through interactions, perceptions and experiences in the topic of discussion are captured. FGD also allows participant to explore their views, debate issues raised and dialogue with each other freely. It also made it possible to obtain data required to match specific objectives of the study.

d) Observation checklist

Observation checklist (Appendix VII) was also used on programmes and facilities being used. This was used to complement information generated with the other two tools. It also assisted in verifying the data collected.

Secondary data relevant to the study was generated from the institutional records as well as from Nyeri DCO office as a supplementary method of gathering information especially on rehabilitation programmes.

3.7 Validity and Reliability of Research Instrument

Reliability of an instrument concerns the degree to which a particular instrument can consistently yield a similar result over a number of repeated trials (Orodho, 2005). According to Robinson (2007), content validity is established by an expert. As a result, the researcher consulted the supervisors to review the contents of the instruments. The comments, concerns and suggestions raised by the experts were adequately incorporated in the final instruments that were administered to the respondents. The piloting was then organised in order to affirm the instruments validity and reliability in generating the expected data. This was important in order to ensure that they yielded reliable and valid data on the basis of which the results, conclusions and recommendations would be drawn. The instruments were piloted on a population that was similar to the target population; Upendo children's home in the Municipality. This centre was not included in the main study. According to Orodho (2008) participants in the pilot study should be drawn from similar population from which the main participants' are selected. To establish validity of the instruments using the pilot study, there were 5 respondents for the pretest that is, one coordinator, two programs heads and two social workers. Programs heads and social workers were randomly picked from the centers from which the coordinator had been picked.

The purpose of having the pilot study was to refine the study's instruments, that is, by participants giving feedback on the clarity of the questions' content, language, relevance of the items to the intended group, redundancy of the questions, difficulty of the questions, time taken to answer the questions as well as the layout and length of the questions validity could be enhanced. Moreover, it would test whether there was ambiguity in any item; if the instrument could elicit the type of data anticipated and also being appropriately addressed. The pilot study confirmed the validity of the instruments. The researcher discussed the responses with the participants and any item found to be vague was rectified and any

grammatical error corrected. The researcher verified all the items to ensure that they were valid and reliable.

To determine reliability of the instruments, Cronbach's Alpha formula was used. The questionnaires were administered to the same group of respondents at two different times. In addition, any items that were found unclear or required to be enhanced upon were further improved. Some of the items were omitted to avoid overloading the respondents. The correlation between the two sets of observation was then computed. According to Orodho (2005), a coefficient correlation (r) of about 0.75 and above should be considered high enough to judge an instrument as reliable. The researcher's value was 0.76 and therefore the questionnaires were considered as reliable for data collection.

3.8 Data Collection

To carry out the study, permission was sought from relevant officers using the letter of authorization from Graduate School in Kenyatta University (Appendix VIII). Research permit was sought from the National Council for Science and Technology (NACOST) (Appendix IX). Further approval was obtained from the DCO as well as the coordinators of the centers. Appointments for the visits to administer the questionnaires were then made with the centers coordinators. During this visit, coordinators and the programs heads were informed about the purpose of the study and appointments were booked for data collection. Depending on the dates given, the selected centers were visited and the questionnaires were administered to the programs heads and social workers. Questionnaires were left with the respondents and collected after three days to give them ample time to fill and to increase the rate of return. Interview schedules were organized and conducted in the centers at their convenient time. During focus group discussions which had been earlier arranged, the researcher asked questions and moderated the group to ensure that all the individuals in the

group were given a chance to express their views while at the same time keeping the focus on the discussions. More data was collected from rehabilitation centers through observation checklist to complement information generated with the other two tools. The researcher also interviewed the DCO. Secondary data was also used to authenticate the data. Data collection process lasted for six weeks.

3.9 Data Organization, Analysis and Presentation

The study yielded both qualitative and quantitative data. After the data had been collected, editing, coding and data entry was done to ensure the accuracy of the data and their conversion from raw form to reduced and classified forms that were more appropriate for analysis. The descriptive statistics was employed for descriptive analysis of gender, age, level of education, and professional training as well as existing programmes and challenges there in. Frequencies and percentages were calculated, interpreted and analyzed using Statistical Package for Social Sciences (SPSS). Data summaries were presented in tables which were followed by interpretations and discussions. Narrative reports from qualitative data were used to enhance the validity of the research study results. The data collected was analyzed in line with the research questions. Data cleaning was done and all responses that were given to open ended questions were grouped according to themes after which they were coded. Numerical data was summarized to produce frequencies and percentages while qualitative data was analyzed using explanations, discussions and citations.

3.10 Logistical and Ethical Consideration

The participants in the research were informed of what the study was all about so as to make their own judgment on whether to participate or not. In this case, study was introduced to the respondents and they were informed about the purpose of the study and why their participation was important. However, since children could not give their own consent to the study, permission was sought from district children officer (DCO) who was also a participant to the study. A trusting atmosphere was created by enabling an activity where the learners were allowed to say something about themselves so as to have a friendly atmosphere and a sense of trust of the researcher and rest of the group after establishing the rules of the group.

In order to protect the privacy of the participants, confidentiality was guaranteed by assuring the participants that the information provided would only be used for academic purpose and that it would not be released to anybody else. In this study, the participants were not required to provide their identity or work station and the real purpose of the study was disclosed to the participants and they were left to decide on whether to participate or not. Over and above that, the researcher acknowledged every source of information for purposes of honesty and transparency.

In conclusion, more than 10 % representation of the respondents was used for the study with a good representation in terms of gender. This increased the confidence level that results were accurate. Correct procedure of data collection was followed, since authorization letter and permits were obtained before onset of data collection. It would therefore be expected that data collected would be authentic thus helping in improving rehabilitation programs.

CHAPTER FOUR

DATA PRESENTATION, DISCUSSION AND INTERPRETATION

4.1 Introduction

This chapter presents the findings derived from the data analysis and interpretations. The findings are presented, interpreted and discussed on the basis of the study objectives which sought to establish the existing programs for rehabilitation of street boys and girls; assess the effectiveness of rehabilitation programs offered to boys and girls and investigate the challenges faced by the staff in rehabilitating boys and girls and challenges faced by boys and girls during rehabilitation. Also presented and discussed are the strategies that may improve the rehabilitation programs for street boys and girls emanating from the study.

Further the demographic profile of the children, programs heads and social workers was analyzed as it was found to have had some bearing on the rehabilitation programs and implications for some of the findings. The bio data of boys and girls was discussed on basis of age, gender, family back ground and level of education before joining rehabilitation centers. Additionally, programs heads and social workers profile that was analyzed included age, gender, professional qualification and working experiences.

4.2 Demographic Information of the Study Respondents

As discussed in chapter three the number of children selected for the study was 47 while the programs heads were 18 and 6 social workers. Programs heads and social workers were the unit of analysis. However children, centers coordinators and district children officer (DCO) gave supporting information that was useful in making comparison about opinions.

4.2.1 Demographic Characteristics of Children in the Rehabilitation Centers

The study targeted 47 children in the rehabilitation centers who were studied through focus group discussions. Their demographic characteristics discussed are age, gender, level of formal education and their family back ground. This was important as the findings had some implications on types of programs offered at different ages to different gender, how they were carried out and their effectiveness. Data on demographic information of boys and girls is presented in table 4.1 below.

Table 4.1 Demographic Information of Boys and Girls

Item	Frequency	Percentage
Age in years		
3-7years	9	19.1%
8-12	18	38.2%
13-18	20	42.5%
Total	47	100%
Gender		
Males	31	65.9%
Females	16	34%
Total	47	100%
Education level before joining centers		
Secondary	0	0%
Upper primary	7	14.8%
Lower primary	11	23.4%
Nursery	17	36.1%
No formal education	12	25.5%
Total	47	100%
Type of family background		
Single parent background	12	25.5%
Nuclear family	6	12.7%
Extended family	11	23.4%
Orphans	18	38.2%
Total	47	100%

a) Age of boys and girls in the rehabilitation centres

The study divided children into three age sets, between 3-7 years 9 (19.1%), 8-12 years 18 (38.2%), 13-18 years 20 (42.5%) as presented in table 4.1.

The results presented in table 4.1 shows that the largest portion of children in the sampled centers was aged between 13-18 years followed by those who were aged between 8-12 years. One of the program head explained that very young children were being taken care of in children's home within the County thus the reason why there were no children of less than 3 years and those below 5 years were very few. This implies that most children were in the ages at which formal education is carried out and as such they were attending primary and secondary schools nearby. This concurs with Ruele (2008) who pointed out that majority of the visible children living on the streets are aged between 5 to 16 years. Others who were aged below 9 years were attending early childhood development education (ECDE) classes within the centers.

Gender of boys and girls in the rehabilitation centers

The study selected three rehabilitation centers on the basis of age and gender of the children in the centers since the study targeted boys only, girls only and mixed rehabilitation centers in Nyeri Municipality as indicated in chapter three.

The study targeted a sample of 47 children, 16 girls and 31 boys. The study findings indicated clearly that there was unequal representation among boys and girls with a greater majority (65.9%) being males while the females (34%) were the minority. This implies that boys were more than girls in all the three centers as illustrated in table 4.1. This disparity in gender representation was as a result of girls opting to be employed as house helps rather than being in the rehabilitation centers due to the way the girls had been socialized. This led to fewer program for girls being implemented which resulted to girls overcrowding to the few

available programs. This concurs with Wara (2007) who pointed out that there are more programs for boys than for girls and that girls programs are relatively recent.

b) Level of formal education of street children before joining the rehabilitation centres

The study sought to establish the level of education the boys and girls had before joining the centers. This was necessary as their level of education had an effect on the programs that they were engaged in since some programs required one to have acquired some literacy. It was revealed that a vast majority of boys and girls in all the three rehabilitation centers had very low academic qualification and in fact 25.5% confirmed that they had not attended any institution of learning. This implied that academic qualifications translated to most boys and girls lacking capacity to intellectually embrace rehabilitation programs. As a result, the children required formal education before undergoing other vocational programs in order to prepare them to cope with vocational programs. This confirms the findings of this study that formal education was the most common program in all the centers as boys and girls had to acquire the basic education before embarking on other programs. The findings further concurs with ANPPCAN (2006) sentiments that a vast majority of children living on the streets are either illiterate or semi- illiterate, and thus the curriculum for their alternative educational syllabus includes, basic literacy, numeracy, vocational training, socializing skills and nutrition.

c) Family background of boys and girls under study

Table 4.1 illustrates 18% of boys and girls did not have parents, 25. 5% were from single parent family while 12.7% and 23.4% boys and girls were from nuclear and extended family respectively. This implied that children living on the streets were from various back grounds and some were orphans and therefore they had no one to care for them. As a result they had no one to motivate them or even cater for their financial hardship and as such could not

attend school. This predisposes them to life on the streets. This contradicts UNCRC which is an international human rights treaty that grants all children and young people aged 18 years and below a comprehensive sets of rights regardless of their race, background, religion or abilities.

4.2.2 Population of Children Distribution in the Study Centers

To make a comparison of the population of the children in different sampled centers and the age range in each centre, the ratio were calculated based on total population reported by programs heads. These proportions are presented in table 4.2.

Table 4.2 Number and Age Range of Children in the Sampled Centers

Centers	Number of children	%	Age range	Mean years
Thunguma	123	36.4	5-19 years	12
St Mary's boys	145	42.9	3-18 years	10.5
Kiawara	70	20.7	8-18 years	13
Total	338	100		

The total number of children who were in the three sampled centres during the time of study was 338. The highest number of children was 145 in St Mary's rehabilitation centre which was equivalent to 42.9% followed by 123 (36.4%) at Thunguma rehabilitation centre , while the lowest was 70 in Kiawara rehabilitation centre which was equivalent to 20.7% as indicated by Table 4.2 above.

In order to determine the number of children to be sampled from the above statistics for the study, simple random sampling was applied where each individual was chosen randomly by chance and had the same probability of being chosen during the sampling process. According

to Orodho (2005), 10% of the total population is required in a descriptive research. The total number of children who were in the three sampled centers during the time of study was 338. Out of this number (338), 47 children were sample giving a representation of 14. %. Since each rehabilitation centre had a different total number of children, a proportional sample was taken using simple random sampling technique, giving a total of 14 % in all the sampled centers.

The age range of the children in the three sampled centers was also different where Thunguma center had the age range of 5-19 years; St Mary's had 3-18 age range while Kiawara had 8-18 age range. This was due to the fact that in Kiawara rehabilitation centre, there were no care takers employed to care for the very young ones since the centre did not have enough funds. In St Mary's boys the age range was 3-18 due to the fact that the centre had care takers for the very young children as well as ECDE programs which were being carried out within the centre. The policy of the centers was to release children after attaining 18 years of age and therefore the maximum age range of 18 years in both St Mary's and Kiawara centers. However, some children were above 18 years in Thunguma rehabilitation centers since they had not yet completed their vocational programs. This resulted to children of above the required age (18 years) in the center against the policy.

4.2.3 Demographic Characteristics for Programs Heads in the Rehabilitation Centers

The demographic characteristic for programs heads was analyzed on the basis of age, gender, professional qualification and working experiences as shown in table 4.3

Table 4.3 Demographic Characteristics for Programs Heads in the Centers

Item	Frequency	Percentage
Age in years		
18-25 years	5	27.8%
26-35	7	38.7%
36-45	4	22.2%
46-55	2	11.1%
Above 56	0	0.0%
Total	18	100%
Gender		
Males	12	66.7%
Female	6	33.3%
Total	18	100
Education level		
KCPE	0	0.0%
O'level	3	16.6%
Certificate	11	61.1%
Diploma	4	22.2%
Degree	0	0.0%
Total	18	100%
Professional training		
Community development	4	22.2%
Social worker	3	16.7%
Guidance and counseling	3	16.7%
Others courses	4	22.2%
P1certificate	4	22.2%
Total	18	100
Working experience		
Less than 3 years	2	11.1%
3-6 years	4	22.2%
7-10	6	33.4%
11-13	4	22.2%
Above 13 years	2	11.1%
Total	18	100%

a) Age of programmes heads in the rehabilitation centres

Table 4.3 indicates that all the programs heads in the three rehabilitation centers had attained 18 years and above. 5 were in the age range of 18-25 (27.8%), 7 in the age range of 26-35 (38.7 %) and 4 in the age range of 36-45 (22.2%). Only 2 (11.1%) were in the age range of

46-55 while none was older than 56 years. This implies that majority of the programs heads were mature and therefore experienced and in turn were capable of offering good leadership and the required and informed decisions and guidance to the children. Alternatively, it can be argued that mature age of majority of the programs heads gives them an edge since they were expectedly experienced in the issues of training and this would make it easier for them to device more effective ways of rehabilitation of boys and girls.

b) Gender of programme heads in the rehabilitation centres

Table 4.3 shows that 12 (66.7%) of programs heads were males while 6 (33.3%) were females in the three rehabilitation centers sampled. This shows that fewer women are appointed to leadership position than their male counterparts.

