NON-GOVERNMENTAL ORGANIZATIONS INTERVENTION IN THE REHABILITATION OF STREET CHILDREN IN NAIROBI CITY COUNTY: A CASE STUDY OF GOOD SAMARITAN CHILDREN'S HOME AND REHABILITATION CENTRE

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This project has been developed under our supervision. The student has made necessary corrections based on the comments given.

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DEDICATION

I dedicate this work to my family and friends.

To the Director: Good Samaritan Children's Home and Rehabilitation Centre.

ACKNOWLEDGEMENT

To come up with this report I have received immense contribution and cooperation from everyone around me.

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ACRONYMS

AACs	Area Advisory Councils
AMREF	African Medical and Research Foundation
ANPPCAN	African Network for Protection and Prevention of Child Abuse and Neglect
CCDS	Comprehensive Child Protection Systems
CSOs	Civil Society Organisations
CRC	Convention on the Rights of the Child
DCOs	District Children's Officers
DDD	Digital Divide Data
DCS	Department of Children Services
FBOs	Faith Based Organizations
FPE	Free Primary Education
GO	Government Organization
ILO	International Labour Organization
IMF	International Monetary Fund
KNBS	Kenya National Bureau of Statistics
MOHA&NH	Ministry of Home Affairs and National Heritage
NCBDA	Nairobi Central Business District Association
NCCS	National Council for Children Services
NGO	Non-Government Organizations
NYS	National Youth Service
ODCCP	Office for Drug Control and Crime Prevention
RBA	Right Based Approach
SAPs	Structural Adjustment Programmes

SDDRSA	Social Development Department of the Republic of South Africa
UNCRC	Convention on the Rights of the Child
UNICEF	United Nations Children Fund
WHO	World Health Organisation
WPR	World Population Report

ABSTRACT

The problem of street children in Kenya has aggravated since its emergence. This has necessitated the involvement of public and private agencies to help reduce its effects on street children themselves and the nation. This research is on the intervention of Non-Governmental Organizations in the rehabilitation of street children in Nairobi City County using Good Samaritan Children's Home and Rehabilitation Centre (GSCHRC) as a case study. The purpose of the research is to establish the initiatives used when rehabilitating street children, the constraints GSCHRC faces when undertaking the street children rehabilitation exercise and finally to establish the strategies applied to address these challenges. The study used qualitative methods in collecting and analyzing data. Purposively selected samples of 30 ex-street children, 4 alumni and 3 employees in GSCHRC and 2 government officials from the children's section were used. Key informant interview guides and focus group discussions were the main instruments in this study.

There are several initiatives used by GSCHRC to identify street children, get them from the streets and house them in their centre for rehabilitation. These initiatives include: the process of making initial contacts with the street children in their dwelling places, running a health programme, offering a comprehensive education programme to the rehabilitees, provision of food and nutrition programme, offering sports and recreation services and hastening the process of family re-unification. These initiatives entail the provision of basic social services and psychosocial support to the rehabilitees. A number of challenges have been found to limit GSCHRC to effectively realize its vision. Some of the main constraints of successful rehabilitation were financial limitations, poor management, recidivism, fragmented government and NGOs relationship, government policies and restrictions, registration barriers and poor educational background prior to joining GSCHRC. Finally, the study findings established that the Centre's main strategies for addressing the challenges faced during street children rehabilitation were: sponsorship, building partnerships and networks and embracing legal provisions in the rehabilitation of street children. The study emphasizes on the need for collaborative efforts between the government and the NGOs in implementing street children rehabilitation programmes. The study underscores the importance of admitting street children in rehabilitation centres as opposed to them living on and in the street.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Street children phenomenon has been defined differently depending on the children's place of origin, the nature and conditions under which these children operate or the causal factors of this situation. UNICEF Report (2005) asserts that children living and working on and in the streets are ordinarily termed as "street children". Anyuru (1996) also defines 'street children' as those boys and girls who reside and work in the streets with the drive of making a living for individual and family consumption. However, there is no unanimously accepted meaning of the term 'street children'. These children could have been pushed to the street mainly due to family violence (de Bennitez, 2007), or lack of support from their caregivers in their home environment (Pandey, 1991). Other reasons contributing to the problem of street children include: poverty, child abuse and neglect, peer pressure, substance use and abuse, changing family structures like single parenthood and child headed households.

The dominant presence of street children in urban centres is a global, alarming and escalating social challenge. Aside from some aspects of poverty such as inadequate education, nutrition, and inaccessible medical care, homelessness is also visible (Cummings**,** Goeke-Morey, Schermerhorn, Cairns and Merrilees, 2009). In their routine activities, these children's life is often characterized with misery and deprivation of various things including their rights.

Streetism is a clear reflection of unrealized Millennium Development Goals evident in the form of persistent child abuse and negligence. Consequential growth of this problem across the populous countries of the third world, particularly in Asia, Africa and Latin America, is a grim reminder of the society's failure to protect and nurture its greatest asset and to tackle one of the most serious anomalies of modern development of those countries (Aptekar and Stoecklin, 2014).

Children living in the streets are commonly labelled in various terms across the world. The convergence point of those terms allude to them as: bin collectors, cheap labourers and or children in conflict with the law. In Kenya for instance, these children are referred to as, *'chokora'* meaning "one who scours the bins."

Street children phenomenon is not limited to the unindustrialized, developing states, though it is mostly linked with "poor states", according to Wernham (2004). As noted by Shorter and

Onyancha (1999), street children are extant in highly developed nation-states like London's railway termini who are referred to as the 'rent-boys' and the homeless children of America's large cities. Besides, Brazil is leading with more than half a million number of street children. The difference however, is that the governments of developed states are constantly rehabilitating and providing homes for the homeless. However, in developing nations the street problem has tended to assume a permanent habitat for such children.

There are no accurate statistics on the number of street children in Kenya. This is probably due to the mobile nature of these children or the complexity in defining a street child and to some extent laxity of those in support of their programmes. This difficulty in determining the street children population can also be attributed to the commercialization of the street children services by many non-governmental organizations. Commercialization refers to the process of inflating the numbers of street children for more funding from the donors and well-wishers. Some NGOs magnify the number of street children in their catchment areas to signify complexity of the matter which in turn attracts more aid from their respective donors and sponsors.

Non-governmental Organizations are often involved in addressing the plight of street children. Their major roles are: to provide financial support to street children programmes; improving the condition of these children and their families by providing them with basic needs and enhancing street children's future by conducting rehabilitation programmes. There are many NGOs involved in rehabilitating street children. The Good Samaritan Children Home and Rehabilitation Centre, located in Mathare area in Nairobi City County, has over 600 children. The Centre has both boarding and day-in routine children. The criteria for admission are: children eighteen years and below sourced out from the street and as well as those referred by partner organizations or individuals within their catchment area.

1.2 Problem Statement

The number of street children in Nairobi City County is increasing comparative to the growing population of the country. The number has grown to a level that government agencies often view street children and families as a threat to peaceful coexistence within the city, as a shame as well as portraying a negative impression about the ability of the government to care for its poor citizens. Government response in handling the street children was particularly evident when President Obama and Pope Francis visited Kenya in 2015,

when majority of these children were driven out of the city in what the public termed as crude eviction.[1] The main agenda was to beautify the city ahead of the arrival of the dignitaries.

It is noted that the government of Kenya has played significant roles in facilitating rehabilitation of street children through the enactment of laws and development of policy frameworks geared towards protecting the rights of the street children. Further, in 2015/2016 year budget, the government of Kenya provided special funds to support rehabilitation of street families[2]. However, it is noted that such government efforts are inadequate because of financial limitations. The success of street children rehabilitation requires the efforts of the society in general and other stakeholders like the non-governmental organizations. The choice of Nairobi County in this study is therefore, informed by the large number of street children it has and the presence of relatively more rehabilitation centres compared to other counties.

Notwithstanding, the government and non-governmental organizations measures to address this problem, street children are constantly seen in the streets operating under similar circumstances. These children wash cars, wipe and brush shoes for the citizens, while others are occupied with picking dirt and collecting recyclable plastics and metals within the city. Aptekar and Stoecklin (2014) assert that regardless of wealth, political ideology, government decree or religious affiliation there is no place in the globe that has succeeded in eliminating homelessness. This means that in every society, it is imperative to offer rehabilitation programs to contain the effects of the phenomenon on children.

Whilst some valuable research has been conducted on street children problem in Nairobi County some noteworthy gaps persist, especially on the contribution of the non-governmental organizations in addressing streetism. In effect, this study intends to identify the non-governmental organizations intervention in the rehabilitation of street children in Nairobi City County, Kenya.

1.3 Research Questions

O*verall*: What is the role of the Good Samaritan Children's Home and Rehabilitation Centre in rehabilitating street children in Nairobi City County?

[1]Source: http://nairobinews.nation.co.ke/news/kidero-to-evict-street-children-from-city-centre-during-obamas-visit/ : accessed on 8th August, 2015.
[2]Source: http://www.standardmedia.co.ke/article/2000165382/it-s-a-first-as-kenya-street-families-receive-sh300m-to-rehabilitate-them : accessed on 11th August, 2015

Specific questions:

1. What are the initiatives undertaken by the GSCHRC in the rehabilitation of street children in Nairobi City County?
2. What are the constraints that face the GSCHRC in the rehabilitation of street children?
3. What strategies can be put in place to overcome the challenges experienced by the GSCHRC in addressing the problem of street children in Nairobi City County?

1.4 Objectives of the Study

Overall: To analyse the role of Good Samaritan Children's Home and Rehabilitation Centre in the rehabilitation of street children in Nairobi City County.

Specific objectives

1. To evaluate the initiatives undertaken by the GSCHRC in the rehabilitation of street children in Nairobi City County.
2. To identify constraints the GSCHRC face when rehabilitating street children.
3. To establish the strategies used to overcome the challenges experienced by the GSCHRC in addressing the problem of street children in Nairobi City County

1.5 Justification of the Study

As the nation embraces the Sustainable Development Goals (SDGs), it is critical to highlight the progress of the Millennium Development Goals which expired in 2015. Street children cluster is one of the vulnerable groups that need to be incorporated in the era of SDGs. The study intends to shed light to the County Government of Nairobi on the essence of investing in children through well-coordinated, viable strategies from the various NGOs and form an alternative way of rehabilitating street children.

This study was carried out in Good Samaritan Children Home and Rehabilitation Centre in Mathare, but the findings will be valuable to the policy planners and other practitioners to design effective rehabilitation programmes targeting street children. The study aims at improving the condition of the street children in Nairobi City County which has the largest number of children working and living on the streets. The ultimate goal is to contribute to quality service delivery as per the Kenyan constitution: Children rights.

1.6 Definition of Terms

Askaris – Refers to police officers.

Chokora – Refers to children who call the street their home.

Ex-Street children – Refers to all the children who have been removed from the streets to the rehabilitation centres.

Kanjo – It is a sheng term, referring to the security enforcement personnel of the city council.

Rehabilitation – These are the programmes and services used by the government and NGOs in integrating the ex-street children into the society.

Sheng – A mixed language of Swahili and English which is mostly used by the street children.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section presents a review of literature on the issue of street children. This section describes in detail the theoretical framework (Right based approach and the Empowerment theory) and the empirical framework. It is further divided into the following sub-sections: the scope of the problem of street children in Kenya, public discernment on street children, the role of government and non-governmental institutions in the rehabilitation of street children in Kenya, rehabilitation strategies of street children in Kenya, implementation and adaptability of street children rehabilitation activities in Kenya and the conceptual framework.

2.2 Theoretical Framework

2.2.1 Right Based Approaches

A rights based approach (RBA) is centred on empowerment, equality of entitlement, inclusion, dignity, justice and respect for all people (Mukherjee, 2005). Children are normally considered as minors. Their rights are often embedded with other care givers like the parents or guardians. They need the efforts of the duty bearers like the parents, guardians, private agencies and the state to ensure their rights are secured.

Rights can be broadly understood as claims that have been legitimized by social structure and norms (Moser and Norton, 2001). These claims can be social, economic, political or physical. The rights-based areas of focus are on empowering adults and children to claim their rights although little consideration is paid to obligations and responsibilities on the part of individuals, groups and states (Mukherjee, 2005), in providing these rights.