This was due to the nature of the street children who were rude and difficult to control and therefore, discouraged women from being involved in the caring and rehabilitation process. This attracted more men, since men are more aggressive than women.

c) Level of education of the programmes heads in the centres

From the Table 4.3 above it shows that all the programs heads had attained secondary level of education and above. 16.6% of programs heads had attained secondary level while 61.1% had attained up to certificate and 22.2% up to diploma level. However none of the programs head had a degree certificate. This lead to better care as NICHD (2006) stated “the higher the care-givers education level the prediction is, the higher quality of observed care and better developmental outcomes for children”. Thus the quality childcare promotes the developmental wellbeing of children. In addition NICHD (2006) observes that when education of care-givers is limited, the care provided tends to be of lower quality and children’s development is less advanced.

d) Professional training of the programmes heads

The results presented in Table 4.3 shows that all the programs head had been trained in one course or the other. 22.2% had been trained in community development, 16.7% in social work while other 16.7% had been trained in guidance and counseling. A further 22.2% had been trained in other courses such as carpentry, plumbing and hair dressing and 22.2% in primary teacher education certificate. This implied that their professionalism helped them understand the children better thereby enabling them to cope up with the social challenges faced by the children. Second, refresher courses helped them understand new ways of dealing with emerging issues in the lives of children under rehabilitation and therefore made it easier for the programs heads to device more effective ways of rehabilitating the street children. A social worker in one of the centers explained that refresher courses were offered to all the facilitators once in a year and it was a requirement for all to attend.

The venue for such courses was in Municipal Council headquarters though on rare occasions some seminars relating to programs on rehabilitation were be carried out within the centers in which case it was a mandatory for all to attend. Further it was revealed that majority of programs heads had worked for a number of years in their stations as indicated in table 4.3. This implied that they were conversant with the programs as such were expected to be highly proficient in their performance as confirmed by centre coordinators. Supporting this, NICHD (2006), pointed out that care-givers who attend workshops, courses, and staff development programs were better able to create strong bonds with children and were responsive to all children in their care. In addition, Njoroge (2009) notes that care givers and trainers should be given in-service courses and training to enable them cope with increased demands of street boys and girls since some trainers use outdated methods and materials which do not assist majority of the children.

4.2.4 Demographic Characteristics for Social Workers

The demographic characteristic for social workers was analyzed on the basis of age, gender, professional qualification and working experiences.

a) Age of social workers in the rehabilitation centres

The findings revealed that all the social workers in the three rehabilitation centres had attained 18 years and above. 50.0% were in the age range of 26-35, 33.3% in the age range of 36-45 and 16.6 % in the age range of 46-55. However, there were no social workers who were older than 56 years. This implies that majority of social workers were of age and therefore experienced and in turn were capable of offering good leadership and the required and informed decisions as well as guidance to the children. It can also be argued that all the social workers were of employment age and therefore capable of making informed decision relating to issues of children under rehabilitation programmes.

b) Gender of social workers

Data collected showed that 33.37% of social workers were males while 66.6% were females in the three rehabilitation centers sampled. This could have stemmed from gender roles where women were more socialized on issues of handling children more than men. This may give them an edge on the issues of children than men. In line with these findings women were found to be more vibrant and knowledgeable at work, full of concentration and very creative in handling children unlike men.

c) Education Level of social workers.

From the findings it was evident that 83.3% of the social workers had attained secondary level of education, while only 16.7% had attained primary level. This implied that majority of the social workers had acquired relevant basic education to enable them cope with emerging issues of children under rehabilitation programs.

d) Professional training

From the findings it emerged that, all the social workers had been trained in one course or the other. 33.3% had been trained in community development, 50% in social work while 16.6% had been trained in guidance and counseling. Their professionalism was therefore expected to help identify and perhaps assist the children to resolve certain issues through guidance and counseling. The fact that all the social workers had stayed in particular centers for more than three years acted as a boost to their performance in their duties since they were conversant with the centers' environment.

4.2.5 Requirements for Rehabilitation among Children Living on the Streets

According to district children officer (DCO) in Nyeri, for children living on the streets to be admitted in the rehabilitation centers they had to fulfill a number of requirements. A number of children were found and picked by social workers who visited common places such as Whispers Park, near major super markets, Majengo slums as well as in and near *matatu* stages among other common places. Others voluntarily joined the centers. The DCO further explained that once they were taken off the streets, they were taken to drop in centers (children rescue centers) where they were subjected to regimen of procedures so as to understand the background of the child. Only when the social workers were satisfied that the child was in a position to acquire knowledge and skills were they allowed to begin the rehabilitation programs. According to DCO, some of the procedures that children living on the streets underwent before embarking on programs included;

a) Interviews

This was subjected to all the children in order to identify the immediate problems or needs of the child and reasons for their living on the streets. Other problems such as drug

addiction, health status and other underlying problems were discussed during the interviews.

b) Medical check-up and screening

Children must go through the medical check up to ascertain their health status. While in the streets children were predisposed to different vices such as rape, drug abuse among others which may have affected the child's health. Once the problem was discovered, respective form of treatment regimen was followed and they would be entered in the list of those receiving institutional care.

c) Guidance and counselling

This was very important due to the kind of lives the children had lived while in the streets. Some children were exposed to bullying, trafficking, prostitution, theft among others. As such they needed great care and attention that would help them forget their psychological torture and behave as normal children.

4.2.6 Status of the Children before Rehabilitation Process

In order to address the study objectives, the study sought to establish the conditions often associated with living on the streets among children. This assisted in establishing a fuller understanding of the various rehabilitation programs that were under study. This section thus relied on the social workers and programs heads of various homes who undertook critical "diagnosis" of new entrants into the facilities.

According to one social worker at St Mary's boys children joining rehabilitation centers had myriad of problems. Some of the problems required medical practitioners to solve while others were dealt with by the rehabilitation staff. Quite a number of children had lived on the streets for as early as they could remember while other had been on the streets for a number

of years. This had resulted to a number of psychological problems as a result of violence which had been meted on them while on the streets. In addition, the respondent explained that a number of children had been sexually assaulted while on the streets which had resulted to psychological problems while others had been left emotionally scared. The social worker pointed out a case of a girl who had been raped severally by an adult whom she had trusted. This had resulted to her feeling guilty and traumatised to a point where she was blaming herself and could not talk to males whether adults or boys for a long time.

The DCO in Nyeri reported that a number of children had very low or no literacy level by the time they were being admitted in the rescue centres in the Municipality. Lack of education by majority of children was as a result of poverty from their family back ground since a number of them were orphans and others with parents could not afford a meal leave alone education. This could have predisposed them to street life. This concurs with the findings of this study that some children did not have parents who could take them to schools hence high illiteracy level among children living on the streets. Others had dropped from schools at various levels due to different reasons such as being beaten by their teachers, influence from their peers as well as lack of someone to cater for their needs. A social worker at Kiawara rehabilitation centre reported that almost all the children joined the centre while malnourished. The respondent explained that this was attributed to the fact that children could not get enough food to eat and the little they got was not balanced. Supporting this, the programme head at Kiawara centre explained that many children were anaemic by the time they were joining the centres due to lack of quality food.

During focus group discussions, children pointed out they lacked basic needs while on the streets such as shelter and food as well as good clothing. Children reported that they were wearing torn clothes while others wore thread bare clothes which used to be very dirty since they could not get water and soap to bathe let alone washing clothes. Further, the children

explained they used to wait for shops to close so that they could sleep on the verandas. Confirming this, the programme head at St Mary's boys explained that many children were rescued while suffering from diseases such as pneumonia among others. Nyeri being a cold place and especially during the month July might have led to some of the mentioned diseases since children living on the streets sleep on verandas with no protective clothing.

Many former street children got to the rehabilitation centres while suffering from one ailment or another. This was revealed by the programme head at St Marys boys rehabilitation centre. Many diseases were as a result of poor living conditions and use of dirty food stuff and water as well as unprotected sexual contacts. Some of the disease included cholera, tuberculosis, malaria as well as STIs, HIV/AIDS included. Confirming this one social worker at Thunguma rehabilitation centre, revealed a case at hand where a child was admitted in the centre only for him to be referred to Nyeri provincial hospital for specialised treatment where he was admitted for more than two weeks. This was supported by the centre coordinators who reported that many children especially girls were suffering from STIs, and HIV/AIDS and that some children in the centres were under Anti- Retroviral treatment. This concurs with Muya (2009) that children living on the streets have various health problems such as Sexually Transmitted Disease (STDs), Tuberculosis (TB) and even HIV/AIDS which requires specialized care.

According to Nyeri DCO a vast majority of the children were rescued from the streets while already drug addicted. Drugs commonly abused were glue, cannabis *sativa*, *miraa* and alcohol but to a limited amount. During focus group discussions children explained that drugs were easily available and they used to help them forget their pathetic situations while on the streets. This was supported by the coordinators of the centres who revealed that almost all the children had been exposed to a variety of toxic substances either from air but mostly from drug abuse by the time they were joining the centres. However the coordinators

explained that a number of children had been treated in the nearby general hospital and were carrying out their programmes well.

From this section, it is evident that children living on the streets faced myriad problem. Rehabilitation homes were expected to put into consideration these complex status while carrying out the rehabilitation programmes so as to effectively deal with the subjects and not just rid the streets off the children.

4.3 Existing Programs for Rehabilitation of Children Living on the Streets

Objective one of the study sought to identify the existing programs in the rehabilitation centers. Data analysis revealed five main programs as shown in Table 4.4.

Table 4.4 Existing Programs for Rehabilitation the Children and Attendance

Programmes	Girls (N)	Boys (N)	Total	Percentage %
Formal education	115	223	338	100
Guidance and counselling	115	223	338	100
Spiritual programs	115	223	338	100
Vocational training	75	133	208	61.5
Talents development	93	187	280	82.8

As indicated in table 4.4 the study revealed the following programs as being offered in the rehabilitation of children living on streets in the three centers sample. Formal education, guidance and counseling, vocational training, spiritual programs as well as talents development. This was revealed by programs heads who further explained that formal education, guidance and counseling, and spiritual programs were the major rehabilitation programs that were mainly emphasized on and were not optional for all the children.

However, vocational training and talent development though important were only offered to older children. The following are the discussions of each rehabilitation program.

a) **Formal education**

The social workers involved in the study revealed that majority of boys and girls had very low academic qualification by the time they were admitted in the rehabilitation centers. This was confirmed by the fact that top among the programs offered was formal education which was offered to all 338 (100%) children at preschool, primary and secondary levels to counteract their illiteracy. This according to one social worker from Thunguma center depended on the child's age and the level of formal education one had attained before going to the streets for those with some formal education. The social worker further explained that young children below 9 years and older children above this age with no formal education started formal education from preschool level (ECDE). Other children joined primary schools at different levels depending on one's ability, and as such very big children were attending lower primary classes as well as other classes unlike children from 'normal families'.

The center coordinators revealed that formal education involves subjects that the government has put in place through the Ministry of Education (MOE) and which are examinable. These include Kenya Certificate of Primary Education (KCPE), Kenya Certificate of Secondary Education (KCSE) as well as Early Childhood Development Education (ECDE). In the three sampled centers, it emerged that providing formal education involved enrolling children to nearby primary and secondary schools. The centre coordinator from Thunguma revealed that some children were attending boarding schools within the County due to lack of facilities and adequate funds for running formal education within the centers. This was due to the fact that centers were funded by mainly NGOs and well-wishers and were unable to operate their own schools and employ their own teachers.

Programs heads pointed out that children attending nearby primary and secondary schools would go back to the rehabilitation centers in the evening and weekends for other programs such as guidance and counseling. However in Thunguma and St Mary's boys rehabilitation centers, (ECDE) classes were conducted within the centers by Early Childhood Education teachers employed as facilitators while in Kiawara ECDE was not carried out within the centre rather children were attending a neighboring nursery school for their pre primary education due to lack of facilities and teachers within the centre. Programs heads further specified that those who joined primary and secondary schools outside the centers had constant follow up and monitoring of their behavior accompanied by relevant guidance and counseling. This is supported by empowerment theory that postulates that empowerment is promoted in various environments that provide people with access to information, resources, support and opportunity to learn and develop a factor that is relevant in the rehabilitation centers where children are given an opportunity to acquire skills hence getting empowered.

The District Children Officer in Nyeri Municipality confirmed that in the three sampled rehabilitation centers, children were assessed in order to establish level of education as well as talents. This helped in determining the level of literacy of the child and determining educational needs of the child so as to place them in their right classes. This finding was supported by the data on education level of street children which indicated that a vast majority of boys and girls had very low academic qualification. Children who have gone through the education system tend to have a modified behavior unlike children living on the streets. Formal education therefore, might lead to children living on the streets accepting their teachers and taking them as role models thus easier and better re-integration within the society. However, data revealed that formal education was not conducted in the same way in all the centers. For instance in Kiawara rehabilitation centre, ECDE was not carried out

within the centre rather children were attending a neighboring nursery school for their pre primary education.

The social workers further explained that religious organizations such as churches and NGOs supported the children financially by either paying their school fees for those undergoing formal education or buying their basic requirements such as books and personal effects. The district children officer on this matter explained that they sought donors to help raise school fees and other basic needs for the children.

b) Guidance and counselling

Majority of boys and girls got to the centre with varied psychological problems resulting from events encountered while in the streets such as rape, drug addiction among others. This was reported by a social worker from St Mary's boys who further explained that guidance and counseling which was offered to all children was of utmost importance.

This was confirmed by the findings in table 4.4 which revealed that guidance and counseling was offered to all 338 (100%) children in all the centers under study. The centre coordinators explained that guidance and counseling programs were offered through concerted efforts by a number of individuals such as social workers, trained centre staff and in severe cases medical practitioners from nearby hospitals were involved. In all the centers, extreme cases were taken to hospitals for counseling and treatment after which they would join the rest in rehabilitation centers.