The state and other duty bearers have the responsibility of preventing all children from facing multiple rights violations that drive the affected children to the streets and adequately supporting children who have established street connections. This can be done through, first, having Comprehensive Child Protection Systems (CCPS), with clearly defined roles and responsibilities, to enhance the development of a holistic, rights-based and child-sensitive approach and to prevent street-connectedness. Second, street children need to be empowered to understand their entitlement and how to claim it. Finally, by using a participatory approach

where children are involved in developing and respecting their rights. However, inadequate advancement has been put in place to address such concerns from the street children's perspectives in Kenya, as key participants in their own development process, rights and entitlements (Moser and Norton, 2001). Due to this laxity, the NGOs can be used to bridge the existing gap in ensuring juvenile justice is adhered to.

Our society in most instances ignores children's perspectives, especially, when such perspectives' origin is of the poor and the vulnerable like the street children. It is imperative to realize the essence to let children acknowledge their problems and wherever possible seek to understand their thoughts before imposing our opinions on them. In reality, street children defy such convenient generalizations because each child is unique and they often feel rejected by the larger society. Therefore the NGOs intervene to help these children affirm their rights as citizens and as children.

There are various international treaties and conventions that offer guidelines on child rights and protection that the government of Kenya is a signatory. The international frameworks like the UN Convention on the Rights of the Child (1989), have tried to fight for the rights of these children globally. Their efforts are geared towards addressing individual challenges of these children or offering collaborative solutions via the families these children emanate from. In a normal situation, every child is under the care and support of an adult, and the family as the first socializing agent of this child. Thus it is inevitable involving these children's families, be it the street family or the non-street one, in attending to streetism among children.

Other organizations like the Optimal Protocol to the Convention on the Rights of the Child is concerned with the sale of children, child prostitution and pornography, United Nations International Labour Organizations (UN ILO), C182 - Worst Forms of Child Labour Convention, as their name suggests are meant to address specific challenges specifically child labour, not streetism per se. Regional frameworks like the African Charter on the Rights and the Welfare of the Child, 1990, have equally addressed various child related aspects but this problem seem to devastate them as the decades go by.

The Kenyan government has also enacted many legal and policy frameworks to protect the rights of the street children. These include country frameworks like the Constitution of Kenya 2010, particularly the penal code, right to citizenship and birth registration and the national policy on the Orphaned and Vulnerable Children (OVC). All these are geared towards

liberating children from all forms of un-freedom they experience. However the street children at times have little or no access to proper medical care, basic education, right to survival and child protection as some are shot by the city council askaris, others are tried in adult courts and furthermore they are denied justice.

The laxity of the state in securing the rights of street children in Kenya mirrors the condition of children in other states in Africa. According to Ewelukwa (2006), governments have a solemn mandate to amend laws that empower those in authority like the police to arrest children whose only "crime" is being poor. Until governments are keen and able to offer to all children care and protection then, they must annul the policies of arresting children who lack these basic necessities. Street children need to be actively involved in the process of campaigning and demanding for own rights as a way of empowering them to respect authority.

2.2.2 Empowerment Theory

Empowerment is a continuous process targeting the indigenous community. It involves mutual respect, caring, critical reflection and group participation through which an individual or a group of people lacking an equal share of resources are able to gain greater access and control over those resources (Zimmerman and Warschausky, 1998). The term empowerment is associated with individual, family and community participation. Empowerment is a strategy used to reduce relegation of the poor, minorities and to uplift potential ordinary organizations in the society. Presently it is used in various disciplines like development studies and can be applied for marginalized groups where street children are categorized (Nelson, 2000). The theory is based on the assumption that empowerment not only leads to improvement of peoples livelihoods but also focuses on rectification of existing imbalances in social economic and political power (Friedmann, 1992).

The problem of street children in Nairobi City County is a product of the environmental and societal challenges that arise due to lack of valued resources and opportunities. These factors push members to the streets and to the dust bins, having no residential place and source of food which are human beings basic needs. Implementation of the empowerment theory by non-governmental organizations will therefore impact social change, and will enhance quality of life for the street children. As a result, this will improve the ability of the street children and street families to improve their competence through access of social amenities: education and health and to have greater control over resources.

Street children form a special group of community that requires to be empowered by the various non-governmental agencies. As Friedmann (1992) argues, a more collective responsibility to revitalize this marginalized group: street children, as opposed to an individualistic approach is essential in realizing the benefits to the society. The non-government child service providers are needed to have collaborative programmes with both the government and personage philanthropists when addressing street children problem.

According to (Warschausky, 1998), empowerment must assist individuals in developing a sense of self and confidence which permits them to undo, "the effects of internalized oppression". This will permit them to inculcate the ability to influence, negotiate and make informed decisions broadly.

The empowerment theory not only addresses the primary, secondary and tertiary causes of streetism but also aims at restructuring social relations at the community, national and global levels (Nelson, 2000). In effect it helps the street children to join other proactive social groupings like the banking sector that trains them on various informal ways of soliciting and saving money. This not only empowers them economically but also helps them identify with the society.

2.3 The Scope of Street Children Problem in Kenya

Street Children are a manifestation of the tribulations which are experienced by families and children at the national and community levels. Deprivation of basic survival factors like health, social and economic support increases the vulnerability of children to become homeless and marginalized. Even as some of these children living under difficult circumstances are being protected by the government and non-governmental child care service providers, many others often seek refuge in the streets. These children often engage in brutal adult like hustle to meet their basic needs. The State of the World's Children Report (1998) by UNICEF, asserts that "On the street the street children shine shoes, wash and guard cars, carry luggage, hawk flowers and trinkets, collect re-cycles and find a myriad other ingenious ways to earn a living".

In African countries, the street children problem grew from 1970's and early 1980's and intensified in the 1990's during Structural Adjustment Programs (SAPs) period (Kilbride, Suda and Njeru, 2000). The SAPs epoch was characterized with increased poverty in many

households of African people as a result of programmes that were imposed by the World Bank and International Monetary Fund (IMF). The programmes demanded cutting down on government expenditure, privatization of various government services, introduction of cost sharing and user fees, which eventually brought financial crisis in many African families causing a lot of parents to abandon their families for job opportunities (Rwegoshora, 2002).

The population of Kenya is estimated to be over 47.8 million, which ranks it 29th in the World Population Review (WPR) (2017) with the majority of the population aged 18.7 years[3]. With such an age structure and the crude births of 32.753 births per thousand, the number of children is expected to escalate drastically in proportion to the growing population and increased societal challenges. Poverty attacks in almost all the counties change in family structures with many families headed by a single parent, who is mostly the mother, political unrest and tribal clashes are among the current societal challenges many households are grappling with. Thus, a nation that is characterized with a steady rate of population growth, economic volatility, political instability like Kenya, poverty is highly feasible. Poverty is a paramount causative factor of streetism.

There are approximately 300, 000 street persons out of over 40 million people in Kenya (Musau, 2014). A study conducted by de Benitez in (2007) conjunction with the Consortium of Street Children, reported that there were over 25,000 street children in Nairobi in the year 1992, and the government estimated that their numbers increased at a rate of 10 % per year, (Wernham, 2004) . The number had escalated from about 17, 000 in 1990 to about 150,000 in 1997 (Shorter and Onyancha, 1999). Recent studies (like Sorre, 2009) estimated that there are about 300,000 street children in Kenya, with over 60,000 in Nairobi County; 16,000 in Eldoret, 5,000 in Mombasa and 2,500 in Kisii County.

The statistics illustrate that there are many street children surviving in the major cities and urban centres of the country. The figures exemplify a trend of terrific increase in numbers of these children over the decades. Nairobi County register's the highest numbers of street children compared to other urban and sub-urban centres in Kenya. This brands them one of the most prevalent and most unaccounted for social groups in the county. However in all

[3] Kenya Population from http://worldpopulationreview.com/countries/kenya-population/. (accessed on 6th August, 2016)

these studies, street girls are invisible than boys, yet girls' account for 25% and the effects are experienced more to girls than boys (Wakia and Corcoran, 2013).

2.4 Public Discernment on Street Children

In a study conducted on Brazilian street children, one of the children notes as he narrates his story on social media: *"The Street doesn't have too much to offer you except experience. We have to work to have something, no being spoon fed like it is at home"* (Hecht, 1998). This signifies the constant struggles these children endure in meeting their basic needs. On the contrary, the public views them as lazy, petty labourers who mainly depend on begging as a survival strategy. The public refers to the common man passing on the streets, the police and other city council municipal authorities responsible for delivering services to street children and other vulnerable children.[4] During round-ups by Nairobi County Council askaris, street children are randomly arrested and treated as common criminals. A 1997 study by the Human Rights Watch on 'Police Abuse and Detention of Street Children in Kenya', found out that the street children who are taken to the City courts are put together with adults, beaten and harassed by police in the station (Thonden and Nowrojee, 1997). They are also held for periods extending from several days to weeks with no review of the legality of their detention by judicial authorities (Asare,2012).

Another report by the Human Rights Watch (2003) also disclosed that the public view of street children in many African countries is overwhelmingly negative. The report stressed that the public has often supported efforts to get these children off the street, in fear of being pick-pocketed and being asked for cash by these children rather than a genuine desire to liberate them from the harsh street environment. The report further established that there is an alarming tendency by some law enforcement personnel and civilians, business proprietors and the private security firms to view street children as almost sub-humans. According to Maposa (2013), there has been very little, if any sympathy for street children. The public view them as ill- mannered thugs who are a nuisance. Consequentially, they are neglected a lot.

[4]Source: http://www.standardmedia.co.ke/article/2000106803/kenya-s-street-children-struggle-to-get-accepted: accessed on 18th August, 2016.

Interestingly, other few members of the public have established good rapport with the street children. They often supply them with food and clothes while others say ‘hello’ an indication of being courteous to these minors who feel rejected by the public.

2.5 Role of Institutions in the Rehabilitation of Street Children in Kenya

2.5.1 National Government

The street children phenomenon and its enormity has become a social challenge in the developing world. This phenomenon first caught the attention of the government of Kenya in the year 1975 when about 115 cases of street children were recorded (Sorre, 2009). Since then, as the population grows the nation has also been experiencing rising numbers of street children over the years. It was until the year 1979, in the wake of the international year of the child when the issue of children living and working in the street in most African countries first appeared as a major concern for aid agencies and governments, according to a report from the Government of South Africa (2010).

In the early 1990s, through a presidential decree, the government of Kenya established the District Children Advisory Committees (DCACs) to enhance the coordination of child welfare activities within districts (Mbugua, 2012). The mandate was to enhance involvement of the community, Civil Society Organisations (CSOs), private sector, line ministries, Faith Based Organisations (FBOs) and Community Based Organisations (CBOs) in the administration of matters relating to children (Onwong'a, 2013). However, the DCACs were replaced by the current Area Advisory Councils (AACs) which are anchored in law, the Children Act (Mbugua, 2012). All these programmes were in the Department of Children’s Services which was under the then Ministry of Home Affairs and National Heritage (MOHA and NH). Their main mandate was to offer preventive and supportive programmes to the benefit of these street children. Even if most programmes were under the then country's local authorities they were approved under the Children and Young Persons CAP 141 which was to manage both types of programmes. However, none mounted a supportive programme (Onwong'a, 2013). In effect, CAP 141 Act was revoked in the year 2001.

In October 1995, the Kenya National Assembly attempted to address this condition of streetism. In a recorded parliamentary proceeding by the Standard Newspaper, the then member of parliament Kimilili and the opposition chief whip, Dr. Mukhisa Kituyi acknowledged that *“for the first time in history a parliamentary debate was discussing the*

issue of street children". The national assembly discussion was born from a *"hearing on street children in Kenya",* which was conducted in 1994 by African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN). The main recommendations were to put in place intervention programmes to contain the problem of street children. Such programmes were proposed to have a dual character: to prevent the arrival of new street children and to rehabilitate those already in the street, (Africa Medical Research Foundation (AMREF, 1995).

Multiple strategies have since been initiated to rehabilitate these vulnerable children: the street children; the orphans and the HIV/AIDS children victims. These steps are geared towards prevention of more children from suffering from societal shocks like diseases and protecting children from all forms of abuse and assault and reintegrating them into the society as normal citizens. However, concentration on street children as a part of the growing group of children living under difficult circumstances has not yet been officially acknowledged by the developing states including the government of Kenya.