In Thunguma rehabilitation centre, the centre coordinator noted that guidance and counseling programs were carried out by all children, since it suited the needs of a high percentage of children, so as to enable them to be well engaged to other rehabilitation programs. However, a need assessment was carried out to identify children with special needs such as drug addiction, STIs and HIV/AIDS for specialized counseling. The specialized counseling was

done by medics hired from the neighboring medical institutions and in other cases by trained staff while career counseling was done by programs heads and facilitators in the programs. The need assessment was used to classify boys and girls into categories: those who needed general counseling and those who needed specialized counseling and treatment for drug addiction and diseases. As confirmed by Dr. Karimi* a medical practitioner at Nyeri provincial hospital, many boys and girls suffered from relatively low psychological disturbances, depression, anxiety while others were drug addicts. This might result to antisocial behavior that could not allow children living on the streets to live in harmony with the general public and therefore early intervention was necessary to prevent these children from developing more deep seated mental health problems.

At St Mary's boys rehabilitation center, the programs head pointed out that visiting counselors were used either once or twice a week and that severe cases were taken to nearby hospitals for specialized treatment. However, in Kiawara center one program head pointed out that a priest visited at least after every two days to offer guidance and counseling to the rehabilitees. The study established that guidance and counseling programs were aimed at changing behavior of the children in order to boost reintegration and to ensure sustainability of the rehabilitees in the centers. These findings concur with the findings reported by Muya (2009) which revealed that guidance and counseling services was offered to rehabilitees on matters of HIV/AIDS which includes sexually transmitted illnesses, unwanted pregnancies and abortions.

c) Spiritual Programs

Majority of boys and girls had not attended any church service or Christian fellowship relating to their faiths for a number of months by the time they were getting to the centers. This was pointed out by different social workers in the centers under study. This was the

reason why all the boys and girls 338 (100%) were engaged in spiritual programs as indicated in table 4.4 in the sampled centers.

The centre coordinator from Kiawara further revealed that the religious organizations such as churches had a spiritual role to play both within the centers and in the churches on boys and girls on matters relating to spiritual programs. One social worker from St Mary's boys reported that Spiritual programs were mainly Christian teachings involving psychosocial programs which were general and spiritual in nature administered through counseling that set to reform children through preaching and teaching the word of God. This was attributed to the fact that all the children in all the three centers were from Christian background. As such, spiritual programs were compulsory in all the centers especially attending church service on Sundays. With regard to religious practices, the study revealed that children were allowed to attend the nearby churches of their choice with guidance and supervision of the spiritual programs head except in Kawarau rehabilitation center. In Kiawara, the programs head reported that he invited preachers within the center on Sundays as children were not supposed to go out of the compound unless with an adult to supervise them. It was further established that compulsory spiritual programs which were common to all were conducted on daily basis in the centers except in Kiawara centre where they were conducted three times a week.

However, the program head from St Mary's boys reported that all the children were supposed to attend mass on Wednesdays in the evenings after classes to enrich their spiritual values. The respondent further reported that spiritual teaching was part of guidance and counseling aimed at teaching good behaviors to the children, and that the rehabilitation centre had a spiritual leader who conducted spiritual teachings mainly Christianity. In Thunguma rehabilitation center, the program head expressed that children attended Sunday services in the nearby churches. However, they attended either Christian Union (CU) fellowship or Catholic Action (CA) depending on their faiths on Saturdays in the evenings.

The key aim of the spiritual program is to instill positive behavior to the children and therefore it was necessary that all children were exposed to spiritual programs.

d) Vocational Training

The centre coordinators in the centers under study revealed that all children got to the centre with no prior knowledge of vocational programs since many were under age by the time they were being rehabilitated. Others never got a chance of engaging in such like programs due to their background. The coordinators also revealed that vocational programs were offered in all the sampled centers. However this was not carried out by all the children since some were very young and as such they only attend formal education and other compulsory programs such as spiritual teachings. 75 girls and 133 boys were engaged in vocational programs giving a total of 208 (61.5%) children.

The programs heads expressed that the centers offered a number of vocational training programs that were aimed at imparting skills and knowledge, with aim of helping the boys and girls discover their talents as well as earn a living through work, to counteract loitering on the streets upon exiting the centers. This concurs with the empowerment theory in that empowerment develops over time as children gain greater control over their lives after undergoing through the programs. Centre coordinators specified that vocational training programs were offered within the rehabilitation centers and that each program had its own room and trained facilitators, some with only one tutor others two. The program head from Thunguma rehabilitation centre confirmed that the most common vocational training were tailoring, hair dressing, knitting and embroidery for girls while boys were involved in welding, distilling diesel out of plastic waste, carpentry, electrical wiring and shoe making. The respondent however revealed that girls were exposed to fewer programs compared to boys. This concurs with Wara (2007) who noted that, boys programs were more than girls. The program head further explained that children were grouped according to their interests in

the vocational programs as well as age. However the facilitators assisted them while choosing particular vocational programs depending on their ability.

At St Mary's boys' rehabilitation centre, the centre coordinator pointed out that carpentry, plumbing, leather work and metal work were more popular with the boys. The boys were usually grouped depending on interest as well as guidance from their facilitators due to their ability. The programs according to the center coordinator were carried out in different rooms with different facilitators and they were starting in the morning. However, children who were mature carried out some vocational program in the evening after formal education, and over the weekends as well as during the holidays such as carpentry and plumbing, while others were involved in vocational training fully after which they sit for a trade test after two years.

In Kiawara center, the program head pointed out that girls were engaged to hair dressing, crocheting, tie and dyeing fabrics and dress making. Keeping of animals such as rabbits, chicken and goats was carried out in St Mary's boys and Thunguma centers. However planting of various crops was compulsory in all the centers. This was because it was deemed important for all to have knowledge in farming activities. Supporting this argument the centre coordinators noted that Nyeri County is an agricultural based economy and the whole region is agriculturally productive and therefore it was thought that farming activities was easy for the children to practice after rehabilitation process. The centre coordinator also pointed out that that planting of crops did not require high levels of formal education and could therefore be learnt by all with basic education. The findings of this study concur with the findings obtained in the study by UNICEF (2009). UNICEF (2009) noted that vocational programs are offered in rehabilitation centers to improve one's capacity and make one to be self-sustaining while creating a safe and living environment.

The study further sought to establish how many vocational training programs a child was engaged in. In Thunguma centre, the coordinator explained that each child was entitled to at least two programs; agriculture based such as planting of crops or animal rearing which were compulsory and any other vocational program of their own choice. In St Mary's boys, the coordinator expressed that children were exposed to a minimum of three programs but this depended on the availability of the tools and equipment and capability of the child. In Kiawara, the coordinator reported that, each child was expected to have at least two programs of their own choice. For all the vocational training in all the centers, it was observed that there was close supervision by the tutors with each group at least having a tutor or two.

In all the centers under study the DCO revealed that, vocational training programs were offered for a period of two years after which the children did a trade test. Those who passed were assisted to set up workshops as part of re-integration or assisted to seek for jobs in their areas of specialization an indication that the programs were effective. Those who failed were allowed to continue training in the centers and sit for the examination a second time. However, the centre coordinators reported that this was rare.

e) Talents Development Programs.

The DCO Nyeri Municipality expressed the view that children under rehabilitation programs were talented and gifted in different areas like any other child. As a result various programs relating to the development of different talents had been laid down in the three sampled centers and that concerted effort had been taken to ensure development of the talents. DCO further explained that programs relating to talents development included; sports activities such as ballgames and athletics and music where dancing was involved and were offered to 93 girls and 187 boys a total of 280 (82.8%). Some children could not be exposed to this program since they were too young.

One program head at St Mary's boys explained that children were trained on some games and music and allowed to compete among themselves and with other children in public schools as a way of uniting them with the members of the public. In Thunguma center, the coordinator expressed that activities such as singing, dancing and sports were offered with aim of providing the children with environment that could occupy their minds. The activities also assisted the learners in learning new ways of socialization among themselves and with others in other public institutions as well as in ensuring boys and girls interacted freely with members of the public. This contradicts Ward et al (2007) who observed that the difficulties children face in the rehabilitation homes and the harsh conditions of the streets are less than the societal reaction to the children living on the streets. The activities children get involved in results to effectiveness of the programs since they assist in promoting behavior change among the children.

The study further established that sports activities helped to improve the general health, physical and psychological well being and quality of life of the rehabilitees. This was pointed out by the centre coordinators and programs heads in the centers. The coordinators further expressed the view that this was a continuous process throughout the rehabilitation process carried out with aim of allowing boys and girls to mingle with other children in schools, churches and other places in order to dissocializing the children from the street life and re-socializing them with members of the public and their counterparts in rehabilitation centers.

4.4 Effectiveness of Rehabilitation Programs Offered to Boys and Girls

Objective two of the study sought to establish the effectiveness of the rehabilitation programs in order to determine how the programs had changed their lifestyles through behavior change. To address this objective, programs heads and social workers were required to rate the effectiveness of the programs in order to assess the negative and positive effects of the

programs offered to boys and girls. Boys and girls were also engaged in focus group discussion in order to ascertain the information given was accurate thus helped to make comparisons about opinions. DCO and centre coordinators were also interviewed over effectiveness of various programs offered in the centers under study. The following were the discussions of the effectiveness of the programs offered to boys and girls which were generated from the frequency of responses of the respondents Their views were analyzed together so as to achieve an overview of respondents ratings of the effectiveness of different programs offered in different centers under study.

a) Formal Education Programs

The study findings from the answers of the respondents were shown in table 4.5. The items were rated on a scale of Very Effective (**VE**), Effective (**E**), Ineffective (**I**) and Very Ineffective (**VI**).

Table 4.5 Effectiveness of Formal Education Programs on Boys and Girls

Items	Very Effective		Effective		Ineffective		Very Ineffective		Total	%
	F	%	F	%	F	%	F	%		
Formal education										
Promoting behaviour change	66	88	9	12	0	0.0	0	0.0	75	100
Re- integrating street children in to the community	62	82.6	12	16	1	1.3	0	0.0	75	100
Reducing drug abuse	57	76	13	17.3	5	6.6	0	0.0	75	100
Reducing recidivism	51	68	15	20	9	12	0	0.0	75	100
Escaping back to the streets	48	64	18	24	9	12	0	0.0	75	100

Effectiveness of formal education on boys and girls

As indicated in table 4.5 a number of programs heads, coordinators, social workers, and children in the sampled centers reported that formal education was very effective in promoting behavior change among the children 88% and 12% effective respectively. One of the programs head revealed that a number of the children who were living on the streets had very low academic qualification by the time they were joining the centers. The respondent was of the view that giving formal education enabled the children to have good understanding of social life, and that it gave them hope of getting good employment which motivates them to change their behavior. Similarly, formal education enables the children to gain literacy and get good jobs as one child had this to say; “ *tukisoma tutapata kazi*” ...” if we get educated we will get jobs” This concurs with empowerment theory in that the theory postulates empowerment is promoted when children access opportunity to learn and develop and thereafter acquire jobs.

A further 76 % of the respondents felt that formal education was very effective in reducing drug abuse. This as was explained by the program head in one of the centers, was attributed to the fact that formal education was done in public schools where drugs were prohibited. It also gave opportunity for children to dissocialize with drug abusers (from the streets) and socialize with other children in schools who do not use drugs thus reducing the chances of children using drugs. This results to achieving of effectiveness in that the dependent variable is measured by reduction of drug usage by the children.

Additionally, 82.6% of the respondents were of the view that formal education enabled children to be easily integrated into the community. A social worker in one of the centers was of the view that this was due to the fact that formal education was offered in public schools where the children previously living on the streets had opportunities to interact with

other children in primary schools. This helps them to re-socialize with non-street children eventually leading to easy re integration of children to the community.

The study findings further revealed that formal education was very effective (68%) and effective (20%) respectively in helping to reduce recidivism as indicated in table 4.5. This was explained by the center coordinator at Thunguma was attributed to the rules and regulations in conventional schools that children attended. Conventional schools were characterized by order and strict adherence to school rules that were enforced by teachers in a number of ways including punishments. This factor concurs with empowerment theory equity principle, which is defined as integration of rules to achieve common goals and willingness of each member to contribute collectively towards common goal. This factor is required in a rehabilitation home where children must work together and contribute to the well being of the others. Since children in conventional schools are generally obedient as compared to children living on the streets, this might help children previously living on streets in such schools copy good and acceptable behavior, noting that education gives one a purpose, goal and self esteem consequently reducing recidivism. The program head at St Mary's rehabilitation commented, "Formal education is seen as an eye opener tool that enhances ones capacity to share out knowledge with others".

Additionally formal education was very effective (64%) in reducing the number of street children escaping back to the streets. On this one of the programs heads expressed that children were very happy and many wished to stay in the centers. She was especially enthusiastic about three children who did not know how to read and write but could now do it without any assistance. Those children kept on vowing that they would never go back to the streets, an indication that they were getting empowered thus gaining control over their lives thus increasingly taking part in the decisions which affect them.

b) Vocational training programs

The study findings from the answers of the respondents were rated on a four point scale with choices Very Effective (**VE**), Effective (**E**), Ineffective (**I**) and Very Ineffective (**VI**) as shown in table 4.6 below.

Table 4.6 Effectiveness of Vocational Training Programs on Boys and Girls

Items	Very Effective		Effective		Ineffective		Very Ineffective		Total	%
	F	%	F	%	F	%	F	%		
Vocational training										
Promoting behaviour change	61	81.3	9	12	5	6.6	0	0.0	75	100
Re- integrating street children in to the community	58	77.3	11	14.6	6	8	0	0.0	75	100
Reducing drug abuse	56	74.6	14	18.7	5	6.6	0	0.0	75	100
Reducing recidivism	50	66.6	15	20	8	10.6	2	2.7	75	100
Escaping back to the streets	46	61.3	22	29.3	4	5.3	3	4	75	100

Effectiveness of Vocational training

The results presented in table 4.6 revealed that 81.3% of the respondents were of the view that vocational training programs were very effective in promoting behavior change among the children. Findings also revealed that vocational training helped children to be integrated easily in to the community (77.3%). This implies that vocational training was effective in ensuring that street children change from their bad behavior such as drug abuse and irresponsible sexual behavior among others. This confirms the conceptual framework of this

study where independent variables (vocational programs) were well implemented leading to achievement of dependent variables (positive behavior change).

The social workers reported that vocational training was offered in the three sampled centers as it equipped the children with knowledge, skills and experience which help them to be productive members of society during their adult life. This is in line with worst form of labor convention 1999 (no.182) ratification that vocational training for children be removed from the “worst forms of child labor” (ILO, 2012). The respondent further expressed that they use the skills acquired to get employed or get self-employed after leaving the rehabilitation centre on attaining 18 years of age. This is in line with United Nations Convention on the Rights of the Child (CRC) that defines a child as every human being below 18 years (UNICEF, 2010). This is due to the concern which has been with the position of children within the realm of employment according to International Labor Organization (ILO). For purposes of employment children are regarded to be those who are under the age of 18 years (ILO, 2012). Supporting this, the DCO expressed that the protection accorded to working children under this classification remains more or less the same as provided for under the 1937 Act, since the post-independent Kenya has not deviated very much in its children policy from that of the colonial period.

The social workers further expressed that vocational training programs occupied children most of the time leaving little time to practice maladjusted behavior thus helping in positive behavior change. Supporting this the program head at Thunguma revealed that, vocational skills gave children the opportunities to open up income earning activities such as rabbit and chicken rearing which make them live a better life thus reducing the chances of running back to the streets. This concurs with Gichumba, (2009) who observes that rehabilitation programs aims to give knowledge and skills to children which can lead to employment or self employment after exiting the centers.

Vocational programs were also reported by programs heads and a number of children during focus group discussions in that it assisted in reducing drug abuse (74.6%) among the children in the centers under study. One coordinator pointed out that vocational training reduced drug abuse by ensuring that the children were very busy with some skills to practice thus the rate at which children might abuse drugs reduces. One social worker pointed out that;

.....”drug abuse is caused by idleness and stress resulting from problems encountered in the streets together with its availability. But now that they are busy and enclosed here they may not get chances of taking drugs....”

During focus group discussions, it was noted that, many children had a positive attitude towards vocational programs with some citing acquiring skills and experience as a gateway to easy integration in to the society (77.3%). Vocational program head in Kiawara noted this on vocational training, “it enables children to engage their senses of responsibility, so as to rebuild their morale and inculcate the habit of good and useful life with a view of enabling them fit in the society”. This was further confirmed through observation of various chores they were engaged in and assigned to by their facilitators. Vigor and energy children put while carrying out various vocational rehabilitation programs and possibly the environment created by their facilitators, was noted to be a major contributing factor towards success of the programs.

Additionally, vocational training was viewed by a number of respondents as effective in reducing recidivism (66.6%). On this, the coordinator at St Mary’s boys expressed that training children in basic skills enabled them to be self employed after completion of the programs and on attaining 18 years of age as required by the law and therefore reducing recidivism. This is in accordance with UNCRC that children should be protected from exploitation and therefore can only be employed after 18 years of age. However, the coordinator expressed that few children had negative attitudes towards some programs such

as planting crops and animal rearing as handling soil and feeding animals are seen as dirty work. As explained by one social worker, many girls shelved from doing such duties unless under supervision citing them as ‘duties which should be carried out by boys only’. This may have risen from gender division of labor where girls were socialized to carry out house chores while boys were exposed to hard duties. This may affect implementation of some programs negatively. Through observation checklist boys and girls could be seen interacting with their facilitators on a very friendly manner.

c) Guidance and Counselling Programs

The ratings of effectiveness of guidance and counseling on the children as done by the study respondents by selecting the most appropriate choice form Very Effective (**VE**), Effective (**E**) Ineffective (**I**) and Very Ineffective (**VI**) is shown in table 4.7 below.

Table 4.7 Effectiveness of Guidance and Counselling Programs on Boys and Girls

Items	Very Effective		Effective		Ineffective		Very Ineffective		Total	%
	F	%	F	%	F	%	F	%		
Guidance and Counselling										
Promoting behaviour change	68	90.6	7	9.3	0	0.0	0	0.0	75	100
Re- integrating street children in to the community	64	85.3	11	14.7	0	0.0	0	0.0	75	100
Reducing drug abuse	65	86.6	8	10.6	2	2.6	0	0.0	75	100
Reducing recidivism	59	78.7	10	13.3	6	8	0	0.0	75	100
Escaping back to the streets	53	70.6	17	22.6	3	4	2	2.6	75	100

Effectiveness of guidance and counseling

The finding as indicated in table 4.7 revealed that guidance and counseling was a very effective way of changing life styles of children under rehabilitation in the centers under study through promoting behavior change (90.6%), reintegrating them to the community (85.3%), reducing drug abuse (86.6%) as well as reducing recidivism (78.7%). This implies that guidance and counseling is an integral process that is aimed at changing ones way of life.

A program head in St Mary's boys rehabilitation centre pointed out;

“...to street children, guidance and counseling is aimed at dissocializing them with their peers in the streets and re-socializing them with the general public...., its main aim is to ensure that children previously living on the streets change their antisocial ethically unacceptable behavior and live a conventional life.....”

The program head in Thunguma madam recalled a case of a child who had experienced psycho trauma relapse on admission in the center due to continuous drug usage. She explained that the child regained normalcy after a year of intensive care in the nearby general hospital and later support from counseling services provided in the centre and occasionally in the hospital. This implied that guidance and counseling was a good strategy employed for behavior change and modification and if applied effectively could change the lives of the children. However a program head at Thunguma explained that drug addicted children were not always in a position to carry out the programs offered and as such they would find their way back to the street since they could not and were not willing to stop drug abuse. This concurs with Nyamai (2014) findings that children living on the streets engage in drugs and solvents substances abuse such as glue fumes to escape from reality which in turn affect their carrying out the programs which hinders the effectiveness of the programs.

The coordinator at Kiawara centre explained that several interventions were involved in guidance and counseling. They included specialized treatment for drug abuse to drug addicts

and glue snipers, so as to change them to responsible people in the society. This is in line with the accountability principle of empowerment theory where children are expected to be accountable hence responsible which is an important factor for effective rehabilitation programs to be realized thus its effectiveness in changing the children's behavior. Specialized counseling for children with special needs, such as those who were HIV positive was also carried out. This concurs with Muya (2009) sentiments that there are rehabilitation centers that offer guidance and counseling services to boys and girls on matters of HIV/AIDS.

The social workers, program heads, and the centre coordinators revealed several factors that attributed to positive behavior change. The respondents explained that guidance and counseling was the first program and was compulsory to all children and those who reformed were initiated to other programs. The study further revealed that, specialized counseling was done to the addicts including serious treatment for mental disorders occasioned by drug abuse. Second, as the coordinator at St Mary's boys pointed out, the behavior change that occurred due to guidance and counseling resulted to children practicing socially acceptable mannerisms. This greatly reduces the chances of habitual repetition of malpractices such as irresponsible sex, drugs and substance abuse, prostitution, criminal activities among others. Through focus group discussions, the children revealed that they were able to reduce drug usage but at a gradual pace through guidance and counseling.

From the findings it was revealed that guidance and counseling helped to reduce the number of children running back to the streets (70.6%). The results as indicated in table 4.7 showed that majority of programs heads, social workers and coordinators felt that guidance and counseling was important in the lives of the children. This was further confirmed by children during focus group discussions. One program head from Kiawara center explained that due to their changed ways of life through guidance and counseling, children were accepted by the members of the public as well as family members. The program head further stated that

reformed children were also able to fit in conventional schools and have formal education which gave them better hope in life thus reducing running back to the streets where their hope were doomed.

d) Spiritual Rehabilitation Programs

Table 4.8 below shows the ratings of effectiveness of spiritual programs carried out by the study respondents, from a choice of Very Effective (VE), Effective (E), Ineffective (I) and Very Ineffective (VI).

Table 4.8 Effectiveness of Spiritual Rehabilitation Programs on Boys and Girls

Items	Very Effective		Effective		Ineffective		Very Ineffective		Total	%
	F	%	F	%	F	%	F	%		
Spiritual Rehabilitation										
Promoting behaviour change	51	68	15	20	9	12	0	0.0	75	100
Re- integrating street children in to the community	44	58.6	20	26.6	11	14.6	0	0.0	75	100
Reducing drug abuse	48	64	17	22.7	7	9.3	3	3.9	75	100
Reducing recidivism	44	58.7	19	25.3	9	12	3	3.9	75	100
Escaping back to the streets	38	50.6	23	30.6	10	13.3	4	5.3	75	100

Effectiveness of spiritual rehabilitation programs

The result presented in table 4.8 shows that spiritual programs in the centers under study were effective in changing the lifestyle of children previously living on the streets. This was seen to assist in promoting behavior change (68%) and reintegrating children within the society

(58.6%) as well as reducing drug abuse (64%). This implied that spiritual programs encouraged children to live a different lifestyle and mix up with the society as was expressed by programs heads and social workers as well as children during focus group discussions. This is in accordance with the conceptual frame work which explains that the critical inputs may affect throughput positively resulting to effectiveness of the programs if well manipulated. Programs such as spiritual programs aim at ensuring that they instilled good behavior to the children and this gives them voluntary drive to desist from engaging in antisocial behaviors. The centre coordinator at Thunguma pointed that children were encouraged to associate themselves with their parents' faiths so as to regain hope in life. The respondent further explained that children were allowed to attend church services of their faith on Sundays in the vicinity places of worship. However they were always accompanied by either social workers or other facilitators.

A program head at Thunguma reported that churches were directly involved in re-integration process as well as funding of the programs in rehabilitation centers. This gave the spiritual bodies a chance to follow up and monitor the progress of the children after rehabilitation. Once re-integration was successful, the chances of the children running back to the streets were minimal. The spiritual program head at Kiawara centre explained that spiritual programs were part of the guidance and counseling process aimed at instilling good behavior to the children as well as improving the level of self-discipline which deters them from recidivism. The study established that through spiritual guidance, children were able to convert from street thugs, drug abusers and prostitutes to responsible people, who are morally upright, an indication that the spiritual programs were effective in that children were able to acquire good behavior. This eventually reduced drug abuse and consequently recidivism among the children as well as was revealed by spiritual program head at St Mary's boys centre.

e) Talents Development

The study findings from the answers of the respondents are shown in table 4.9 below. The items were rated on a scale of Very Effective (**VE**), Effective (**E**), Ineffective (**I**) and Very Ineffective (**VI**) as shown below.

Table 4.9 Effectiveness of Talents Development Programs on Boys and Girls

Items	Very Effective		Effective		Ineffective		Very Ineffective		Total	%
	F	%	F	%	F	%	F	%		
Talents Development										
Promoting behaviour change	30	40	43	57.3	2	2.6	0	0.0	75	100
Re- integrating street children in to the community	32	42.7	37	49.3	6	8	0	0.0	75	100
Reducing drug abuse	45	60.1	26	34.7	3	3.9	0	0.0	75	100
Reducing recidivism	28	37.3	42	56	3	3.9	2	2.6	75	100
Escaping back to the streets	31	41.3	35	46.6	6	8	3	3.9	75	100

Effectiveness of talents development

As indicated in table 4.9, 57.3% of the respondents were of the view that talents development programs were effective in promoting behavior change, 49.3% in reintegrating children in the community while 56% were of the view that talents development program was effective in reducing recidivism. In addition, 60.1% and 41.3% of the respondents stated that talents development programs were very effective in reducing drug abuse as well as preventing children from going back into the streets respectively. This data was generated from the views of programs heads, social workers and children during focus group discussions. DCO and centre coordinators also gave their views.

A program head at St Mary's boys explained that talents development programs involved music and games which helped children form social groups among themselves and with other non street children thus minimizing psychological problems such as stress and depression. The sports coordinator at Thunguma explained that children who were regularly involved in games frequently gained necessary skills which enabled them cope with societal needs of the day. During focus group discussions, it emerged that games enabled children to form social groups which made them to socialize with other children both within and outside the rehabilitation centre thus reducing psychological problems. The children further expressed that talents development programs affected their lives in various ways such as making new friends with non street children as well as gaining life skills thus able to cope with changing societal needs. The program head at Kiawara explained that talents development programs were aimed at re- socializing the children previously living on the streets with members of the general public so as to enable them interact freely with people, join their families for those who could trace their background among others. Talents development programs thus provided a safe way of transferring the children from the centers to decent living outside the rehabilitation centre thus reducing the chances of running back to the streets.

The centre coordinator at Thunguma explained that, talents development programs involved transforming the children from street life to an orderly life that is acceptable, while at the same time enabling them to freely interact with the members of the public. It also involved dissocializing the children with their street peers and socializing them with other children who did not use drugs thus discouraging them from drug abuse among other malpractices.

4.5 Challenges Faced in the Rehabilitation Centers

The third objective of the study sought to establish the challenges faced by the rehabilitation centers. From the findings in the previous sections, it can be noted that despite implementation of rehabilitation programs in various centers, there were many challenges that hampered enhanced effectiveness and delivery of services to the children. The challenges mentioned are categorized into two: challenges faced by rehabilitation staff in rehabilitating boys and girls and challenges faced by the boys and girls in the rehabilitation centers.

4.5.1 Challenges Faced by Rehabilitation Staff in the Rehabilitation Centers

The research revealed various major challenges experienced in different sampled rehabilitation centers and which were related in nature and magnitude. The findings are presented in table 4.10 where frequencies of responses were generated from children, programs heads and social workers who responded to the study as well as centre coordinators and DCO.

Table 4.10 Challenges Faced By the Rehabilitation Staff

Challenges	Frequency	Percentage
Inadequate funds	72	94.7
Inadequate facilities	69	90.7
Inadequate rehabilitation staff	63	82.8
Lack of training skills by rehabilitation staff	58	73.6
Lack of support policies	53	69.7
Inadequate and poorly structured programs	49	64.4
Poor or non cooperation by boys and girls	43	56.5

a) Inadequate funds

Findings in table 4.10 indicated that inadequate funds was identified as a major challenge the rehabilitation staff of the centers under study often faced in ensuring that children were well catered for. This was expressed by 94.7% of the respondents.

The program head at St Mary's rehabilitation centre revealed that, the center did not have ways of generating funds due to lack of facilities such as land. As a result, they relied on funds from well wishers such as churches, and individual philanthropists especially former street children, who had benefitted from the programs offered as well as local NGOs such as child welfare society. Observation checklist confirmed that the centre was situated on a small piece of land and as such every available space was utilized in constructing buildings for providing shelter and rooms where the programs were carried out. The respondent further expressed that the funds they received were far from enough to cater for the myriad financial needs of the children in the face of the rising cost of living. This was further confirmed by the coordinator at Thunguma rehabilitation centre, who explained that, continued inadequate resources to procure basic requirements for boys and girls were a serious impediment in the provision of quality services to the children.