In an attempt to address this phenomenon the government of Kenya has signed and ratified many laws internationally, nationally down to the community level. They range from those whose mandate is to increase education, reducing poverty and protecting children from abuse and exploitation; which are considered as core problems of the street children. However, the government is also expected to ensure the latter are indiscriminately provided to all children as mandated in the constitution and the Children's Act. Care and protection of children who cannot be with their biological parents has been provided for in the Children Act in line with provisions of the CRC. This includes the requirement of the state to assist in reunification of separated children with their parents (section 6(3)), provision for foster care (Part X1 and schedule 4), guardianship (Part V111), adoption (Part X1 Section 154-183) and placement of children in charitable children's institutions (Part V, Section 58-72), (NCCS, 2010).

The constitution of Kenya (2010) provides a guideline on human, child rights and protection. In sections 53 of part 3 every child has the right to: free and compulsory basic education, to basic nutrition, shelter and health care, to parental care and protection and to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour. The government of Kenya has the mandate of ensuring those rights are provided for as per the guidelines of the constitution. Therefore

the presence of children in the streets is assumed as the failure of the government in protecting and safeguarding the rights of these children.

Even so, the government projects on street children are few, short term and focusing on certain needs rather than looking at the matter holistically. Nonetheless, the government seems committed to improving the situation of street children; even though it is yet to formulate an appropriate policy or to allocate resources to address the street children plight. This implies that the overwhelming majority of street children have had virtually no education. They are also vulnerable in terms of their health needs and health-care-seeking behaviours.

However, the greatest hindrance to achieving the objectives of the government organization is the existence of small uncoordinated projects aimed at street children by the two agencies; the government and other NGOs. Likewise, Kenya does not have a single street children legislative package, but like child labour and child marriage it is encompassed in a variety of legislations, such as the Children Act and the Marriage Act. Policies aimed at rehabilitating street children must begin by understanding the magnitude of the problem, its dimensions and the main factors responsible. It is also important to solve the problem from its very roots, rather than curing the indicators (Aptekar,1988).

2.5.2 Non-Governmental Organizations

NGOs are recognized by the diverse development programmes they are undertaking. NGOs can simply be referred to as the civil sphere of society, where a civil society is assumed to be a separate sphere, discrete from the political and economic spheres, (Ulleberg, 2009). The Norwegian Agency for Development Cooperation (NORAD) defines development-oriented NGOs as organizations that *"attempt to improve social, economic and productive conditions and are found both as small community-based organizations at village and county levels and as large professional development agencies at state or national level"* (Ulleberg, 2009). NGOs are mostly characterized as non- profit making organizations that are autonomous from governments and contributes to alleviation of human suffering mostly stirred up by poverty.

Non-governmental agencies have been recognized globally as the prime aid deliverers especially in developing states. This is anchored on their ability to solicit for donors globally, regionally and sub-nationally compared to the government. According to Nestor (2015), NGOs have been able to position themselves before the donor community as credible institutions that champion the interest of vulnerable people in their quest to gain a voice in the social, political, and economic discourse of a nation.

There are many non-governmental agencies ranging from international, local organisations to CBOs working with or for children. The World Bank in 1998 established cooperation with other NGOs like the Soros Foundation and the King Baudouin Foundation, to contribute to their program entitled Street Children/Children in the Street. They provided financial support and technical assistance to more than eighty local NGOs with an aim of raising the capacity of NGOs working with these children, creating government awareness on streetism and promoting cohesion and co-ordination at the national level, to devise more effective and sustainable programs for Street Children (Volpi, 2002). The Bank has also supported research and dissemination of ideas on the subject in public and private organizations.

There has been a considerable increase in the number of NGOs dealing with the issue of street children for the past decades in Africa. According to data from the government of Egypt, the number of NGOs in Africa concerned with street children increased 6 times in the period of 1990-2000 and was anticipated to be higher in the subsequent decades (Abt Enterprises LLC, 2001). The growth in the number of NGOs was a direct response to the negative impacts of certain government policies or issues that have not received wide governmental attention (Nestor, 2015). In most developing countries, NGOs both international and national are collaborating with the state in advancing its rightful mandate of taking action to combat the street children problem. Nevertheless, most NGOs presently although independent, work more or less closely with the host governments and are attributing their success to this factor of partnership.

Maposa (2013) reported that there are about one million NGOs working all over the world. The effort of these organizations is to compliment the government and other philanthropic services for effective human and economic development. In an attempt to solve the crisis of street children, different international commitments, such as United Nations Convention on the Rights of the Child (UNCRC) (1989) have been adopted. This convention focuses on the

rights of all children indiscriminately, including the right to dignity, freedom from discrimination, survival, development, protection from harmful influences, abuse and exploitation, and participation in political, civil, cultural, social and economic activities (Southworth and Ben-Joseph, 2013). African countries were the top member states to ratify the CRC commitment which contributed to making it an international law (UNCRC, 1989).

For the past two decades, the government of Kenya had registered at least 250 Non-Governmental Organizations and Community based organizations nationally (Shorter and Onyancha, 1999) to support the street children. By 2015 following the rules set by the government on how to manage the NGO sector, the number had risen to about 300 non-governmental agencies (Onyiko and Pechacova, 2015). Some of these organizations in Kenya include: The Undugu Society of Kenya, Children Rescue Initiative, Plan International, Rescue Dada, Mukuru Promotion Centre and the Good Samaritan Children Home and Rehabilitation Centre, to name just but a few of the many organizations rehabilitating street children in Nairobi county. These institutions are either directly or indirectly involved in the fight against streetism: some are involved in maintaining the social and economic welfare of these children while others fight to liberate the children from the streets. Although these NGOs adopt varying degrees of strategies and objectives, they are geared towards a common mission, to fulfil the host country's development agenda.

Nevertheless, in 2009, Kenya became the first country in Africa to adopt to completion a developed practical and user-friendly tool for mapping and assessing child protection systems at the national level. Representatives from line ministries, NGOs and civil society, analysed this global toolkit and adjusted it to suit the Kenyan context (NCCS, 2010). All these are aimed at improving the life of street children among other vulnerable children in the country.
Scholars like Hyden (1983) and Kanyinga (1990) emphasize on the role of NGOs in development. They argue that the NGOs proximity to the poorer and largely marginalized areas of the society than the government, they are better situated to appreciate the needs and priorities of the local people. Besides the NGO staff is more inclined than the government employees to endure hardship in an effort to successfully complete their projects or programme (Muasya, 1998).

The Good Samaritan Children's Home and Rehabilitation Centre has accommodated over 254 residential and 366 outreach street children from the environs of Nairobi County[5]. They provide care for abandoned, neglected and molested children. They educate the children in primary school through secondary education; provide medical care to these children. In spite of the re-emergence of street children in the streets from this rehabilitation centre, the effort of this organisation can be seen through the high levels of achievement through those children they have successively rehabilitated.

2.6 Rehabilitation Strategies

Rehabilitation refers to the process of returning someone to a good, healthy, normal life or condition. Rehabilitation of street children entails various ways one can restore these children to their community and it may take different forms: for instance removing the children from the streets; giving medical treatment; taking them back to school and helping them understand and appreciate law and order (Muasya, 1998). Muasya's study findings describe rehabilitation as the provision of basic human needs like: food, shelter, education, vocational training, health care, protection, care, love and a sense of belonging among other necessities. According to Nairobi Central Business District Association NCBDA (2001) there are 351 rehabilitation centres in Nairobi County. A study that was carried out in Tanzania on the effectiveness of NGOs in rehabilitating street children in Dar es Salaam City identifies various strategies that are deployed by the NGOs to select children from the streets for rehabilitation. These include: conducting interviews, picking the children from the streets to drop-in centres, conducting medical check-up and screening to establish the health status of the children and conducting counselling so as to change their street wise behaviour (Niboye, 2013).

NGOs use different rehabilitation techniques when working with street children. They include: rehabilitation through institutions, by dealing with individual children and finally rehabilitation through organizing the child's host community. The first distinction is between NGOs who provide rehabilitation services directed primarily at the child and those that involve schools, families, and communities and other institutions or those that include advocacy, lobbying, and social mobilization (Volpi, 2002). Another disparity is that some organizations offer residential services for a small number of street children for a specific

[5]Source: http://www.goodsamaritanchildrenshome.com/, accessed on 8th July, 2016.

period of time, while others focus on non-residential or outreach services to a larger number of children on a less continuous scale (Volpi, 2002). Even so all the interventions are dependent on the age of the child, the sex of the street child, parental availability and the level of involvement.

There cannot be a single strategy to be used to rehabilitate street children, because all settings are unique and require different interventions (Suda, 1995).There are other ways street children can be incorporated in the society apart from the use of rehabilitation centres. The existence of some of these avenues can enable these children to attain a stable and reputable life: through adoption, taken to work for families, juvenile homes, orphanages and even being absorbed in the National Youth Service (NYS).

Rehabilitation has helped many street children across the country. However, there are those children who run away from the rehabilitation centres before realizing the organizations expected outcome. Aside from recidivism the other challenges that hinder rehabilitation exercise include; limited funds, little community and government, poor working environment, poor educational background of the rehabilitees and lack of immediate trust of the children to their minders. According to Palmqvist (2006), the rehabilitation success rate is low, about 10 per cent of all street children in Nairobi get rehabilitated. The rehabilitation exercise for street children is long and intense. It also requires active involvement of many participants for it to be successful and sustainable. It is imperative to emphasize on the need to improve rehabilitation programmes to yield better results. This can be through: recruitment of more qualified personnel; setting high standards in the homes in terms of behaviour, dressing and discipline; fostering cooperation with other NGOs in the rehabilitation of street children to avoid duplicat0ion and/or competition (Muasya, 1998).

2.7 Implementation and Adaptability of Street Children Rehabilitation Activities in Kenya

The effort of the NGOs in the host country is to promote development. While in the process of executing projects and programmes, NGOs maybe influenced by several factors both externally and internally. Programme suitability and implementation focuses on the new realities street children face. Among the street children, deprivation and psychosocial issues understood to be emanating from complex parent-child; parent-parent and child-parent-environment dynamics (Ndumanene and Chiwoza, 2011), are the centre of focus in the