The coordinator at Thunguma centre explained that despite the fact that some centers had large piece of land, they experienced unpredictable incomes from farm sales and price fluctuation due to high inflation rate. The coordinator further pointed out that late disbursement of funds by the NGOs as some of the issues and challenges they faced. The study established that inadequate funding was mainly caused by the fact that they did not receive any funds from the government and when they received which was on very rare occasion it usually was very little.

Management of most NGOs programs enjoyed very limited internal public and government financial support, making them wholly dependent on external public financial support (donations) from well wishers to finance their operations. This was reported by a social

worker in one of the centers who further lamented that this kind of financing was risky and complicated planning and implementation of the programs. This was further confirmed by the coordinator at Thunguma who explained that the NGOs sometimes failed to give grants while other times they gave too little which could not sustain the programs offered. Unavailability of financial resources may modify the relationship between the critical input and through put in that when funds are not available implementation of the program will be affected which will eventually lead to rehabilitation programs that are not effective.

b) Inadequate rehabilitation facilities

Inadequate facilities were another challenge that was expressed by 90.7% of the respondents who included children, social workers, programs head, coordinators and DCO. From the findings it was evident that the centers did not have adequate basic facilities such as rooms and tools to offer rehabilitation programs. The sentiments made by centre coordinator at St Mary's boys' as well as the DCO supported this and further explained that due to lack of specialized facilities for rehabilitation programs, rehabilitation centers did not have regular programs but prepared their programs depending on the available facilities. One program head pointed out;

“.....most of the programs require adequate facilities and equipment that may not be available especially for programs in vocational training. This leads to poor or inadequate participation of children which in turn hinders their performance in the trade examinations..... It also affects negatively the children's ability to cope up with the tasks and compete effectively in the job market as well as in business for those who start their own workshops....”

This concurs with Elliott (2013) who pointed that rehabilitation programs face several constraints ranging from lack of lands, building facilities and public support.

One program head at Thunguma rehabilitation centre expressed that rehabilitation centers without adequate facilities could not offer a large variety of programs especially vocational

programs which required training of hands on skills. The respondent further explained that other boarding facilities such as beddings and sleeping areas were lacking leading to congestion thus overcrowding in the few available rooms. This was further confirmed through observation as children could be seen overcrowding in different rooms.

The program head from Kiawara pointed out that the centers did not have training facilities of certain specialized programs such as guidance and counseling yet program heads were expected to deliver by ensuring that their programs performed effectively in transforming the lives of the children. During focus group discussions, it emerged that they did not have a guidance and counseling room and as such this was carried out under a tree. Another program head expressed that lack of facilities led to children of different ages and background being put in the rooms that were too small to accommodate the number of children being rehabilitated. In addition the respondent further explained that, the practice of putting children together in the centers regardless of their differences in terms of age and background created a space for bullying where the new entrants and young children were maltreated by the older and cruel boys. The program head was sentimental that if such situations were not contained, might motivate the victimized children to escape and revert back to the streets where they had been picked from.

c) Inadequate rehabilitation staff

Another major challenge as indicated in table 4.10 that was expressed by the children, social workers, coordinators, programs head and DCO was inadequate number of rehabilitation staff at 82.8%. This was reported to be a major constraint by the coordinators when offering rehabilitation services to boys and girls. This implied that rehabilitation centers did not have enough staff to cater for all the services needed in the sampled centers.

One social worker at St Mary's boys nicknamed Grady* by the boys due to her age and care she bestowed to them expressed that the number of staff in various area such as kitchen,

boarding areas as well as the facilitators were not enough. This was further supported by the children through FGDs who were noted to have said:

“*kuna programs zingine abao tunafundiswa tu na mwalimu mmoja...na vile tuko wengi....aki huyu buda anachoka....ata wakati mwingine hutuachia kazi tufanye peke yetu...*”

“(.....some rehabilitation programs have only one facilitator against a large number of rehabilitees. This man really gets tired....other times he just leaves us with some work.....”)

A social worker at Thunguma rehabilitation centre reported that a single facilitator could be involved in training various programs due to inadequate staff, and this often led to constraints in the delivery of rehabilitation programs. It further emerged that some facilitators did not have a chance of specializing in particular programs but rather they would moved from one program to another. This was as a result of their inadequacy in number and that the few available facilitators had to do with heavy training loads. This was revealed by the centre coordinator who explained that this was due to lack of funds for employing well trained program facilitators.

In Kiawara rehabilitation centre, it was evident that the staff was inadequate through observations made since girls could be seen overcrowding a single facilitator. Similarly, another social worker reported that specialized officers such as guidance and counseling were visiting from neighboring medical centers since the centers did not have professionally trained staff in such fields.

d) Lack of specialized training skills by the rehabilitation staff

Results from table 4.10 indicate that lack of specialized training skills by the rehabilitation staff was another challenge that the study established. This was expressed by 73.6% of children, social workers, programs head and coordinators. It should be noted that all the programs offered in rehabilitation centers ranging from guidance and counseling to vocational training such as carpentry, motor vehicle mechanics, tailoring among others

required special training of the facilitators to ensure smooth running of the programs. This was revealed by the program head in charge of vocational programs in one of the centers under study.

A program head at St Mary's boys centre revealed that lack of facilitators with specialized training skills was very common. This led to some programs being handled by former street children who had qualified to join colleges and universities and were assisting during long holidays. The program head further explained that there was inadequate man power to handle emerging issues in the centre as he stated; "... some of our staff only have basic knowledge to handle these children yet we cannot employ trained ones since we cannot afford them.... We have no funds...."

During focus group discussions in one of the rehabilitation centers, it was evident that children did not have confidence with some rehabilitation staff citing lack of skills. This was confirmed when one child openly explained how they kept on assisting a new teacher to set up a sewing machine. Supporting this Agnes* a 17 years old girl one of the rehabilitees explained how she had fevers and a social worker in one of the centers kept on giving her malaria drugs only for the condition to worsen. When she was taken to the nearby hospital, the doctors realized she was suffering from typhoid. This was further confirmed by a social worker who explained that guidance and counseling was carried out within the center but only on mild cases. Cases which appeared serious were handled by medical practitioners from nearby hospitals due to lack of skilled personnel in the centre. The study further established that at times there was lack of coordination among staff due to poor skill, causing disharmony and bad faith in conducting rehabilitation programs leading to logistical complications that could impact negatively on the programs.

A coordinator in one of the centers under study reported that lack of skilled staff was rampant as a result of high staff turnover due to poor working conditions. In such cases it emerged that former street children in various colleges were assisting the few staff in teaching the children under rehabilitation during long holidays. This coincides with Elliott (2013) that there were several constraints that affect rehabilitation programs such as shortage of qualified and dedicated staff. This can affect the effectiveness of rehabilitation programs.

e) Lack of support policies by other like-minded organizations

Lack of support policies by other like minded organizations was another challenge expressed by the respondents. As shown in table 4.10, 69.7% of respondents who included children, social workers, programs heads and coordinators as well as DCO were of the view that they did not get support from other like minded organizations.

At St Mary's boys rehabilitation centre one program head had this to say; "rehabilitation process for street children is a collaborative process by many stakeholders among them charitable organizations, NGOs, the government, private sector and the general public among others. Rehabilitation policies should therefore reinforce rehabilitation centers policies so as to move hand in hand and make the rehabilitation programs a success." It further emerged that lack of such supportive policies was noted in a number of institutions. For instance one coordinator hinted: "...primary and secondary school heads at times refuse to admit our boys and girls in their schools for formal education yet district education officer fails to intervene....." This will lead to children being denied their right to education contradicting declaration of human rights of 1989 convention on the rights of the child.

This was further confirmed by a social worker who expressed that employers and the general public played a big role in re-integration of the children. However, a vast majority were reluctant to accept them due to lack of policies and incentives that encouraged this. Further,

lack of support policies were blamed for lack of placement of children who had gone through the vocational for the required two years. This was revealed by a program head who pointed out;

“..... most of the staff experience considerable difficulty in placing their graduates into productive employment.....In view of the unemployment situation in the country, graduates of the two-year vocational training courses offered by the supportive programs are finding it increasingly difficult to secure jobs in both public and private sectors. Even those who had secured some self-employment appeared to experience difficulties in selling their goods and/or services due to the saturation of the market. This may compel the children possible retreat to street life.....”

The program head further explained that if policies are well laid, the children would be well supported into self sustainability either through jobs or self employment.

f) Inadequate and poorly structured programmes

The study findings in table 4.10 revealed inadequate and poorly structured programs as another drawback to a successful rehabilitation process. This was reported by 64.4 % of the respondents who included children, social workers, programs heads and coordinators as well as DCO who gave their views in the rehabilitation centers under study. The study established that only a few programs which were not well structured were offered in the selected centers either due to lack of facilities or personnel as a result of poor funding. Supporting this, one program head revealed that girls programs were fewer compared to those offered to boys. This concurs with Wara (2007), that there are currently more programs for boys than for girls. This can lead to gender inequality where girls may be exposed to few poorly structured programs unlike boys whose programs are varied.

The study established that lack of some programs of interest led to congestion in the few existing programs thus overcrowding of learners. This was reported by the center coordinator,

who revealed that at times children especially girls did not have chances of choosing programs of their own choice due to limited variety of the programs. This was confirmed by a social worker who further pointed out, “a key aim of the rehabilitation programs is to identify hidden talents of the children and nurture them and this might not be realized with the few programs that the centre could only afford to offer”.

A program head revealed that children living on the streets kept on being admitted to the rehabilitation centers. This resulted to constant fluctuation of the number that was being accommodated in a particular program at a time. In addition, in absence of well structured programs, the streaming in and out of children living on the streets into the centre made it difficult to cope with the different needs of boys and girls due to their varying backgrounds. The program head further expressed that the facilitators of certain programs were therefore forced to make their own programs based on availability of the facilities which impaired their delivery. Another program head in one of the centers under study noted that a few children had been found to respond poorly to overly structured programs as well as in engaging and applicability of such programs. He further expressed that children were put in similar programs though they had different literacy levels making it difficult for them to cope with each other.

g) Poor or non cooperation by boys and girls

Results in table 4.10 revealed that 56.5 % of respondents from the sampled rehabilitation centers were of the view that children were at times unable to cope with orderly routine in the rehabilitation centers. As such, they at times failed to attend program sessions deliberately and were unwilling to do as instructed by their facilitators. This was revealed by a number of programs heads.

A centre coordinator in one of the centers reported that most of the children had psychosocial problems due to drugs and other bad behavior learnt in the streets that they found difficult to stop while others suffered from psychological problems due to separation from other children living on the streets and 'harsh' rules within the rehabilitation centers. Such situations made the learners so different that they were not able to cope with each other in program sessions an issue that posed serious problems to the facilitators to solve, the centre coordinator further commented.

The study established that there was poor or non cooperation by children in the centers under study. This was reported by one guidance and counseling program head who expressed that children previously living on the street had short attention span, often worsened by the use of inhalants and other drugs. In such cases, rehabilitation programs needed to be captivating and applicable to the everyday lives of those children in order for them to respond positively to the programs offered. This the guidance and counseling program head explained resulted to boys and girls lagging behind when not well implemented which eventually resulted to poor cooperation among boys and girls. He further pointed out that other children pretended to have reformed only to revert back to their usual malpractices making re-integration an uphill task.

4.5.2 Challenges Faced by Boys and Girls in the Rehabilitation Centers

The following were the challenges found to have been faced by the boys and girls in the rehabilitation centers.

a) Inability to cope with change of daily routine

In St Mary's boys rehabilitation centre one programs head explained that, rehabilitation centers had well defined routine that was supposed to be followed by the staff and the children. This was to counteract street life that the children used to have while on the streets

where they were carrying out their day to day activities in a disorderly and disorganized manner. This resulted to some being pushed through close supervision in order not to miss important session's programs. Such abrupt change in lifestyle was difficult and boys and girls were unable to change as fast as expected. This was confirmed during focus group discussions, where it was reported that boys and girls had problems in adhering to defined time tables for the activities of the day that were supposed be undertaken by the children and their allocated time. Some children during FGD commented;

“.....huku manzee ni kungumu....tunafwatwa kama watoi.....sinjui kama Tutatoboa. Lakini siwezi hama kama jimooo. Tutatombao tu.....”(this place is difficultwe are being followed like babies.....I don't know if we will make it. But I can't run away like James.....we will make it....)

During focus group discussions, it further emerged that boys and girls were finding it difficult to follow the time tables and work timelines which were laid down by their facilitators. However majority of the children explained that they were willing to shoulder on especially after undergoing guidance and counseling sessions. This coincide with equity principle of empowerment theory which is defined as integration of rules to achieve common goals and willingness of each member to contribute collectively towards common goal a factor that is required in a rehabilitation home where children must work together and contribute for the well being of the others. However, social workers revealed that a few children in some cases wished to escape back to the streets rather than adopt the new changes in lifestyle.

b) Drug Addiction and Ailments

The findings revealed drug addiction and various diseases as other challenges that children faced during rehabilitation. This was reported by one social worker who noted that children previously living on the streets were mainly drug abusers and that drug abuse in the streets was very rampant resulting to some being fully addicted. The social worker further reported

that drugs commonly abused were bhang (cannabis sativa), *miraa* and glue and that such children suffered withdrawal symptoms that they were constantly treated of while in the centers as well as being persuaded through guidance and counseling not to resume the use such drugs. However the study established that there was no proper mechanism and personnel to handle drug addiction cases other than through guidance and counseling and those severe cases were taken to nearby hospitals for detoxification.

A number of children suffered from serious diseases especially sexually transmitted diseases including HIV/AIDS. This was reported by Thunguma coordinator who explained that the infected children were perpetually absent from the programs to attend to hospitals. The respondent further revealed that children who had been orphaned by HIV/AIDS had a very difficult life since they were equally infected and affected. As a result, they were expected to be under medication throughout their lives. This is in line with UNCRC (Article 20) that children have a right to the highest level of health possible which includes a right to health and medical services with special emphasis on primary and preventive health care. However, frequent taking of medicine became a routine that seemed to be a burden to the children, thus opting not to continuously take them and instead were tempted to run back to the streets where follow up was minimal.

c) Overcrowding in the rehabilitation centres

From the findings, overcrowding in the rehabilitation centers was said to be a perennial problem. Despite the number of boys being more than that of girls, the findings revealed that both boys and girls were overcrowded in rooms and in other cases in offices where programs were taking place as rehabilitation centers did not have enough space for the accommodation of large numbers of boys and girls. This was reported by coordinators who further explained that the number of children was overwhelmingly high compared to the capacity of the rehabilitation centers. This created unnecessary competition for space, food and other

resources in the rehabilitation center. The rooms where vocational trainings were taking place were equally overcrowded.

Lack of facilities led to rooms with small space occupying more children than the capacity which might result to continuous conflicts. This was reported by a social worker from St Mary's boys. This might also result to children with criminal minds exerting harmful influence on young delinquents since accommodation did not allow them to be separated due to inadequate space. This was confirmed through observation checklist where children could be seen overcrowding in some rooms as well as sharing some tools.

d) Harassment of children by other boys and girls in the rehabilitation centre

During focus group discussions, harassment of boys and girls by others in the rehabilitation centre was cited to be another challenge that children faced while being rehabilitated. Most rehabilitation centers were mixed with boys and girls living in the same compound. The study established that due to the limited resources such as food, girls were not be able to fight for their basic needs with boys, and therefore lacked basic things that they were entitled to in the rehabilitation centers. This was confirmed by the program head in one of the centers. The respondent pointed out that the practice of putting children together in the rehabilitation centers regardless of their differences in terms of age and background created a space for bullying where the new comers and young children were maltreated by the older and cruel boys. He lamented that situation if not contained, might motivate the victimized children to escape and revert back to the streets where they were picked from.

e) Rejection by the community

During focus group discussions, the study revealed rejection of rehabilitated boys and girls by the community as another challenge that greatly hindered the integration of children with the community. On this some children during focus group discussion commented;

“tulipoanza chuo watoi wa masonko walikua wakitulengaaki walikuwa wakituangalia na macho kali jo..... ata wangine hawakutaka story zetu... “ ...”when we started schooling children from the rich never wanted to mix with us ...they were looking at us in a peculiar way and many children tended to avoid socializing with us.....”

This was confirmed by one coordinator who explained that a number of schools rejected or refused admitting boys and girls citing indiscipline thus denying them chances to progress with education. The respondent explained that, rejection by others was reported to have an effect on children where they suffered unnecessary duress that left them willing to go back to the streets where they were accepted.

Guidance and counseling program head at Thunguma centre revealed that the community perceived children under rehabilitation as potential criminals. The program head further reported that communities neighboring the rehabilitation centers were uncooperative in lending a helping hand in rehabilitating the children. The staffs that were keeping and rehabilitating the children were deemed to be creating problems to the neighboring communities. Through this unfounded fear the communities might absolved themselves from collective responsibilities expected of them to help in rehabilitating the children. This might implicate effectiveness of rehabilitation programs, where education which is a basic right to all children irrespective of their background according UNCRC (article 27), might not be achieved.

f) Lack of trust among the children

Majority of the of all the children who were involved in focus group discussions reported that lack of love from their families and other people made them run away. Due to this reason children had lost hope and it was difficult to trust any person they came across. One

coordinator reported that children did not even trust their staff though they tirelessly worked for their rehabilitation. This the coordinator explained was based on that fact they did not tell their true stories about their back ground, communities' needs and problems and this made their rehabilitation to be very slow, strenuous and a costly process. Clarifying this, one program head had this to say:

“.....A child may tell you five to six stories before he tells you the true story, and no wonder the child may take you to more than two places before he tells you his correct home place....you can imagine the cost involved and this is usually out of budget.....”

g) Poor working and living conditions

The study established that there were few tools used for training which were of poor quality in the sampled centers through observation checklist. It was also observed that most children slept on old mattress and threadbare bed sheets. This was confirmed by one program head from Kiawara who reported that, the bed sheets that were given to a new entrant child would be used until a new set was obtained from some humanitarian donors who might sometime take years. During focus group discussions, the children revealed that, clothes were provided once per year and did not have to be necessarily of the correct size. Similarly, every child was given one pair of low quality shoes. Similar process was followed for the school uniforms. This was clarified by one program head who reported that they sometimes received clothes from surrounding communities and other well wishers though sometimes old and therefore children were able to get different set at least three times a year. This situation made boys and girls to look different when compared to other children who lived in 'normal families'. However, those under rehabilitation programs were far much better than those living on the streets the program head reported.

4.6 Strategies to Improve the Rehabilitation Programs for Boys and Girls

Objective four of the study focused on the identification of the possible strategies that could be used to improve rehabilitation programs of boys and girls.

The study established various strategies that could be employed to ensure that boys and girls were successfully rehabilitated as confirmed by the children, programs heads and social workers. Views of coordinators and DCO were also sought and analyzed together so as to achieve an overview of respondents. The strategies were divided into two; Strategies on staff challenges and strategies on challenges affecting children under rehabilitation.

4.6.1 Strategies for Addressing Staff Challenges

Research revealed various suggestions stated by the children, programs heads and social workers as well as coordinators from the sampled centers on some of the ways in which some of the challenges mentioned above could be dealt with. DCO also gave his inputs on ways in which rehabilitation centers could be improved. These included suggestions of dealing with challenges in connection with finances, provision of adequate facilities', availability of adequate staff, establishment of well structured rehabilitation programs among others.

a) Provision of financial support from the government

The programs heads, children, social workers and coordinators as well as DCO felt that the government should provide financial support to the rehabilitation centers. A program head from one of the sampled centers had this to say; "the government should provide enough funds since the programs we are offering are similar to those offered in village polytechnics. I don't understand why they get funds especially through CDF while we get nothing". The program head further revealed other means through which income could be sourced. They included fundraising by organizing "*harambees*" to collect money for the rehabilitation centre and involving children who had already benefitted from the programs. One program

head revealed to us that he was a beneficiary of the programs but from another County and that he was willing to assist if “*harambees*” were conducted.

The coordinator at Thunguma center stated that; “the rehabilitation institutions used to source some funds from local authority transfer fund (LATF). However with devolved government due to the new constitution the funds are no more. If the government can assist with adequate funds we would be able to improve our programs”. Boys and girls at Thunguma centre through focus group discussions expressed that since their centre had adequate land they could start income generating projects such as poultry keeping, livestock farming , subsistence agricultural production of crops if given support by their staff.

A program head from Kiawara explained that lack of funds led to inadequacy of basic requirements that hindered provision of quality service to the children and that if funds were availed programs would be greatly improved. The respondent explained that the funds they received were from NGOs but not from the government and it was barely enough. This was further supported by social workers who asserted that NGOs not only offered financial support but that they also provided some equipment used in implementation of certain programs though they were barely enough and therefore funds from the government would help improve effectiveness of the programs offered. This coincides with (Sexton, 2005) who expressed that grants can be sourced from NGOs in order to finance training and networking activities which can improve the program’s effectiveness.

b) Provision of adequate rehabilitation facilities

The government of Kenya together with other stake holders should ensure that facilities required for the rehabilitation programs were adequate. This was felt by the programs heads, children, coordinators and social workers. This as explained by one program head at St Mary’s boys centre was due to the fact that most rehabilitation programs offered were vocational and therefore hands on experience of the children was necessary for them to

master the skills and be able to apply them. This was supported by the fact that one of the major challenges identified was lack of adequate facilities. Lack of availability of resources (independent variables) will produce a negative affect which will trickle down to ineffective rehabilitation program (dependent variable) since learners will not be involved adequately.

It was also reported by social workers that due to lack of facilities, essential vocational programs were not offered such as motor vehicle mechanics. This led to the children being forced to join the few programs that were available thus creating overcrowding. “It is this overcrowding that reduces individual attention of the facilitator to the trainees, thus decreasing effectiveness of the programs and this can only be resolved by addition of more facilities” one social worker commented. This was confirmed by the children during focus group discussions who expressed that lack of facilities was a hindrance to their hands on activities, especially in areas of vocational programs and boarding areas and that they wished the coordinators could provide enough.

c) Enforcing guidance and counselling to the children

Data collected showed that children, programs heads and social workers were of the opinion that enforcing guidance and counseling, would ensure children cooperated with each other as well as with other members of rehabilitation staff for effective rehabilitation programs to take place. This concurs with the principle of partnership in empowerment theory by Kanter (1993) which promotes development of relationship to promote mutual respect, enhanced communication and collaboration to achieve organizational objectives. This principle is important to the study as it emphasizes on team work where the children and their care givers must work together for the success of the programs.

The study established that children with psycho-social problems due to street life were unwilling to follow laid out rules in the centers resulting to poor cooperation among them. This was as a result of short attention span, often worsened by the use of inhalants and other

drugs which led to children unwilling to learn hence resulted to deviant behaviors. This was revealed by guidance and counseling programs heads who further stated that such children were encouraged to go through counseling sessions in order to change their attitudes.

d) Availability of adequate number of trained rehabilitation staff

Availability of adequate number of trained rehabilitation staff was another strategy that the study revealed. According to the respondents who included children, programs heads, social workers among others, adequate trained rehabilitation staff should be availed to avoid overcrowding during training sessions of the programs.

The study established that inadequate trained rehabilitation staff was due to inadequate funding that made it difficult for the rehabilitation centers to employ enough trained staff. This was revealed by a program head who further commented; “if all the staff of different programs are trained in special education this may result to effectiveness of the rehabilitation programs”. This was supported by a social worker who expressed that the government of Kenya and other stake holders should intervene by employing enough trained rehabilitation staff as well as organizing for refresher courses for the existing staff. This concurs with Mercer (2009) who observes that for the success of the programs, the staff in the homes should be specifically trained to help the children develop long-range goals and to inspire a desire for an independent and productive life.

However, a centre coordinator suggested employing specialized guidance and counseling and medical officers in the centers, who would assist boys and girls who got admitted when suffering from various ailments due to street life exposure rather than taking them to the hospitals. The social workers added that if all the centers would have their own medical staff and guidance and counseling officers the programs would be very effective. One social worker had this to say;

“.....guidance and counseling is an integral component of rehabilitation programs of street children which each child should go through. However, due to street life,

a vast majority of the children have special problems beyond normal counseling such as drug addiction, irresponsible sexual behavior and sexually transmitted diseases such as HIV/AIDS which require specialized attention...There is need for medical officers and guidance and counseling officers in the centers who would keep constant attention on such cases rather than visiting doctors from medical facilities around as is the case and which is usually expensive. ...”

These findings are similar to what was noted by Muya (2009) that street children have various health problems such as Sexually Transmitted Disease (STDs), Tuberculosis (TB) and HIV/AIDS that requires specialized care which may not be available in rehabilitation centers and which is very expensive.

e) Establishment of adequate and well structured programmes

The respondents from the centers under study felt that there was need to add more and well structured programs. It was noted that only a few programs were offered especially to girls whose programs were fewer than those offered to boys, due to lack of facilities and personnel.

The centre coordinator at St Mary’s boys explained that rehabilitees were children previously living on the street with diverse backgrounds, different exposures and talents and therefore, wide variety of programs needed to be offered in order to enable all the children to choose programs of their own choice. The respondent suggested increasing girls programs since they were very few compared to those offered to boys. This coincides with Njoroge (2009) who observes that the number of girls' rehabilitees is also increasing yet the quality and quantity of conventional programs for these rehabilitees remains low and inadequate. The numbers of programs available to girls are few and therefore may not develop the skills required.

The programs should also include music and sports since they enabled talents development. One social worker expressed, “a key aim of the rehabilitation programs is to identify hidden talents of the children and nurture them and this can only be possible if boys and girls are

exposed to a large variety of programs and a choice made from what he/she performed best”. The social workers expressed fear over a high number of the children that kept on being admitted resulting to lack of proper follow-up. Moreover, the programs that were carried out were not well defined and therefore were adversely affected by the fluctuation number of children in the programs. However, they were optimistic that if programs were well structured they would be in a position of assisting the children appropriately.

f) Enforcing government policies on rehabilitation of the children

The study findings revealed that government among other things must enforce all inclusive policies that make rehabilitation of street children easy and smooth. This was reported by the coordinators in the centers under study who confirmed that the government of Kenya had no guidelines on rehabilitation programs of children under rehabilitation and that the existing policies lacked definitive information. The coordinators further revealed that, the rehabilitation programs did not have defined structures that spelled what could be offered to the children but left the rehabilitation centers to decide. This coupled with poor training of the rehabilitation staff resulted into poorly drawn programs and design that made it difficult for the staff to cope thus increasing the chances of the boys and girls reverting back to the streets. However they were optimistic that with enforced rehabilitation policies, rehabilitation of boys and girls would be effectively carried out.

The study further established that there were no policies on re-integration of the children especially on formal education. As explained by programs head, boys and girls were taken to the nearby primary and secondary schools for formal education so as to socialize with other children with expectation that this would make them learn new ways of life and forget street life. However, the program head reported that due to lack of policies that dealt with admission of such children, school heads were at liberty to accept or to reject them making it

difficult for children to get formal education. The center coordinator commented; “with well laid policies, integration of boys and girls into the community would be smooth and easy, and that the National and County government and other stakeholders should protect children under rehabilitation through improving social policies that would cater for the children”. A social worker on the issue of policies pointed that there were no policies on funding of rehabilitation centers by the government unlike other institutions of learning. The respondents therefore were of the view that, the government should include policies of how rehabilitation centers could be funded to supplement what was given by donors, in order to make programs more effective especially through provision of training facilities. Supporting this, the centre coordinators and the DCO opined that rehabilitation centers offered the same vocational programs to the children as village polytechnics. It was therefore time that the government to considered equipping those centers for the effective training of boys and girls.

g) Establishment of More Rehabilitation Centres

Another strategy that was identified by the coordinators, programs heads, children, and social workers was the establishment of more rehabilitation centers in order to ease congestion in the existing rehabilitation centers. Among the challenges reported was inadequacy of space in the rehabilitation centers as well as competition among the children for resources such as training facilities, food and accommodation space among others. The centre coordinators explained that lack of space made it difficult for rehabilitation officers to isolate children with different needs or those that seemed to have reformed from those with criminal or other anti-social behavior which became counterproductive. This was confirmed by the program head at Kiawara who stated that creation of more rehabilitation centers could ensure that each centre admitted a manageable number of children considering space and facilities thus improving effectiveness of the rehabilitation programs.