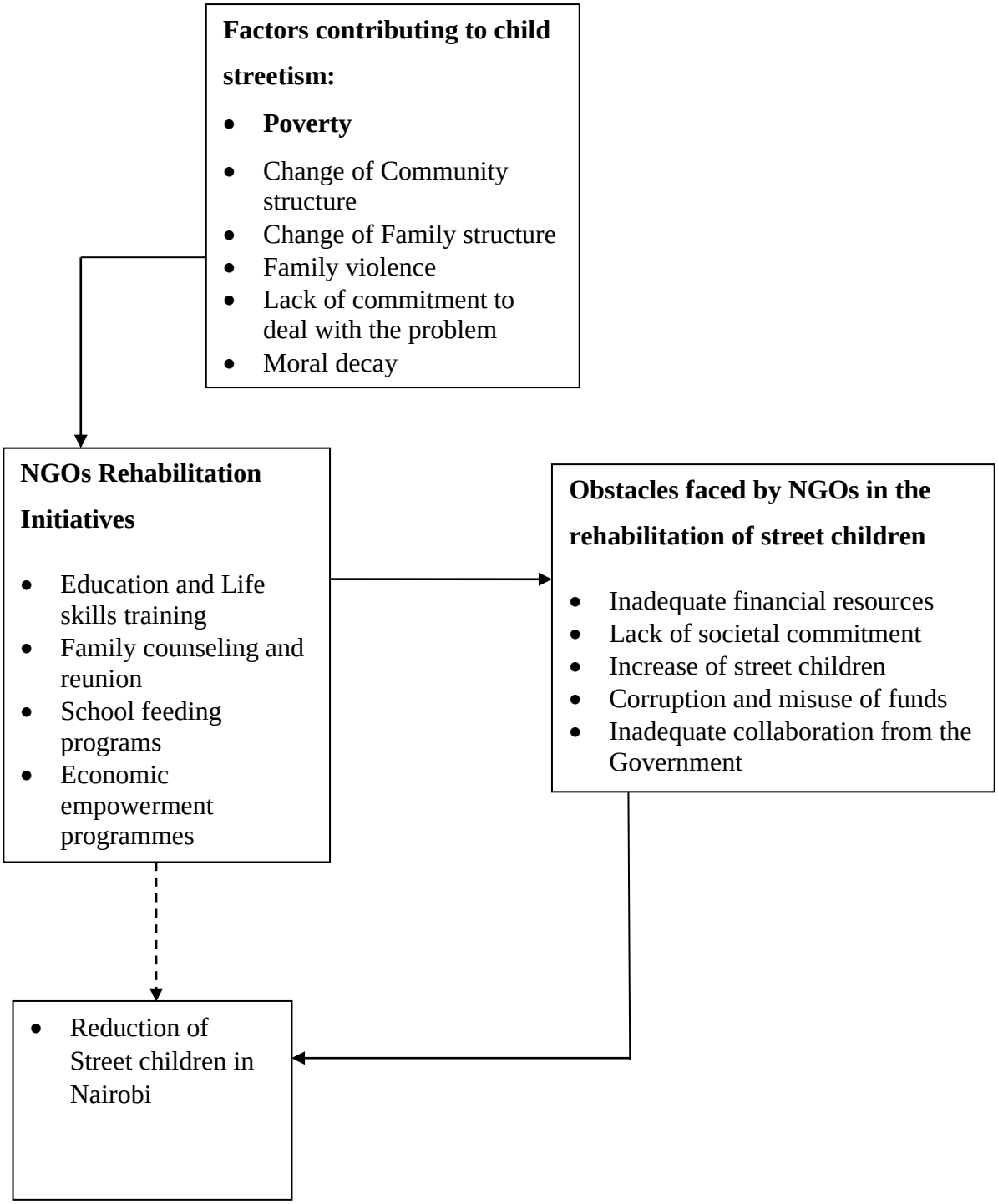
implementation cycle. These dynamics together with individual factors are presumed to set the children on a street-life path.

Kenya is a dynamic state. The experiences keep changing, the policies and the overall structure of the authority working with children is always adjusted. For instance, the state adapted a new constitution that provides guideline to all parties involved in rendering service to children under difficult circumstances. Nevertheless, the street children of today are different from those in the past decades. They are likely to have slightly different needs, ways of responding to their inadequacies or different view of streetism. Thus, the various rehabilitation programmes need to adapt to these dynamic realities, for them to be successful and sustainable.

2.8 The Conceptual Framework

The conceptual framework represents the variables in the study. Some of the factors causing child streetism include: poverty, change in family and community structure, family violence, lack of commitment by duty bearers to address the problem of child streetism, moral decay in the society, underemployment and/or unemployment. Due to the causal factors above, the intervention of the non- governmental organizations' initiatives is through; education and life skills training, family counselling and reunion, school feeding programs and economic empowerment programmes. The NGOs process of rehabilitating street children is however faced with various obstacles: inadequate financial resources, lack of societal commitment, increase of street children, corruption and misuse of funds and inadequate collaboration from the government. The anticipated outcome of the rehabilitation effort is to reduce the number of street children or eliminate the street children from Nairobi County.

Figure 2.1: Conceptual Framework



CHAPTER THREE
METHODOLOGY

3.1 Introduction

This section focuses on the methodology that was used in the study. The section is organized as follows: Research design, study site, unit of analysis and sampling, data sources, collection methods, the methods of data analysis to be used, research ethics and as well as the problems encountered in the field.

3.2 Research Design

The study utilized a case study research design to investigate the role of Good Samaritan Children's Home in the rehabilitation of street children in Nairobi County. The case study design was preferred because of its strength in describing an intervention or phenomenon in its real-life context in which it occurs (Yin, 2011). According to Cohen and Morrison (2000), a descriptive study gathers data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing ones can be compared or determining relationships that exist between specific events. The study also identified bottlenecks affecting sustainable and effective programs in solving street children crisis in Nairobi City County.

3.3 Study Site

This study was conducted in Nairobi City County. The choice of the study site was influenced by the fact that Nairobi is the largest county by population, with over 3,138,369 people (KNBS, 2009). The County also hosts most of the government and non-governmental agencies offices, international, regional and local. In Kenya, there are over 300 non-governmental agencies offering street children services, with more than half located in Nairobi County (Onyiko and Pechcova, 2015). Further, Nairobi City County holds a high number of street children irrespective of the numerous efforts offered by the various non-governmental actors. The high number of street children in Nairobi County is attributed to urbanized poverty and family problems which forces many to the streets to breach their financial gaps.

Good Samaritan Children's Home and Rehabilitation Centre (GSCHRC) located in Mathare area was chosen because it has a considerably large number of street children both boys and girls of all ages (5-17 years) both residential and day scholars. The centre has been in operation since 1990, thus it has a vast experience in the service of street children rehabilitation. Furthermore, this organization's programmes, the services offered and the rehabilitation strategy used also inform the reasons for selecting it as an effective case study.

3.4 Unit of Analysis and Sampling Technique

The GSCHRC was the study's unit of analysis. The study adopted a purposive sampling technique. This included three employees of GSCHRC, two child welfare officers from the government, four ex-street children (GSCHRC) alumni and 30 ex-street children from GSCHRC who will be categorized into three sets which are: a group of 5-9 year old, 10-13 year old and 14 – 17 year old children. The 30 children were purposefully selected from the Centre. Children between the 5-9 years age bracket mirrored the young street children while 10-13 and 14-17 years focused on a transitional age from childhood to adulthood and the peculiarity of the rehabilitation strategies used to address their problems. The four ex- street children (GSCHRC) alumni un/successful stories was to be documented as evidence of the rehabilitation strategies of the organization since its inception. The alumni were also used to demonstrate the centre's rehabilitation milestones and determine whether there was any emerging trend in regards to street children rehabilitation strategies.

The researcher used a Focus Group Discussion guide and observation technique to collect data from the sampled ex-street children, while key informants interview guide was used to collect data from three employees of GSCHRC: the director and two social workers; and two child welfare officers; one from the central government and the other one specifically from Nairobi County. The FGDs allowed the rehabilitees to freely narrate their experiences in the centre, the kind of services they received, the challenges they encountered and how they were resolved by the organization. The KIIs allowed the researcher to probe into the main strategies used in the rehabilitation of street children by the government and the GSCHRC, mitigation strategies used to address the challenges encountered in the street children rehabilitation exercise and to determine the effectiveness of the available rehabilitation strategies.

3.5 Research Instruments and Data Collection

Data was collected using non- structured questionnaire, focus group discussion guide and key informant interview guide (KII) as the main instruments. The choice of these instruments was anchored on the fact that the researcher wanted to gain in-depth knowledge about the NGOs interventions in the rehabilitation of the street children. Similarly, KIIs was used to interview respondents: GSCHRC officials and alumni as well as the child welfare officers from the government. Three focus group discussions were held among the street children at the study site.

3.6 Data Analysis and Presentation

After collecting data from the respondents of both target groups, data entry and interpretation was conducted using qualitative research methods. The data was analysed using a thematic approach in line with the research questions. The analysis of the data from the sets of research instruments was organized to address the research questions of the study.

3.7 Ethical Issues

Children are one of the vulnerable groups in Kenya by virtue of their tender age. Therefore when dealing with a special group like street children, it is imperative to consider certain study ethics. The principles which guided this study included: 'no harm or injure the participant', an approach by Babbie (2004). The researcher respected the children's opinions and also used a language that could not embarrass the children due to the nature of information they revealed. Another ethical issue was seeking consent from the person in charge at the centre. Every child ideally is under the control of a parent or a guardian, these children's caregiver was the person in charge of the institution. However confidentiality of the information collected was assured by the researcher prior to and after data collection.

3.8 Problems Encountered in the Field

The children were at first sceptical of the interview and the researcher's intention about their information especially the elderly ones. The children were avoiding some questions with the fear that their friends could report them to the authority. Some followed me later to give more information outside the FGD that we had.

Language was a great challenge to some of these children. The researcher had to abandon the national languages, English and Kiswahili, to '*sheng*' a mixed language that majority of these children use while on the streets.

The centre did not have its documents well-kept to offer the researcher more information about the centre. Extracting some old records that had been filed long time ago was also problematic. Financial records were however not availed as they were considered confidential.

Financial limitation for the project controlled the researchers sample size and the time that could help in generating more information for the purpose of this study. The project was funded by the researcher. Some of the respondents like the key informants in the governments section were always busy and some did not know the procedure of allowing a researcher to get information from them.

CHAPTER FOUR
FINDINGS AND DISCUSSION

4.1 Introduction

This section presents the study findings. The main research objective was to analyse the role of Good Samaritan Children's Home and Rehabilitation Centre in the rehabilitation of street children in Nairobi County. The themes pertinent to the study were analysed, interpreted and discussed to help in identifying the NGOs interventions in rehabilitating street children. This chapter begins with a brief overview of GSCHRC and describes the programmes and services offered in the Centre and the background characteristics of the respondents. The study further assessed the interventions used in rehabilitating street children using Good Samaritan Centre as the case study, constraints facing GSCHRC when undertaking street children rehabilitation and the strategies employed to mitigate those challenges.

4.2 Good Samaritan Children's Home

This is a Kenyan based children's home which was started in response to a crisis of unrestrained and neglected children in Mathare area of Nairobi County. The centre is situated in Mathare Valley near the Kosovo slum. Mathare area is one of the largest slums in Nairobi. The population of Mathare is approximately 200,000 people[6]. Slum areas are often deprived of various essential facilities and services. The GSCHRC area is surrounded by Mathare which is characterized with lack of sanitation facilities or electricity, a single main water pipe serving that serves the entire population, where women and children mostly have to fetch water in plastic containers for domestic use.

Good Samaritan Home's vision is, "to be a leading well managed institution offering holistic services and support for needy and vulnerable children in Kenya". The centres' mission is "to facilitate holistic care and support for vulnerable children in order to enhance their growth and development". The ultimate goal of this rehabilitation centre is "to promote the welfare of vulnerable children and AIDs orphans in Mathare Valley. The centre provides basic services to the orphaned, street children, neglected, abused and children infected with HIV and AIDs. The victims of teenage pregnancy, family breakdown and separation of spouses and drug and substance addicts are also catered for. GSCHRC also mobilizes and sensitizes

[6]Source: https://knowyourcity.info/wp-content/uploads/2015/04/Mathare_Zonal_Plan_25_06_2012_low_res-2.pdf accessed on 9thNovember, 2017

the community to make effort in addressing the problems affecting especially the children in Mathare slum.

The Children's home was born out of constant experiences and interactions of 'Mama Mercy Thuo' with the abandoned and neglected children of Mathare area. Mama Mercy, a Kenyan woman who is 58 years of age, hails from the Kikuyu community. Mama Mercy's childhood, as she narrated, was characterized with severe deprivations and struggles as she was brought up in a family suffering from abject poverty. She therefore understood the nature and kind of life these children were living under. She notes that she became passionate about children during her early childhood years which were also later inspired more by her church pastor.

These street children in the surrounding often came begging for food from her house after they were introduced to mama Mercy's home, by her last born son, which was in Mathare valley. The son had developed a friendship with these street children as he normally played with them on his way from school in the afternoon. In the year 1990, the number of children in need of food and shelter aid increased, thus necessitating the urge of establishing a children's centre. This idea was actualized in 1991, with the birth of Good Samaritan Children's Home and Rehabilitation Centre. The Centre's aim was to facilitate holistic care and support for vulnerable children in bid to enhance their growth and development.

Mama Mercy had offered to help these vulnerable children. She had four dairy cows in her home which provided milk for domestic and commercial utilization. She used the milk to prepare breakfast for these 6 street children she was hosting and her family. Money from her sole dairy business was used to cater for these children's welfare. It was mainly used to purchase food. However, the money raised from the dairy business was inadequate to satisfactorily meet these children's basic needs. As result of insufficient resources, the children went to the streets of Eastleigh to beg for food and money during the day and resume for supper and night shelter at her place.