4.6.2 Strategies for Addressing Children's Challenges

Research revealed that children were faced by various challenges during rehabilitation process. The study respondents suggested various strategies that could be used to deal with the challenges there in. Some of the strategies mentioned by the children, programs heads, social workers and coordinators were encouraging children to develop positive attitudes towards rehabilitation programs in order to cope with change of daily routine. The study respondents felt that this would enable effective rehabilitation process.

On the issue of drug addiction and diseases, children, programs heads and social workers as well as coordinators felt that improving medical and guidance and counseling services might eradicate drug abuse. This concurs with Njoroge (2009) that children living on the streets get admitted to rehabilitation centers when they are already drug addicted and therefore needed to be treated on drug related problems before any training could take place. It also emerged that ailments acquired as a result of street life as well as drug addiction effects might be eradicated due to improved medical and guidance and counseling services within the centre and in nearby hospitals. This was revealed by the study respondents.

Improvement of living and learning conditions was a prerequisite in the rehabilitation centers for effectiveness of the rehabilitation programs to take place. This was felt by the children, programs heads and social workers as well as coordinators in the sampled centers. A social worker in one of the centre under study expressed that good living and learning conditions was of particular importance bearing in mind that street children were of diverse background with no intention of being enclosed in a centre and therefore any slight challenge might push them back into the streets.

Another important strategy which was mentioned by the study respondents in rehabilitation centers under study was that more rehabilitation centers could be established to ease congestion in the prevailing rehabilitation centers. This was particularly important bearing in

mind that almost all the respondents had cited congestion as a result of overcrowding as a major challenge in the sampled rehabilitation centers. Overcrowding had also been observed especially in their sleeping areas during data collection.

The respondents who included children, programs heads and social workers as well as coordinators in the centers under study felt that enforcing rules against harassment was another strategy that the respondents felt could be enforced to eradicate harassment of children especially young ones and girls by older and cruel boys. The study established that harassed children might find their way back to the street to avoid the vice in the centers and therefore rules must be enforced to curb resurgence of children back to the streets.

Sensitizing community members on importance of accepting children previously living on the street after completion of programs was essential to effective rehabilitation programs. According to the respondents who included children, programs heads and social workers as well as coordinators from the sampled rehabilitation centers, community members should be sensitized in order to stop perceiving the children as potential criminals and that they should lend a helping hand in rehabilitating the children.

As for the challenge of lack of trust among the children, the children, programs heads, coordinators and social workers in the rehabilitation centers under study were of the view that children should be encouraged to trust each other as well as rehabilitation staff as this could assist in building their confidence thus improving effectiveness of rehabilitation programs. This could be done through guidance and counseling sessions as was mentioned by DCO and other study respondents. In conclusion, the study observed that the suggested strategies require good will of the government and other stake holders so as to realize effective rehabilitation programs. Also gender specific approaches should inform implementation of the strategies since the study has established that girls programs are fewer.

CHAPTER FIVE

SUMMARY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings, conclusions and recommendations drawn from the findings in connection with effectiveness of rehabilitation programs for street boys and girls specifically in Nyeri municipality, Nyeri County. The suggestions for further studies are also presented.

5.2 Summary Findings

The main purpose of the study was to investigate the effectiveness of rehabilitation programs of children formally living on the streets. The study respondents were 3 rehabilitation centre coordinators, 18 heads of various programs, 6 social workers and area district children officer. 47 children participated in focus group discussion. The major rehabilitation programs were formal education, guidance and counseling and vocational training. It was also established that there were other talents development activities that existed together with other programs in those rehabilitation centers such as games, sports and entertainment.

Further, the findings revealed that, some of these rehabilitation programs were effective in promoting behavior change, re- integrating children under rehabilitation programs into the community and making the children accept new behavior. Programs that were effective had impacted positively on the children's lives and therefore ensured specific benefits such as changed lifestyle through positive behavior change, acquisition of knowledge, skills and attitudes which were expected to enable the children to be in self employment and to acquire life skills after exiting the rehabilitation centers. However it was also reported that, lack of facilities affected performance of some programs negatively.

The findings also showed that rehabilitation programs faced many challenges which had some implication on children being rehabilitated and to the staff in the rehabilitation centers. It was also noted that the challenges had a gender implications to both boys and girls in the rehabilitation centers as well as the staff. Some of these challenges included lack of facilities, inability to cope with programmed activities especially for drug addicts among others. Girls also suffered in that their programs were fewer than those of boys and therefore did not have a wide range of choices like boys. They were also not able to compete for inadequate basic needs like food with boys. There were also children infected by HIV/AIDS and caring for such was a bit difficult noting that centers did not have trained medics within. Some of the streets boys and girls got to the rehabilitation centers while already drug addicted and it was usually difficult to successfully integrate them.

The findings also suggested several interventions factors that that could be employed to address some of the challenges experienced. They included ensuring the government formulated all inclusive policies to deal with rehabilitation programs, ensuring facilities were adequate, training rehabilitation staff, improving medical and guiding and counseling services as well as establishing more rehabilitation centers to ease congestion among others.

5.3 Conclusion

Children rehabilitation institutions all over the world are very important and are fundamental in mitigating the plight of children living on the streets who often are in dire need of care and protection and also rehabilitation in order to correct and build their potentials for future quality of life. In fact the rights and welfare of the children irrespective of their backgrounds are well entrenched in several policies and development frameworks including the UN Charter on Human Rights and the African Charter on the Rights and Welfare of the Child as well as in other National instruments such as Children's Act 2001 and several other basic

laws in countries. The rehabilitation programs play a very important role in keeping children living on the streets off the streets, promoting street children opportunities for social integration and above all to rehabilitate and to reform them through various programs offered. To be able to effectively meet their mandate, rehabilitation centers should ensure that street children are equipped with knowledge, skills and attitudes, to prepare them lead useful lives upon exit from the programs.

However the plight of children living on the streets is still largely unabated as evidenced by their characteristically unkempt presence in the streets in many urban centers within the country. This is despite more rehabilitation homes coming up to help rehabilitate the children by providing shelter and a homely environment. This therefore calls for more proactive engagement among all stake holders including the government to come up with policies which have definitive information on rehabilitation and re-integration and ensure that such policies are enforced. Likewise, adequate and well structured programs on rehabilitation should be established.

The study therefore concludes that, rehabilitation centers aimed to offer effective and efficient rehabilitation programs and services to the children but were constrained by lack of facilities and funds, inadequate rehabilitation staff, inability to cope with programmed activities especially for drug addicts among others. Hence, there is still a lot to be done by the government and other stake holders in order to improve street children's rehabilitation programs. This will make rehabilitation centers realize their missions and visions of facilitating and coordinating service providers in rehabilitating children living on the streets. This can be done through fund raising, public education, and capacity building for service providers and provision of education and skills training to children living on the streets in order to have a country with no children living on the streets.

5.4 Recommendations

The following recommendations were based on the finding and conclusion of this study.

1. All the rehabilitation programmes in the rehabilitation centre should be upgraded to a better standard that can enable all rehabilitation centres to handle children under rehabilitation irrespective of their backgrounds whether they have special challenges or not. Closely related to this, the programs should be well structured to include entertainment programs such as drama, music and sports for talents development and more girls' programs should be established.
2. The effectiveness of some programs was affected by lack of facilities and funds. The study recommended that there is need to refurbish and modernise physical facilities and provide adequate infrastructure for rehabilitation programs for effective rehabilitation and successful re-integration of children upon exiting the homes. Secondly, a precondition for an efficient program is a stable environment with a stable fund to ensure effective and vibrant rehabilitation programs. The government and other stake holders should endeavour to stabilise the fund flow through implementation of sound policies on rehabilitation programs. Further the County government and other international bodies should develop children rehabilitation action plans and policies and make budgetary allocations towards them.
3. Rehabilitation centres as well as learners faced a number of challenges during the rehabilitation process which included children getting sick and some being HIV positive. The study recommended need to mainstream the children rehabilitation health care services in order to enhance responsive rehabilitation centres and community health care needs and ensure they have their own medics. This would assist children under rehabilitation with terminal illness like HIV/AIDS, TB, and those with drug

addict effects to access treatments and therapy conveniently. The Kenya health programmes strategies can be employed to ensure free and mobile voluntary counselling tests (VCT) and be accessible to all street children rehabilitation centres. It is also crucial that more counselling is provided to the children in the homes, and therefore it is recommended that professional counsellors are hired.

4. The study unearthed various strategies to improve rehabilitation programs such as sensitizing community on issues of children living on the streets. On this strength the study recommended that the local communities should be sensitized on the need to contribute to the well-being of these homes in their areas so as to improve on their performance and service delivery. Further, the communities should be sensitised on the importance of accepting, accommodating and giving the children mutual support upon exit from rehabilitation programmes.

5.5 Areas for Further Research

The following are suggestions for further research.

- a) A similar study be conducted in other rehabilitation centers to encourage the best practices and to create competition among rehabilitation centers in terms of performance in administering rehabilitation programs to street boys and girls. This will promote good management and uphold democratic practices in rehabilitation programs which are fundamental principle of rehabilitation centers. Such service can be replicated across all rehabilitation centers in Kenya.
- b) An investigation on the knowledge, skills, attitudes and perception of community members towards street children after exit from the programs and on ways of improving the children living on the streets rehabilitation programs and the information disseminated to the stakeholders.

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APPENDICES

APPENDIX I: INTRODUCTORY LETTER

FELISTER W. NJINE,
DEPT OF GENDER AND DEVT STUDIES,
KENYATTAUNIVERSITY,
P.O. BOX 43844-00100,
DATE:

THE ADMINISTRATOR,
----- REHABILITATION CENTER.

Dear Respondents,

RE: EFFECTIVENESS OF REHABILITATION PROGRAMMES ON STREET CHILDREN.

My name is Felister a post graduate student at Kenyatta University currently researching on the above in street children rehabilitation centers. Your centre has been selected to take part in the study.

Allow me to collect data in your centre which is related to street children rehabilitation programs. All the information received will be held in utmost confidence and will not be used for any other purpose except for this study. Your positive response will be highly appreciated.

Yours faithfully,

Felister Njine

RESEARCHER

APPENDIX II: INTERVIEW SCHEDULE FOR CENTRE CO-ORDINATORS

My name is Felister a post graduate student at Kenyatta University. The purpose of this interview schedule is to collect data on the effectiveness of rehabilitation programs on street children. You have been selected to take part in this study. Further, you are assured that your identity will be treated with utmost confidentiality and the information will only be used for the purpose of this study.

Part A: Demographic profile of respondents.

- 1) Gender
- 2) Age in years
18-25 (); 26-35 (); 36-45 (); 46-55 ();
Above 55 ()
- 3) For how long have you worked in this institution?
- 4) Designation
- 5) Have you been trained for rehabilitation programmes?
- 6) If yes, which area of rehabilitation have you been trained?

Part B Background information of the rehabilitation centre

- 7) Year of inception of this rehabilitation centre.
- 8) Why was the rehabilitation founded?
- 9) What are the objectives of the rehabilitation centres?
- 10) How many boys and girls do you have in this rehabilitation centre by gender and age?
- 11) Do you have girls with children in this rehabilitation centre?
 - b) If yes how do you assist them to cope with child rearing?
- 12)
 - a) How many staff members do you have in this centre?
 - b) Are they trained on matters of rehabilitation?
 - c) What is their responsibility?
- 13) How are the children selected or referred to this institution?
- 14)
 - a) How many rehabilitation programmes do you have in this centre?
 - b) Which ones are they?
- 15) How are the existing programmes implemented?
 - a) Vocational training
 - b) Formal education
 - c) Guidance and counselling
 - d) Spiritual rehabilitation
 - e) Integration activities
 - f) Others
- 16) Who funds the programmes?
- 17) Has the training programmes been recently reviewed?

- 18) In your view, are students' problems adequately addressed by these rehabilitation programmes?
- 19) Do you think the rehabilitation programmes are effective in eradicating the problem of street children?
- 20) How would you rate the training programmes in place?
- 21) How adequate are the number of rehabilitation programmes for the children they are serving?
- 22) What challenges do staff experience in rehabilitating street boys and girls?
- 23) What challenges do boys and girls experience while undergoing the rehabilitation programmes?
- 24) What other challenges does the centre experience in offering rehabilitation services to street children?
- 25) How adequate are the resources for rehabilitation in this centre?
- 26) Suggest strategies for making rehabilitation programmes more effective
- 27) Suggest strategies for eradicating the problem of street children in Kenya.
- 28) Suggest areas of rehabilitation programmes that should be considered to further increase the effectiveness of rehabilitation programmes.

End

Thank you for your cooperation

APPENDIX III: QUESTIONNAIRE FOR THE PROGRAMME HEADS

My name is Felister a post graduate student at Kenyatta University. The purpose of this questionnaire is to collect data on the effectiveness of rehabilitation programs on street children. You have been selected to take part in this study. Kindly spare some time to answer the questions to the best of your knowledge. Further, you are assured that your identity will be treated with utmost confidentiality and the information will only be used for the purpose of this study. Hence, please do not write your name or that of the institution. Please tick (√) where appropriate or fill in the required information and kindly respond to all items.

Part A: Demographic Information

1. Gender? Male () Female ()
3. Level of education.....
4. Age in years
 - a) 18-25 () c) 36-45 ()
 - b) 26-35 () d) 46-55 e) Above 56 ()
5. How many years have you worked in this rehabilitation centre?

If yes how do you assist them to cope with child rearing?

14 a). How many staff members are there in this rehabilitation centre?

b) How many staff members do you have in your programme?

c) What are their responsibilities?

.....
.....
.....

15. What are the procedures of rehabilitating street children?

i.

ii.

.....

Part B programs for rehabilitation in this centre

16. Which of these rehabilitation programs exist in this centre?

a) Vocational training e.g. shoes making, dress making, ()

b) Formal education e.g. ECED, primary level, secondary level, ()

c) Guidance and counselling ()

d) Spiritual programmes, who teach the children? Father, Muslims,
Pastor, others (Please specify) ()

e) Integration activities ()

f) Others (specify) ()

17. What of the existing rehabilitation programs are emphasized most in this rehabilitation centre?

a)

b)

c)

18. (i) How are the existing programs implemented?

a) Vocational training

b) Formal education

.....
.....

c) Guidance and counseling

.....
.....

d) Spiritual rehabilitation

.....