In 1992, the number of children wandering in Mathare, Kosovo Slum bulged out due to the politically instigated ethnic clashes that were experienced in the nation. In effect, Mama Mercy thought of converting her family land, which they had bought in the 1980s, with the husband to construct a structure that could offer full board accommodation to these children who had been rendered homeless by the state of the nation and the entire society. Mama

Mercy had constructed five roomed house made of iron sheets which served as an office and store in one room, dormitory for boys and the other room for girls, a kitchen and one free room. These children slept on mattresses with no beds. The first to be admitted were five boys and a girl. Thereafter Mama Mercy embarked on a daily business of convincing many more children to join the centre. Although she noted that most of these street children only came for food but slept in the streets. She finally opted to follow them up to the streets of Nairobi and Mathare areas.

Initially the centre offered food, shelter, clothing and counselling services. Later she realized that these children had a desire to better their lives through education and technical training. But they were financially incapacitated and some were too old to seek basic education in regular schools. In collaboration with other government schools, private companies and some philanthropists, the children were finally admitted in public primary schools: mainly Pangani Primary School and Moi Avenue Primary School.

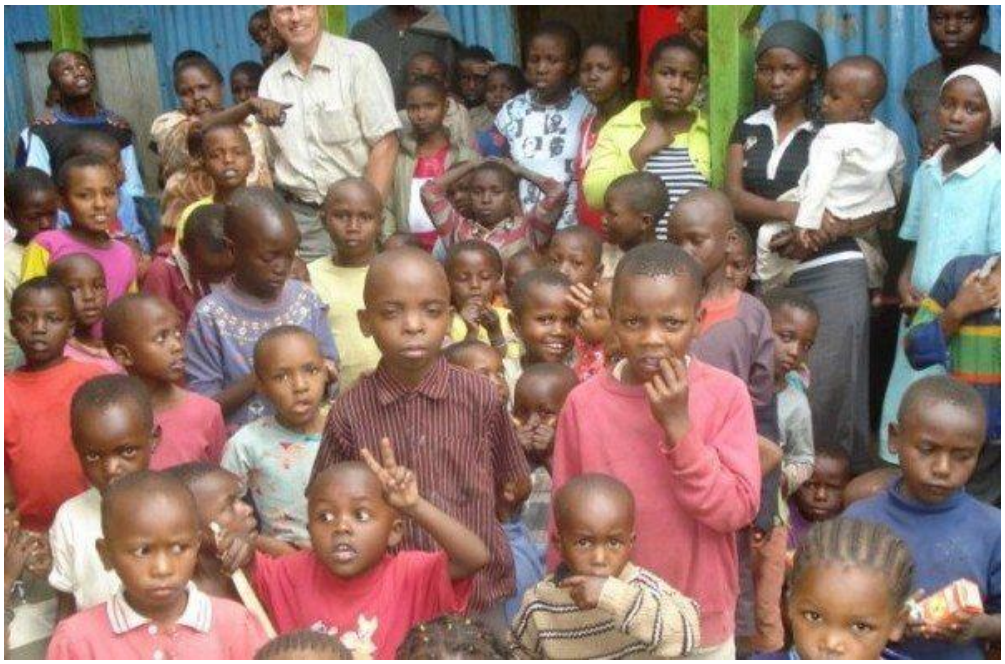
The ages of the children in the Centre range from day olds to those beyond 18 years. GSCHRC is headed by a Director, who is also the founder, one administrator and a team of administrative support staff who oversee the routine activities at the Centre. The other cadre of staff at the Centre are: a store keeper, three social workers, a driver and volunteers. The organization does not have an external administration management like a Board of Management (BOM). There are no departments for there are few employees and they operate on an informal management structure. The Centre's main sources of income are the donations received from well-wishers like organizations, firm and the walk-in donors. There are also sponsors who take care of the children's education and training, paying the volunteers and other staff members.

The Director is in charge of the day to day operations at the Centre. This entails decision making, controlling finances, solving children's personal challenges, taking care of the admitted infants and marketing the Centre. The administrator is in charge of discipline, communication, maintaining the donor-client relationship and other routine-office duties. It is the role of the social workers to convince the street children and other vulnerable children to join the Centre. Some children were however brought to this centre by their relatives while others walked in. At the Centre, the social workers offer guidance and counselling to these children and their parents, reunite these children to their parents or guardians and also do

follow up with those children who have been re-united with their parents. However, the responsibilities in Good Samaritan Centre are at times shared across the hierarchy due to the few employees in the Centre.

Good Samaritan Centre has undergone transformation since its inception. A Centre that began with one girl and five boys is now home to more than 630 vulnerable children, where boys are 343 and girls 291. It is not only a refuge Centre but a child-citizen-nation transformation Centre.

Figure 4.1: A picture of Mama Mercy Thuo, the founder of the home, directing one of the sponsors of GSCHRC



Source: GSCHRC archives

4.3 Background Characteristics of the Respondents

The informants' bio-data is paramount in understanding the people that were involved in this study. The main characteristics included: age, gender, level of education, professional background and the details on the respondents experience in working with the street children programmes.

4.3.1 GSCHRC Current Rehabilitees and Alumni Profile

Three focus group discussions were carried out in the three selected categories of children to understand their life prior to joining the street, on the streets, in the rehabilitation centre and their future concerns on child streetism.

In this study, 30 current GSCHRC rehabilitees were interviewed. They included 10 children per the selected age categories: 5-9 years, 10-13 years and 14-17 years. The ages of the children were subjectively determined by the GSCHRC employees especially among the 5-9 years and 10-13 years old categories. The 14-17 years old rehabilitees' age determination was based on what the children believed their ages were since the researcher lacked an objective way of verifying the children's ages. This is because most of these rehabilitees did not have any birth registration documents upon admission. Among the 30 respondents 14 (47%) were girls and 16 (53%) were boys. However, it was noted that the number of girls interviewed was higher among the 5-9 years old and it decreased as the age increased.

Alumni were part of the key informants that helped the researcher establish reasons why children go to the streets, the effectiveness of the skills acquired in GSCHRC and their process of integration into the society. There were four GSCHRC alumni, 2 males and 2 females, who were interviewed. The age of the alumni interviewed ranged from 22-32 years. The oldest of them was among the 5 boys who pioneered this Centre.

4.3.2 GSCHRC Employees and Government Officials

Good Samaritan and government employees were interviewed to understand more on the programmes and services used in the rehabilitation of street children and the role of the actors in addressing the plight of street children through rehabilitation. They were: 2 government officials' one from the central government and the other from the sub-county government, 2 social workers and the Director of GSCHRC. Out of the 5 employees at GSCHRC and the government, 4 of them were female and 1 male. Majority of the respondents based on the study findings and an observation made while carrying on with the research were female. These respondents were aged between 32-56 years of age.

All the members (except one) of the GSCHRC staff interviewed indicated that they had pursued education at least to the secondary school level. Only one had professional training in sociology. However, these GSCHRC respondents had been through various interactive

workshops where they were offered certificates mostly on first aid, child protection awareness as well as trainings on special needs and education. The 2 respondents from the government had university degrees; one in sociology and in guidance and counselling respectively. Having attained the basic education training and their vast experience in the rehabilitation centre, the employees could easily understand, interpret and respond to highly formal issues for instance, the questions presented in the key informant interview. Therefore with limited educational and professional training of the employees there is expected inefficiency when delivering the rehabilitation programme for street children.

The study sought to understand the number of years the GSCHRC and the government officials had served in street children rehabilitation centres. The respondents, 2 officials from the government had served for at least 4 years. The GSCHRC staff respondents reported varied years of service delivery; that is 3 and 11 years while the Director has been there for over 27 years. Having worked for many years in a dynamic sector is an indication of enormity of experience. Similarly, the job experience gained over the years richly benefitted the research. The responses they offered were reliable, taking into account the different time frames they had served and that they could better express the challenges they had encountered individually and collectively.

Table 4.1: Respondents socio-demographic profile

Variable		Frequency
Gender	Male (children)	18
	Male (Adults)	3
	Female (Children)	12
	Female (Adults)	6
	Total	**39**
Age	5-9 Years	10
	10-13 Years	10
	14-17 Years	10
	22-32 Years	5
	Above 33 Years	4
	Total	**39**

Source: Research sample, 2016

4.3.3. Reasons for Joining the Street

About 85% of all the respondents argued that poverty, change in family/community structure and being orphaned are the main factors forcing children into the streets. These reasons that prompt children to join the streets are multifaceted. One or multiple reasons had pushed or pulled these children into the streets.

Poverty refers to limited socio-economic well-being of an individual, family or group. Poverty was characterized by the parents struggle to provide for the children with the basic needs: food, shelter and clothing. Most rehabilitee respondents reported to have experienced continued deprivation in the provision of these basic needs in their homes. Consequently, many children sought refuge in the streets to get at least a meal a day.

One child when the question of what impelled them to join the street was paused to them reported: *My mother said things were becoming unbearable at home and so we had to leave to the street with her. The only way out was to accompany her there with an expectation that life was to be better than it was at home".*

This was reported from a number of children whose parents had moved from the rural areas to seek for employment in Nairobi's urban area. These children reported to have lived in one, two or more slums in the county of Nairobi before abandoning their homes to become fully fledged street children while others reported of becoming daytime street children who went to sleep in their homes at night especially when it was a rainy season.

Increasing cases of separation and divorce among families greatly contributed to the many children on the streets. Some children reported to leave their homes after one of their parents left them while majority reported that their father left them with their mother.

One respondent said: *"After the death of my mother, my father sent me to the city to beg for food and money. While there I got connections to work in an Arabs big house. All the people in the house were good to me with exception of one, who was the head servant. He beat me severally and demanded for "extra favours", I mean sexual favours. I decided to run away and I went back to my father, but he chased me back to the street that is how I ended up here".*

It emerged from many of the children respondent that they had been left under their mothers care after their father left for the urban centre to look for income generating means. This is probably due to the specific gender roles found in an African set up where mothers are required to take overall care of the children at home where a man is mandated the responsibility of providing for his family. When a father, who is the bread winner, fails to adequately provide for his family and the mother also lacks a constant source of income, the family is likely to dissociate especially if they are living in an urban area. This partly explains why many street children interviewed reported to escape from home after being left under their mothers care due to their fathers' prolonged absenteeism.

Out of the ex-children interviewed, about 9 (30%) were orphans whereas majority of them about 16 (53%) were from a single parent family and 5 (17%) of them were from divorced, separated neglecting and/or families with both parents. Death of parent(s) necessitated that the affected children be left under the care of a guardian or a close relative for total child care and protection.

Another respondent while narrating her story noted: *"when my mother passed on, my aunty (mums sister) promised to take my brother and I to her home where she could offer us food, clothes education as her sister's children. For a few months life seemed fine under her care. Suddenly things changed. She complained of lack of money to pay our schools fees so we began staying at home. As if not enough we could spend more time without food until we could not bear it anymore. Being the eldest I decided to run away to fend for my brother but eventually I came for him and we stayed together in the streets."*

However, most respondents reported that hostility, sexual assault and heavy work load in their relatives' premises prompted them to join the streets. Other factors are abandonment by parents where children are left to care for themselves, family violence and too many children in the family whose parents were unable to adequately meet their needs. One of the boys shockingly said:

"I ran away from home one evening when there was no food and it was my eating turn after my other siblings had previously had their shares. Upon asking my mother she terribly beat me up mercilessly as she gave all that she had to our last born. I could not stand that".

Limited commitment to deal with the problem of street children by the government and the NGOs has contributed to the increase in these children's numbers. In situ, those in the street naturally attract others, who are under normal family survival conditions in their homes, which they could put up with. For instance, it was reported that some children left their homes because their parents had instigated rules that curtailed their freedom unlike it was in the streets.

One respondent said: *"I ran away from home because I desired to be free from mummy's parental control. She was over strict even when I committed pardonable mistakes she always insulted and assaulted me….. I sometimes go home but I cannot sleep there she will take me to the police…."*

Even so, majority of the rehabilitees interviewed accepted that they had never imagined being in the streets could be what they experienced. Moral decay was greatly mentioned where some children were: raped, sodomized and molested while in the streets and prior to joining the streets. Only one sodomy case was reported and it was from the boy's step-father. Another group of children were in the streets by birth. Their parents were in the street. Such children had never had an experience with a family that had shelter, decent clothing and food. This group is also known as second-generation street children (Boakye-Boaten, 2008).

Urbanization and modernization were also mentioned as factors contributing to child streetism. Another participant who has worked with street children affirmed: *"There are many social amenities in the urban and peri-urban areas as opposed to the rural set-up for instance the entertainment centres, the sports and recreation facilities which were among the common factors that pulled children to the streets of Nairobi County".*

More than 10 of the respondents indicated to have stayed in the streets for more than five years. Majority had been there for at least three years while very few were rescued from there before completing a whole year. But the consequences of being in the streets for a few days or years were equally felt among all these children.

The street, as noted by one alumnus in the interview is *"a one man for him and God for us all"* struggle. Nobody cared for them. They were denied access to health centres even in the public dispensaries. At times, some of their friends perished in ward beds due to lack of

money and someone to push the doctors in the public healthcare facilities to attend to them. Munene, (*not his real name*) narrated how he lost his dear friend Wanjohi at Kenyatta National hospital due to delayed medication. However, another alumnus noted that there were rescue missions carried on by some NGOs and philanthropists like Mama Mercy for street children. She further said that the governments' social workers, city councils, informally called *'kanjo'*, who had been mandated the responsibility of caring for them, were rather harmful and hostile. Among the many hostile police some demonstrated humanistic characters. One case of two days old boy among the group of 5-9 years old children was brought to the centre by one Kamukunji police woman having been found in a polythene bag.

4.4 GSCHRC Initiatives in Street Children Rehabilitation

The first objective of the study was "to evaluate the initiatives undertaken by the GSCHRC in the rehabilitation of street children in Nairobi County". The study sought to firstly establish the programmes and services offered by this Centre that are relevant for the rehabilitation of street children in Nairobi City County. NGOs programmes and services should be founded on the regulations stipulated in the Children and Young Person's Act under Cap. 141. However, close monitoring from the government institution is necessary to ensure steady and efficient provision of these programmes and services.

According to a report by the Good Samaritan Children's Home and Rehabilitation Centre, the organization has the following objectives:

i. To love the street children and help them develop a sense of belonging;
ii. To provide rehabilitative care indiscriminately to children on the streets and the homeless children;
iii. To integrate the street and homeless children to other support centres like vocational, technical training and borstal institutions;
iv. To develop the capacities of the street children by putting them in touch with useful services;
v. To reunite these children with their families upon satisfactory identification of the child's family lineage.

4.4.1. Making Initial Contact

As indicated by one respondent, in Good Samaritan Centre, *"rehabilitation is the ultimate show of love to street children".* Rehabilitation is a lifelong exercise. Rehabilitation is equally

a process and not an event whose premier stage is making initial contact with these children while on the street. The Centre offers residential care and daily walk-in care. Prior to joining the GSCHRC, the Director indicated the process that they have often used to have a child removed from the street which is also applicable in other organizations. The steps followed are:

Step 1: Constantly meeting the child's needs while on the streets. This includes feeding a child, giving clothes and greeting them. This helps build trust. This child gradually learns to respond to your conversation.

One participant reported to the researcher: "*This is the most difficult stage. These children are suspicious of those around them therefore getting to establish cordial relationship where they can commit to share their deep secrets without being motivated by the goodies you bring to them it is not easy…… I personally remember how it was easy giving them food and clothes but when I mentioned of my desire to get rid of their streetwise life some began running away from me. I had to change my tact. I began dressing, talking and almost acting like them until I rebuilt the lost trust."*

Step 2: Organizing for a recreation/interactive programme. The Centre organizes for togetherness activities for those in the Centre and invites those in the streets to join. Activities like singing, dancing, acrobat and Tae Kwon Do were mentioned as the best catchment activities to use among the street children.

Another participant when asked on what prompted him to join GSCHRC said: *I really loved Tae Kwon Do. I used to watch it on the retailers televisions in Nairobi town. One time while we were imitating how it is done with my colleagues along Nairobi River, mama Mercy approached us and promised to take us to where we could be trained. We were more than 13 boys out of which 4 are in this Centre until now, but only one still goes for the Tae Kwon Do classes for perfection."*

Step 3: Offering opportunities for behaviour and mind shift. The listed activities in the second step train a child on the simplicity of leaving their glue bottles and get engaged. Besides, it also trains them how to move and work as a team, which normally has a team leader who gives commands.

Step 4: Restitution Home. You gradually reassure them of a structure that can blend between their life on the streets and the missing family life. This can be achieved through mentoring and counselling sessions. This is the premier step to their integration into society's normal life and functions. One child when asked to comment on their life in the home openly responded: *This is home away from home…. we are given food, shelter, education and protection although insufficient, it is better than being on the streets."*

Step 5: An adoption into the all-time family. Finally, the child from the streets makes a move to join the Centre with an assumption that it will turn their unfortunate life to a hopeful one.

4.4.2 Food and Nutrition Services

Good Samaritan Centre provides food to all the children in the home. Well balanced, three basic meals with a variation of the meals timing depending on the age and health conditions of these children. For instance, children below one year old and those with malnutrition and related conditions, milk is of constant supply for them. "…. *since most children brought into the home are malnourished"* one of the social worker reported, therefore nutrition supplements are always given to more than 200 children, one third of the total population.

As per the interviewed children there is adequate food provided in the home. But they further said that sometimes this food is not well cooked because normally the older male children in the home are involved in cooking for the rest in the home. This highlights the plight of these children first due to their tender age and lack of skills in offering such a service. However, when we interviewed one respondent, we noted that the availability of food in the past five years *'was more than 80%'*, but as the number of these children increased the demand for food also increased. The Director also reported that when rehabilitating street children much attention should be paid to the availability of plenty of food lest they will go back into the streets. Therefore, the dilemma between keeping children in the programme by providing quality and quantity food and the limited resources is their current struggle.

Figure 4.2: A picture showing children eating a meal at the GSCHRC

Source: GSCHRC Archives

Lack of food was reported as a lead factor contributing to the emergence of children in the streets, as one girl reported:

'……*I fled to the streets after we had slept for three days without food at home, my mother was admitted with our last born at the Kenyatta National Hospital and my father had not showed up at home for those three days……'* she further said when asked about the quality of food offered in the rehabilitation Centre……. "*In as much it is not very good at least I am not sleeping hungry like it was in the streets and in my home".*

The Centre receives food donations from various organizations, firms, local groups and other philanthropists. Kenya Electricity Generating Company Limited**, (**KenGen), National Youth Service (NYS), churches, universities and other well-wishers, are among the groups that are mainly involved in donating foods and other items to the GSCHRC.

4.4.3 Healthcare Programme

Healthcare is another provision in the Centre. Before any child is admitted at Good Samaritan Children's Home they often undergo a medical check up to determine their health status. Most of the respondents noted that majority of the children join this Centre when they are already under the influence of various drugs mainly bhang, glue, tobacco, alcohol and *chang'aa* (a local brew that is cheaper than alcohol). Others are brought in with major

respiratory tract infections like Tuberculosis, (TB), malaria and typhoid. These conditions majorly emanate from poor hygiene conditions that these children are in constant interaction with. Lack of clean, well cooked food, shelter and warm clothing account for much of the disease burden among the street children.

Good Samaritan Children's Centre has a dispensary where children with minor ailments are attended to. This dispensary is not well equipped, there is no medical physician who diagnoses the illness and medicine is issued on the basis of disease association from the children's cited symptoms. The home also partners with nearby health facilities where the children are diagnosed, admitted and treated at subsidized rates. It was also noted that the Medicins San Frontieres (MSF) organization workers normally visited the Centre to treat children. When asked about the health services of the home one boy said:

"My younger brother had a skin rush when we were admitted but when these doctors came around they gave him medicine to take and apply. Look, now he has no rush and he can play well with other children without them chasing him away"

Children with special needs who are brought to the Centre are normally accepted and referred to Victoria Joy Organization which has more than 100 children with special needs. Victoria Joy is located in Kasarani and was born from Good Samaritan Home's efforts. One respondent among the 14-17 years old confirmed that their two years old baby girl who became paralyzed after birth was taken by the Good Samaritan Director to the Catholic Sisters' Convent in Kariobangi which supports the less fortunate children specifically those with special conditions. Such complimentary linkages in NGOs improve service delivery**.**

4.4.4 Rehabilitees Education Programme

Education is a form of social freedom that helps to reduce social disparities. Likewise, increased social disparity gives rise to human rights violation (Sen, 1999). Education is a lifelong process where people are constantly acquiring knowledge at any age and place based on the arising needs and opportunities. Education programmes for street children need to be flexible; they must effectively meet these children's physical, social and psychological requirements. The Good Samaritan Centre offers education to all children who have attained school-going age. Most respondents interviewed indicated that their desire for education was a factor that motivated them to join GSCHRC.

Education offered to the rehabilitees in GSCHRC is of various forms. It comprises of: Non–Formal Education (NFE) or relatively unstructured, formal, vocational and survival education. However, all these forms offer meaningful education experiences to the rehabilitees. Street children education programmes attempt to offer solutions to their special needs. These needs include; food, clothing, love and belonging.

NFE is disseminating knowledge and values through the use of informal methods like storytelling, singing of folks and dancing. These activities are undertaken on Sundays after the church session and during the children's routine interactions. NFE promotes cohesion among these children through informal interactions. By sharing stories the rehabilitees get an avenue to exchange their life experiences and thoughts on their view of life. Finally NFE promotes unity in diversity. By singing folks and dancing children appreciate cultural diversity.

One respondent when asked how GSCHRC can be strengthened responded: "*There is need to source for more activities that embrace diversity. The Director can have a culture day in school where she can invite eminent people from various ethnic groups who will teach and demonstrate to the rehabilitees on the changes that have occurred across eras. Aside from that, storytelling, folk tales and by developing culturally sensitive materials through art and design can be motivating."*

Formal education refers to basic and professional training that is offered in formal institutions of learning. In Kenya formal education is universally offered in the nation and it adheres to the systems provided by the Ministry of Education. Formal education runs from elementary level, primary, the secondary school category and higher education. Unlike NFE, formal education is provided by trained personnel under a stipulated education programme. Basic formal education in Kenya is free but also compulsory for all children. Adequate provisions like, free stationeries and waived school fees, have been made by the government of Kenya to cater for children from poor families. However these formal schools should view their duty as not only to teach these children but more of undertaking a community function of instilling discipline at the same time making greater efforts to retain these children in the formal learning environment.

The introduction of free primary education (FPE) and subsidized secondary school education by the government of Kenya has also reduced the financial strain for these education programmes. The Centre has a library which is well equipped with books. The books were donated by other organizations, friends, churches and mosques.

The Centre offers education for the pre-school going children within its premises because they are not able to wake up early to move to the nearby education facilities. Children in lower and upper primary walk to nearby government and mission sponsored primary schools. All secondary school going children are normally taken to boarding schools across the country. It was evident that education is treasured in this Centre and the learners use it as a measure of equality with other children, in a normal family set up. This is aptly captured by the sentiments expressed by one of the children in the Focus group discussion:

"……. when I am taken to a boarding school and I am in uniform like any other child nobody can know that I was once in the street and because I am clever I am really liked by my principal than children from rich families who do not perform to the schools expectation."

'Hands on experience', is a form of vocational training also offered in this Centre and it includes activities like: masonry, carpentry and weaving. By nature street life is harsh. Street children are engaged in various adult-like undertakings for fetching money to meet their daily needs. Therefore, survival education's aim is to promote independency and resilience in these children. Vocational training also helps these children to develop into self-reliant, productive and responsible citizens. The Director also links children who have completed school and those who joined the Centre who are beyond school going age to other vocational training centres. The main courses offered in these Centres are: hair dressing and beauty therapy, dress making and tailoring, masonry, welding and metal work, electric and electronic engineering and mechanical training. Hand-work training is essential for these children upon completion of school and beyond.

One participant reported: "*Most youths who were involved in this vocational training on hand-work are now employed in various industries while others further carried on with these training to an advanced level, diploma and degree, for better credentials".*

For instance, in an interview with one of the alumni working in an information technology (IT) firm in Ngara, whom the other employees refer to as "engineer" traces his IT prowess to the vocational training he received in Good Samaritan. This IT firm has employed 4 youths from Good Samaritan Centre. The firm is interested in vulnerable youth and children. It provides these children with school fees for pursuing higher education.