.....
e) Integration activities

.....

.....

.....

(ii). Do you keep records of the students who undergo these programmes?

Yes () No ()

19. How adequate are the number of rehabilitation programs for the children they are serving?

Adequate () Somewhat adequate ()

Not adequate () I cannot tell ()

20. a) How are the funds for these programs raised?

- | | | |
|--|---------|--------|
| a. Fund raising activities | Yes () | No () |
| b. The church | Yes () | No () |
| c. Individual philanthropists | Yes () | No () |
| d. Overseas NGOs | Yes () | No () |
| e. Local NGOs e.g. child welfare society | Yes () | No () |
| f. Income generating | Yes () | No () |
| g. Others (specify) | | |

b) Are the funds in 20a) above adequate?

21. According to your own assessment do these rehabilitation programmes help students to cope with social life? Yes () No ()

22. Is there any positive change among boys and girls since they embarked on the rehabilitation programmes Yes () No ()

23. What is your attitude towards the present rehabilitation programs?

- | | | | |
|---------|-----|----------------------|-----|
| a) Good | () | c) Need improvement. | () |
| b) Fair | () | d) I don't know | () |

24. Do you think the rehabilitation programs are effective in eradicating the problem of street children? Yes () No ()

If yes, specify.....

25. Please rate the effectiveness of the existing rehabilitation programs in relation to the issues provided in the table below. Use the following key; **VE** Very effective; **E** Effective; **I** Ineffective; **VI** Very ineffective.

Vocational training	VE	E	I	VI
Promoting behaviour change				
Re- integrating street children in to the community				
Reducing recidivism				
Reducing drug abuse				
Escaping back to the streets				
Formal education				
Promoting behaviour change				
e- integrating street children in to the community				
Reducing recidivism				
Reducing drug abuse				
Escaping back to the streets				
Guidance and counselling				
Promoting behaviour change				
Re- integrating street children in to the community				
Reducing recidivism				
Reducing drug abuse				
Escaping back to the streets				
Spiritual programmes				
Promoting behaviour change				
Re- integrating street children in to the community				
Reducing recidivism				
Reducing drug abuse				
Escaping back to the streets				
Integration activities				
Promoting behaviour change				
Re- integrating street children in to the community				
Reducing recidivism				
Reducing drug abuse				
Escaping back to the streets				

26. How would you rate the attitude of street children towards rehabilitation for each of the existing programs? Please tick (√) in appropriate column in the table below using the following key **VP** Very positive; **P** Positive; **N** Negative; **VN** Very negative;

factors	VP	P	N	VN
Vocational training				
Formal education				
Guidance and counselling				
Spiritual rehabilitation				
Talents				

27. Are the children's problems adequately addressed?

- Yes, they are addressed () Reasons.....

 No, they are not addressed () Reasons.....

 I do not know or I am not sure if they are well addressed [] Reasons.....

28. What challenges do you experience when executing your duties?

- i.
- ii.
- iii.
- iv.

29. What challenges do boys and girls experience during rehabilitation?

- i.
- ii.
- iii.
- iv.

30. In the list below, please tick (√) against those challenges that you feel apply to this centre.

- a) Lack of relevant training skills by the rehabilitation staff ()
- b) Inadequate number of rehabilitation staff ()
- c) Lack of facilities for rehabilitation programmes ()
- d) Inadequate funding for rehabilitation services ()
- e) Lack of space resulting to overcrowding in the centres ()
- f) Resistance to change by street children ()
- g) Frequent transfer of rehabilitation staff ()
- h) Lack of support policies from other like minded institutions ()

- i) Inadequate space for the counselling programmes
- j) Others (specify).....

Part C Strategies to address the challenges.

31. In your opinion, how best do you think rehabilitation programmes can be improved in this centre?

.....

32. Suggest strategies that can be employed by the following group of people to improve rehabilitation programs in this centre.

- a) Government policies

- b) Rehabilitation staff

- c) Street children

33. Suggest strategies for making rehabilitation programs more effective

- a).....
- b).....
- c).....
- d).....

34. Suggest areas of rehabilitation programs that should be considered to further increase the effectiveness of rehabilitation programs

.....

35. Are there cases of children running away from this rehabilitation centre?

If yes how do you handle them?

36. Any other comments?

.....
.....
End

Thank you for your cooperation

APPENDIX IV: INTERVIEW SCHEDULE FOR DISTRICT CHILDREN OFFICER

My name is Felister a post graduate student at Kenyatta University. The purpose of this interview schedule is to collect data on the effectiveness of rehabilitation programs on street children. You have been selected to take part in this study. Further, you are assured that your identity will be treated with utmost confidentiality and the information will only be used for the purpose of this study

Part A: Demographic profile of respondent.

1. Gender

2. Age in years

18-28 () 26-35 ()
36-45 () 46-55 ()
Above 55 ()

3. Your designation

4. For how long have you worked as District Children Officer?

5. a) Have you been trained for rehabilitation programs?

 If yes, which area of rehabilitation have you been trained?

6. How are needy cases among street children selected to enroll in various centers in this municipality?

7. What is the number of the rehabilitated boys and girls in this municipality?

8. Are their cases of girls with children in various rehabilitation centers?

 If yes, how are they catered for?

9. How the children are selected or referred to various rehabilitation institutions?

Part B rehabilitation programs

10. What prompted the start of rehabilitation programs?
11. a) How is rehabilitation programs curricular planned and by who?
 - b) Are they approved?
12. What rehabilitation programs do street boys and girls undergo once rehabilitated?
13. How are the rehabilitation programs conducted?
14. a) How are the funds for these programs raised?
 - b) Are the funds in 14 a) above adequate?
15. What is the role of government into the programs?

Please explain.
16. Are the existing rehabilitation programs adequate and effective in reforming street children?
17. What are your expectations for an effective rehabilitation programs in the centers?
18. How would you rate the effectiveness of the existing programs in addressing rehabilitation of street children in Nyeri Municipality?
19. In your view how best can the rehabilitation programs be effectively conducted to meet the expected out come?
20. How adequate are the number of rehabilitation programs for the children they are serving?
21. Do you assist street children economically on completion of the programmed?
22. Is there any follow up of the street boys and girls on completion of the programs?
24. What challenges do various rehabilitation centers experience in rehabilitating street boys and girls?
25. Are there any gender challenges that hinder the implementation of rehabilitation programs?
26. What challenges do street children experience while undergoing rehabilitation program?
27. What challenges do rehabilitation centers experience while rehabilitating boys and girls?
28. Suggest various strategies which can be used to address the challenges mentioned above.
29. Suggest areas of rehabilitation programs that should be considered to further increase the effectiveness of rehabilitation programs.
30. What is your future aspiration for the rehabilitated boys and girls?
31. Suggest strategies for eradicating the problem of street children in Kenya.
32. Any other comment?

End

APPENDIX V: QUESTIONNAIRE FOR SOCIAL WORKERS

My name is Felister a post graduate student at Kenyatta University. The purpose of this questionnaire is to collect data on the effectiveness of rehabilitation programs on street children. You have been selected to take part in this study. Kindly spare some time to answer the questions to the best of your knowledge. Further, you are assured that your identity will be treated with utmost confidentiality and the information will only be used for the purpose of this study. Hence, please do not write your name. Please tick (✓) where appropriate or fill in the required information and kindly respond to all items.

Part A: Demographic profile of respondent.

1. Gender Male () Female ()

2. Age in years

18-28 () 26-35 ()

36-45 () 46 55 ()

Above 55 ()

3. Work experience

Less than 5 years () 6-10 years ()

11-15 years () Above 15 years

4. Your designation

5. a) Have you been trained for rehabilitation programs? Yes () No ()

If yes, which area of rehabilitation have you been trained?

6. What are your specific duties?
.....
.....

Part B Street children Information.

7. Is there any follow up of street children after completion of rehabilitation programs?

Yes () (b) No ()

If yes how? Please explain

.....
.....

8. How are street children selected for placement in various rehabilitation centers?

.....
.....

9. Which programs are street children exposed to once rehabilitate?

.....
.....

10. How are the rehabilitation programs mentioned above conducted?

.....
.....
.....

13. a) Where does the fund for the rehabilitation programs come from?

.....
.....
.....

b). Is fund in 13a) adequate?

.....
.....

14. In your opinion do you think the existing rehabilitation programs are adequate and effective in reforming street children?

Yes () No ()

Please explain.....

15. What are your expectations for an effective rehabilitation programs?

.....
.....

15. How many children have benefitted from the rehabilitation programs offered in the last three years?

16. How would you rate the effectiveness of the existing programs in addressing rehabilitation of street children in various centers?

Very effective () Ineffective ()
Effective () Very ineffective. ()

17. How adequate are the number of rehabilitation programs for the children they are serving?

Adequate () Somewhat adequate ()
Not adequate () I cannot tell ()

18. What challenges do you face when dealing with street children?

.....
.....

19. What challenges do rehabilitation centers experience in rehabilitating Girls?

.....
.....

Boys?

.....
.....

20. What challenges do street children experience while undergoing rehabilitation programs?

.....
.....

21. In the list below, please tick (√) against those challenges that you feel apply to this centre.

- a) Lack of relevant training skills by the rehabilitation staff ()
- b) Inadequate number of rehabilitation staff ()
- c) Lack of facilities for rehabilitation programmes ()
- d) Inadequate funding for rehabilitation services ()
- e) Lack of space resulting to overcrowding in the centres ()
- f) Resistance to change by street children ()
- g) Frequent transfer of rehabilitation staff ()
- h) Lack of support policies from other like minded institutions ()
- i) Inadequate space for the counselling programmes
- j) Others (specify).....

.....
.....
.....

22. Suggest various strategies which can be used to address the challenges mentioned above.

.....
.....

23. Suggest strategies for making rehabilitation programs more effective.

.....
.....

24. Suggest areas of rehabilitation programs that should be considered to further increase the effectiveness of rehabilitation programs

.....
.....
.....

25. In your view how best can the rehabilitation programs effectively be conducted to meet the expected out come?

.....
.....

24. Are there cases of street children running away from rehabilitation centers?

Yes () No ()

If yes, why do some street children run away from rehabilitation centers back into the streets?

Please explain

.....
.....
.....

25. Suggest mechanism for preventing street children from running away from the rehabilitation centers.

.....
.....
.....

26. Suggest strategies for eradicating the problem of street children in Kenya.

- a)
- b)
- c)
- d)

27. What is your future aspiration for the rehabilitated street boys and girls?

.....

End

Thank you for your cooperation.

**APPENDIX VI: FOCUS GROUP DISCUSSIONS QUESTIONS FOR THE
CHILDREN.**

My name is Felister a post graduate student at Kenyatta University. The purpose of this questionnaire is to collect data on the effectiveness of rehabilitation programs on children under rehabilitation. You have been selected to take part in this study. You are assured that your identity will be treated with utmost confidentiality and the information will only be used for the purpose of this study.

- 1 Are you happy in this home? Why are you happy? Why are some of you not happy?
- 2 What aspects do you like here?
- 3 What problems did you experience before you joined this home?
- 4 Why did you move to the streets? For how long were you in the streets before joining this home?
2. Do you play games here? What games do you play? How do they help you?
3. Where do you go for activities like games? What about guidance and counseling?
4. Do you go to school? Which schools do you attend? When do you go to the schools you have mentioned?
5. Do you like your teachers? Why do you like them?
6. Do you have many teachers? What do your teachers teach you?
7. What time do you go to school and what time do you go home?
8. Do you like your school? Why do you like your schools?

9. Did you used to go to school before you came here? What did you learn before you came here?
10. What were your expectations when you were joining this home?
11. Have they been met?
12. Do you have friends outside this home? Who are they?
13. Do you like your dorm mothers? Why do you like them?
14. What are the advantages of street life? What are the disadvantages of street life?
15. Are you happy with vocational programs you are taking? How many are happy?
16. Do you face any problems here? Like which ones?
17. Do you fight among yourselves? Why do you fight?
18. Why did you run away from your homes?
19. Where did you get the clothes you are wearing? And the school uniform?
20. What activities do you carry out to help your teachers and care takers after schools?
21. How do you assist this home to create money (funds).

End

Thank you for your cooperation.

APPENDIX VII: OBSERVATION CHECK LIST

The following will be observed in the three rehabilitation centers.

1. Street children in their rehabilitation centre environment and activities they will be under taking.
2. Supervision of street children by rehabilitation staff
3. Observation of major impact of rehabilitation programmes to the street children.
4. Facilities at the centre.
5. Space available.
6. Number of children in each rehabilitation centre.
7. The programmes being offered at the rehabilitation centre and mode of their delivery
8. Relationship between street children and other members of staff.
9. Generally the prevailing mode of operation for street children and staff in the centre.

APPENDIX VIII: RESEARCH AUTHORIZATION



**KENYATTA UNIVERSITY
GRADUATE SCHOOL**

E-mail: dean-graduate@ku.ac.ke

Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: C50/NYI/PT/24580/2011

DATE: 19th February, 2014

The Permanent Secretary,
Ministry of Higher Education, Science & Technology,
P.O. Box 30040,
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FELISTER WAITHIRA NJINE- REG. NO. C50/NYI/PT/24580/2011

I write to introduce Ms. Felister Waithira Njine who is a Postgraduate Student of this University. She is registered for M.A degree programme in the **Department of Gender and Development Students**.

Ms. Njine intends to conduct research for a M.A proposal entitled, **"Effectiveness of Rehabilitation Programmes on Street Girls and Boys in Nyeri Municipality, Nyeri County, Kenya."**

Any assistance given will be highly appreciated.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Lucy N. MBAABU'.


**MRS. LUCY N. MBAABU
FOR: DEAN, GRADUATE SCHOOL**

DNSN /cwm

APPENDIX IX: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MS. NJINE WAITHIRA FELISTER
of KENYATTA UNIVERSITY, 152-10100
NYERI, has been permitted to conduct
research in Nyeri County
on the topic: EFFECTIVENESS OF
REHABILITATION PROGRAMMES ON
STREET GIRLS AND BOYS IN NYERI
MUNICIPALITY, NYERI COUNTY, KENYA
for the period ending:
29th May, 2015

Permit No : NACOSTI/P/15/1694/4512
Date Of Issue : 6th February, 2015
Fee Received :Ksh 1,000



Applicant's Signature

Secretary
National Commission for Science,
Technology & Innovation