The Director expressed the Centre's financial strain being the main challenge in the provision of quality education to the children. This pushed them to solicit for sponsors and donors to aid their education programme. The African Circle of Hope in Chicago (CISCO) and some local philanthropists volunteered to sponsor over 50 rehabilitees in secondary schools, universities and those volunteering as workers. Other commercial agencies like Equity Bank's *"Wings to Fly"* programme that targets the vulnerable children and Standard Chartered Bank are also sponsoring some school going children from this Centre.

The Good Samaritan Home is now proud of taking more than 10 rehabilitees who have successfully completed their university education, more than 30 and 20 in colleges and tertiary colleges respectively. Some organizations like the Digital Divide Data (DDD), whose mission is to recruit youth to participate in a work/study program which offers training and employment, has established linkages with the GSCHRC where it offers opportunities to the interested and highly competitive students from the centre to complete higher education and guaranteed employment in their organization.

In spite of the struggle to offer the children quality education the Director expressed her disappointment to some secondary school going children who run away from school due to indiscipline. For instance, she painfully recalls a young boy from a boarding school in Eastleigh, who reportedly attempted school arson and is now missing after being expelled. Another challenge reported by one social worker who had gone to visit one of their girls in school is the influence of peers in adopting 'higher living standards' that gradually delineates them from total commitment to school work.

4.4.5 Family Reunification

Under normal conditions every child should be born under a family set up that is with a father and a mother who both have a collective responsibility of this child's upbringing. Nowadays there is an increasing trend of single parent and child headed families. Good Samaritan social

workers have the mandate to reunite a street child with the family upon clear identification of their parents and home. This helps in improving the child's family ties. However, it was noted by most participants in the Centre when they were asked if they would wish to go home, majority reacted in the negative, citing their previous experience with relatives, neighbours or their own parents.

One child from the Luhyia community, who was born 'out of wedlock', argues that when he was taken to his mother's home the clan elders wanted him to be killed. He was considered a bad omen in that village. In effect, his mother's sister brought him to Nairobi where he was introduced to GSCHRC by her neighbour. This indicates the position of culture in contributing to more homeless and street children and the cruelty associated with it.

There are some successful cases that have been reunited with their families. One alumnus reported:

"If this reunification was not there I could not have known my father although he abandoned me when I was young and I needed him most, now that my mother had passed on during my delivery as my grandmother told me."

However, other children had mixed reactions towards reunification. They perceived it to be a good chance to meet with those they loved while they also indicated expressions of bound hatred to those who offended them. Another rehabilitee said:

"I was so happy to see my mother after a long period of separation and that my step sister who had made me run away from home, already married, was not at home anymore."

The current rehabilitees interviewed also noted that they are given time to go and greet their family members. However, for the children who are too young their parents were allowed to visit them within the Centre. Most children indicated a high level of connectedness to their family background especially to their nuclear family members. Although a great number of these children interviewed unfortunately did not want to be associated to their extended relatives due to their cruelty, harassment, physical and sexual assault towards them.

4.4.6 Sports and Recreation Programme

Good Samaritan Centre lacks enough space for children to play. There is no playground. They often use upon request a nearby ground for ball games, athletics and usual after-day activities. The children respondent argued that that they lacked playing facilities as most

visiting groups often came with their physical play facilities and left with them upon completion of the play activities. This insufficiency denies the children the ability to identify their talents and utilize them effectively.

As the old proverb says "work without play makes Jack a dull boy" children's rehabilitation Centre's need to capture sports and recreation as a major part of child growth and development. Playing helps children relieve their bent up emotions. It also utilizes their extra energy that can be diverted to committing social vices like fighting. Play also promotes social cohesiveness as these children learn to work together as a team when they are engaged in such co-curricular activities.

One alumnus reported: *"In the late 90s we were normally involved in competitive activities like dancing, cat- walking and singing where the winners were awarded presents like vases or money. I personally participated in one called 'Sarakasi Dancers' where I won a lot of money for the GSCHRC. However, this practice declined with time as the Director considered it an ungodly activity."*
In 2012 the children who were in this Centre were taken to an animal orphanage to learn and adventure. Since then, no such activity had ever been conducted. This could be attributed to the increase in the number of children in the Centre and the Centres weak financial status.

4.5 Constraints Facing GSCHRC in Street Children Rehabilitation

The second objective of the study was to identify constraints the GSCHRC face when rehabilitating street children. This section probes into the various challenges that GSCHRC faces in the rehabilitation programmes it offers. They include: registration barriers, the locale of the home, insufficient/poor facilities, financial limitations, poor management, recidivism, fragmented relationship between the government and the NGOS, government policies and restrictions and poor educational and background prior to joining GSCHRC.

4.5.1 Registration

Registration is the act of recording a name or information on an official list. In Kenya, the registration process is conducted by the Non-Governmental Organizations Co-ordination Board, a State Corporation that was established by the Non-Governmental Organizations Co-

ordination Act (Cap 19) of 1990[7]. The Board has the responsibility of regulating and enabling the registration of an NGO in Kenya.

This Centre is not registered with the government. The Director expressed her disappointment to the strict measures used by the government in the registration of a rehabilitation centre which she termed as ideal. It was also confirmed by one respondent from the government: "*The Centre was not registered and therefore should not be operational."*

Another participant also reported: *"The government officials have a brilliant idea to register all NGOs working with street children but these registered organization should display exemplarity in admitting many of these street children for rehabilitation. That is not the case. Besides, our Centre has from time to time been visited by the same government officials who commend us for helping in rehabilitating the street children….."*

The Centre confirmed on their willingness to comply with the set regulations but acknowledged that their financial limitations affected their full compliance. Some of the proposed conditions termed as 'ideal', set by the government prior to NGOs registration as reported by the Director include: limiting the number of children admitted to the home, having many workers in the home, having a bigger land size that will accommodate the admitted children.

The respondent further noted: *"These reasons act as barriers for registration of many NGOs as meeting those demands is too expensive and most organizations are grounded on non-profit making service delivery."*

There are general registration requirements that are set by the NGOs Coordination Board. Some of these include: finances for the reservation of the NGOs name, for obtaining original forms providing information on contact details of the proposed organization, details of the top three officials, the objectives of the organization, list of other Board Members and processing fee of Kenya Shillings 16,000 and 30,000 for national NGOs and for International NGOs respectively. Other requirements include: a proposed one year budget and a duly signed constitution of the proposed NGO by both the proposed three officials and the two Board Members, which GSCHRC lacked. Furthermore, when working with children there are specific regulations to be adhered to like limiting the number of children per cubicle, need for

[7]Source: Seehttp://www.ngobureau.or.ke/ , accessed on 18th August, 2016

a larger compound enough for children to play, an age limit of the children to be admitted, where a child is defined on the parameters of the Kenyan constitution, below 18 years and an authorization certificate to work with minors. All these regulations were barely adhered to by this Centre.

Some respondents believed that nepotism was widely evident when registering international organizations as opposed to national ones. However, the success in the registration of international NGOs can be linked firstly to the clarity and compliance to the requirements and regulations as stipulated by the NGOs registration board. Most international organizations, as reported by one officer, have a high level of compliance to the laws and regulations of the NGOs management Board. Secondly, it is due to their satisfactory annual budgets which can be used to predict sustainability of the programmes to be offered.

This study's findings show that some NGOs are not registered but they are involved in delivering rehabilitation services to street children. From a study conducted by Ndirangu, (2000), the findings illustrated that the children in the government rehabilitation centres are living in more deplorable conditions as opposed to those which are privately owned. This triggers the question of whether registration of an agency influences the rehabilitation services delivered to the street children.

4.5.2 Poor Management

Management structure refers to the hierarchy of power and responsibility sharing in an organization. For success of any formal or informal organization there needs to be a coherent management structure. In this regard, this study stresses on the assumption that any properly constituted and functional management structure including the Director and the subordinate staff with all factors constant ought to lead the society to efficiency.

It was evident from the alumni interviewed that poor management is evident in this home. They cited lack of a coherent management structure where responsibilities are assigned to specific persons. Secondly the Centre is entirely run by the Director, who controls all the finances, manual tasks and office duties while the other employees only implement the given directive. Finally, the employees of the home were faulted by the rehabilitees interviewed that they deny these children the basic facilities that have been donated.

One respondent said*: "Some workers illegally take new clothes and shoes that are donated by well-wishers from the store which they take to their children while they give us dilapidated clothes and shoes."*

Another participant said: "We *normally see people come in with good clothes and shoes but we are given the old torn clothes while the new ones are taken away....."*

We also noted that there were very few employees against the outstanding duties in the centre. These employees lacked professional experience of working with children except one volunteer student who had pursued a degree on sociology. The presence of unskilled employees was considered a hindrance to the rehabilitation process and perpetuating mismanagement of this Centre. Besides, other staff members reported that they were working there because they had no any other place where they could work to earn a living for they are not well educated. Conversely, others expressed of their satisfaction working in GSCHRC for they were passionate of working with vulnerable children. Many of these children were therefore assigned various duties within the Centre. Others took care of the Director's dairy business without any wage and sometimes the older children cooked for the younger ones.

The programmes and services offered in this Centre require high skill of professionalism like guidance and counselling, family reunification and healthcare provision. There are no departments and their heads who can report on the progress in the delivery of these particular programmes and services. This hampers accountability in case of any faults during programme implementation. The employees reported on the lack of clear guidelines pertaining to their responsibilities in that Centre.

One participant said: *"Our Centre is run like a nuclear family; we have no charter that stipulates our distinct roles. For instance, I can handle people in the office, and serve food during lunch hour and sometimes I go with the driver for shopping especially when the Director is absent."*

Some employees in the centre were informally picked. For instance, some respondents were picked from the employers church where they fellowshipped together. There were no interviews conducted during the selection process. This can be attributed to absence **of** a constitution that provides guidelines for employment.

4.5.3 The Locale of the Home

GSCHRC is located in Mathare, Kosovo slum area. It is a highly polluted and unsafe place of residence. Most of the residents here are struggling with life. Many children survive with hardly a meal a day, shanty shelters that are congested and poor drainage. Most parents are casual labourers. Their hard-earned wages are however insufficient in meeting their household demands. This normally makes mothers to abandon their children with the hope of them being taken up by a Good Samaritan for a better future. More than eight children in the Centre were reported to have been collected at the Good Samaritan entrance in the wee hours of the night or morning. An NGO with high proximity to a slum area is likely to have more walk-in street children unlike one that is located within the Nairobi central business district.

Most of the residents in Mathare are not well educated. Education influences the choices that people make. This area has a high population. There are increased cases of unwanted pregnancies, abortions and child mortality[8].

One participant reported: *"In this sub-county there are about 5-10 abandoned children daily. Parents get many children than their ability to provide for them. Our Centre cannot avoid taking in these children as others are often dropped at the gate."*

Mathare area being a slum predisposes children to street life. According to UNICEF (2012) these children are at high risk of exploitation and trafficking, as well as becoming victims of violence both sexual and physical. Even hosting these children in this Centre needs the employees to be more vigilant.

One of the respondents reported: *"It is necessary we employ a watchman to regulate the visitors, residents and the children moving in and out of the Centre.*"

Another participant also reported: *"....those mothers who dropped their children at the gate of the Centre when they were too young, after realizing their mistakes often make attempts of coming for them when they are of an average age of 6 years or when they get a source of income to raise a family."*

[8] In almost every surroundings, the objectives of family planning commonly highlighted include unwanted pregnancy prevention, extensive population growth reduction, and health improvement of women, children and population as a whole, (Radulovi, Šagrić ,Višnjić, Tasić and Marković, 2006).

The Director and the social workers however must guide and counsel both the child and the parent, a pre-visit is done to the home of the child to establish the pre-parediness of the parent to take care of the child before taking the child, the local authority like the area chief is notified and a fully signed consent of reunification is given upon completion of these mandatory requirements. This demonstrates the precaution taken by the Centre in ensuring children are well protected and within the designated confines of the local authority.

4.5.4 Insufficient /Poor Facilities

Good Samaritan has poor physical infrastructure. It has three boys' dormitories, four small rooms for girls including the founder, small serving hall, pre-school classrooms also used as a church for Sunday worship and a library. The Centre has a stone built, two floor building and some rooms are made of iron sheets like the store and the administration office. The third floor which was under construction at the time of conducting the study was sponsored by Kenya Electricity Generating Company Limited, (KenGen). The question that many would fail to answer is why there are poorly constructed structures and the fact that the Centre has been in existence for the past 26 years. The Director noted that financial limitation has highly contributed to the dilapidated facilities.

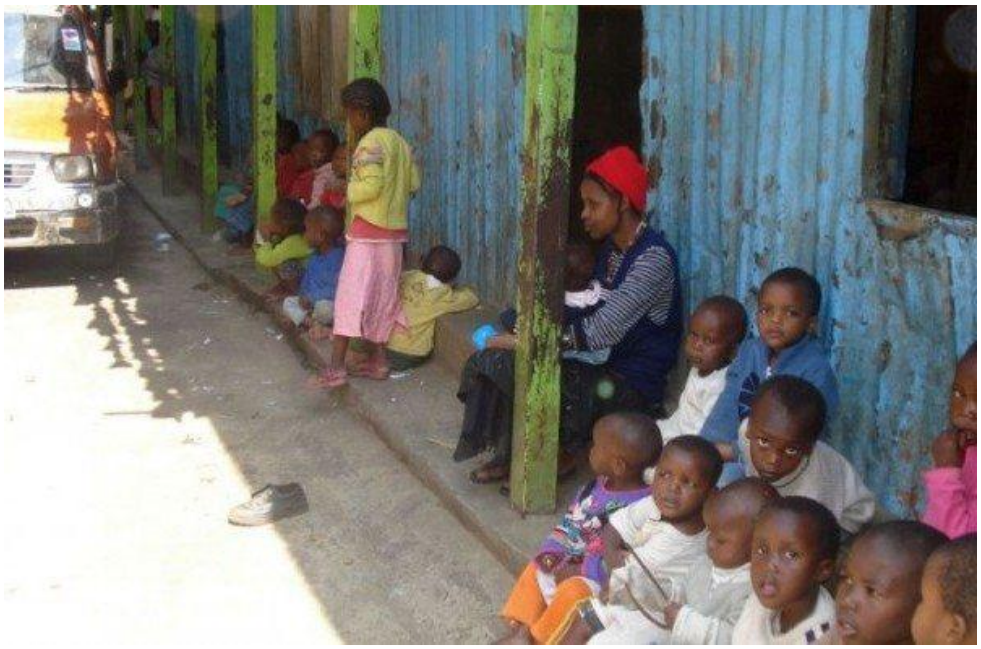
It was observed that electricity wiring has been done unprofessionally as it is in many structures in Mathare slum area. This is a risk factor in case of accidents like fire tragedies and the fact that the Centre hosts many children in a highly congested area. It was also witnessed that most of the children slept on the old mattresses, dilapidated blankets and merely had a bed sheet. Many of these children slept on the ground because the beds were believed to accommodate few children per a dormitory. These beddings are used by the children until another donation is obtained. Similarly clothes provided to the children are usually second-hand ones and they did not have to be of these children's right size and condition.

One participant said: "*This is the only thing that simulates us to the other street children who are not in a rehabilitation Centre. But we understand because we see how Mama Mercy constantly struggles to feed us, take us to school and get clothes which we lacked in the streets. Maybe we can ask many people to help her so that it can be easy for her."*

The library equally lacks enough books for revision and for further studies. The books are continuously reused thus they are worn out and require replacement which is entirely dependent on donations from well-wishers. The young children who school within the Centre mostly lack stationeries unlike the upper primary school goers who are freely given these books courtesy of the Free Primary Education.

The Centre lacks sufficient space for play, to develop children's play facilities and more dormitories to accommodate more children in response to the reported continuous increase of street children in Nairobi County.

Figure 4.3: A picture showing rehabilitees and one of the employees of GSCHRC seated Outside their office door which is made of dilapidated iron sheets



Source: GSCHRC Archives

4.5.5 Financial Limitation

Financial resources are paramount in the progress of any organization. The slow rate of growth of this rehabilitation Centre is attributed to financial deprivation. Most organizations in Kenya are donor-funded while others are reliant on individual well-wishers, who are quite unreliable. There is more financial sustainability in donor-funded organizations, however, the consequence of donor aid is the control exerted on the beneficiaries. Wara (2007) asserts that there are many organizations involved in child welfare in Kenya but their lack of resources

makes them vulnerable to control by donors and some exist merely to take advantage of donor funding.

There are very few employees against the heavy duties at the Centre and their greatest challenge is related to the low wages they earn. This hinders service delivery. An unmotivated employee translates to substandard service delivery.

Rehabilitating street children is very expensive especially when restoring those who had been abusing drugs and other substances in the streets. Other rehabilitation organizations tend to leave out the children addicted to drugs.

The Director reported: "*Many organizations have developed a selective scheme of admitting street children into their centres where violent drug addicted street children are left out. It is mainly due to the time spent and the expense incurred in rehabilitating these isolated cases from the effects of drug and substance abuse and sexual exploitation."*

Good Samaritan Centre does not have a yearly budget plan to control its expenditure. It depends on the support received from organizations and individuals which can be unreliable. The Centre lacks a financial controller or an accountant who can provide financial advice. Likewise there was little fiscal control on financial resources which could result to unsustainability of the programmes conducted by the Centre. Some alumni noted that, in their observation, the Good Samaritan Centre receives a lot of monetary donations internationally and nationally for providing the children with basic needs and for recreational development. However, they observed that the money was embezzled.

Insufficiency of funds has affected the provision of services in GSCHRC like in other organizations. In a study conducted by Nyamai and Waiganjo (2014) on adequacy of levels of funding on children homes, most respondents reported that the funds they receive were average, no respondents reported on receiving very adequate funds nor very inadequate funds. It was also evident as majority of the respondents emphasized on the need for more funding from international organizations and donors. It is mainly because they are believed to give averagely more and consistent donations than the national philanthropists. High levels of financial sufficiency are assumed to result to effective and efficient services.

Successful street child projects are mainly based on self-recruitment. The rehabilitee should show an increased desire and commitment to adhere to the difficult rehabilitation process. With sufficient funds but lack of commitment from the rehabilitees, the process of rehabilitation will still be fruitless. Financial adequacy, personal commitment and good management couples to success of any rehabilitation programme.

4.5.6 Recidivism

This refers to the falling back of these children into street life. Some children were reported to go back to the streets during the rehabilitation exercise. Many of whom still resolve to return to a life of petty crime, homeless life, hunger, physical and social abuse on the streets even after experiencing better life in this Centre. Their reason is mainly due to insufficient food and reduced freedom at the Centre. Other street children yearn for the drugs and substances they were abusing while in the streets.

This rehabilitation centre's respondent reported: *"A street child who was indulging in drug abuse and substance abuse was most likely to revert to the streets than their counterparts."*

The withdrawal symptoms experienced by the child victim were considered depressive. They intensified these children's desire to look for these used-to drugs which could be easily found and freely taken on the streets. Another boy reported:

".... I normally missed the streets before I got used to Good Samaritan, because life was difficult. Mama Mercy did not want us to go out of the compound without permission, I had missed my friends and how we used to share cigarettes."

Street children are used to a life full of freedom. When freedom is curtailed, a reason that had contributed to some children running away from their homes, the high chance is that this will lead to street recidivism. *"Availability of strict rules at the Centre coerced the boys more than the girls to revert to the streets",* as noted by a respondent. The Director also affirms that the girls are more compliant to rules and regulations of the institutions more than the boys.

The social workers had a task of constantly following up these children to bring them back to the Centre. This was to reduce the risk of them convincing many rehabilitees to drop from the Centre. Street children normally partner in doing anything: walking, begging and even committing crime. If one leaves the rehabilitation home, they in most times, normally leave with the partner they joined with. The Director and the social workers were therefore compelled to make the conditions in the home favourable for these children to have an amicable stay.

4.5.7 Fragmented Relationship between NGOs and the Government

The role of the government in solving the problem of street children entails: providing education to all children, protecting these children even when they have gone against the law, providing them with healthcare, reuniting them with their families, employing social workers to help out these children, registering and monitoring the programmes offered by the NGOs. Good Samaritan Centre has often been in disagreement with some government officials in spite of its good services to street children. Some government officials have severally threatened to close down the Centre while others exercised patience with Centre. This can be attributed to the registration barriers. Attempts to close down the home without any commitments to relocate these children signify the government's disconnectedness to this phenomenon.

The role of street children rehabilitation is more prevalent among the NGOs, even though the role of the government is also critical. Apart from the policies formulated to handle children welfare, there is none that is specifically directed towards addressing the plight of street children. Dallape (1987) notes that the government administration through its District Officers, chiefs, clan elders and other leaders can reach every single citizen well than the NGOs, although this has been refuted by many scholars. Lack of support from the children officers in the county and sub county level was evident in the responses collected.

Nevertheless, one respondent reported: *"…. the government accepts that it is limited in capacity unlike NGOs in rendering this service but it can support where possible for the success of these rehabilitation programmes.*

There is competition amongst the NGOs. It is in terms of who has more donors and sponsors, target group and location and the nature of the programmes delivered. During the interview one of the respondents argued that they are more into child care and support unlike their counterparts who have more sponsors but rehabilitate very few children. This probably explains why different organizations undertaking similar duties can barely have a joint strategy where they share resources: financial, facilities and employees.

One of the respondents indicated that this Centre barely met the minimum requirements of a fully operational NGO. This highlights the struggles between the government and the NGOs sector. She noted:

"…….We cannot allow such organizations to run programmes meant for vulnerable children…. there are many of them in Nairobi County. Efforts to shut them down are being made….."

4.5.8 Government Policies and Restrictions

Government policies are regulations that offer guidelines on how various activities in a given place are carried out. They form the basis for assessment of these activities. There are few social policies catering for street children. These policies are still largely expressed in terms of law rather than in terms of the needs of different children in the country (Nyamai and Waiganjo, 2014). It was reported that there is very minimal support from the Government in all processes pertaining to street children rehabilitation.

"The government supplies the available resources to Kenya-based international organizations which also have more donors but they rehabilitate very few children. Instead of supplying this Centre with land to accommodate many children, it rather threatens to shut it down," reported one of the respondents.

Among the policies relevant for street children that were reported include those concerning children's criminal responsibility, child labour and the provision of children social services like education and healthcare. In Kenya, it is a legal provision that any child aged 8 years and above can be held responsible for committing a crime. Most street children fall culprit to criminal offences while attempting to attain an economically stable future or due to misuse by those in authority. One boy reported that he was once remanded for more than three months

when he was caught transporting local brew to a certain bar in town. The government is required to protect the children who have been persecuted irrespective of their offences. Due to public antipathy towards street children, even the Kenyan government has developed an intolerant attitude towards street children phenomenon. It was evident that they consider these children as deviant children, those who have abandoned their homes to have fun in the street, as illustrated in a statement by one respondent:

"Do you remember when the government took them out of the streets by force where do you think majority went, definitely to their parents; it implies that they have homes and parents".

A number of children also indicated that the City County security officers *(Kanjo's)* were hostile and inhumane. They gave a number of episodes where their friends had been brutally hit, battered and molested by the *Kanjos*. One child openly reported:

"Our worst enemy in the street was the Kanjo. They snatched from us our hard earned money and also chased our mothers as they sold fruits on the streets."

Most of the respondents believed that the government has greatly contributed to the increase in street children and it also has a solution to this problem. They argued that it should be compelled to take up the responsibility in helping its children as they are the nation's future. The government registration process was faulted on corruption issues. For instance, one respondent noted that some organizations, that do not meet the minimum NGO registration requirements, are registered after bribing those in authority.

4.5.9 Poor Educational Background Prior to Joining GSCHRC

About 60% of the children reported that they were regularly attending school prior to joining the streets. Another group comprising of 20% had never been to school, about 15% had missed school for at least three years and 5% did not know anything concerning their school or never responded when they were asked. The 20% who had never been to school considered themselves grown up thus hesitant in going back to school. Those who willingly joined school irrespective of their age often reported to be discouraged from discrimination and insults hurled at them by their teachers. It was reported that due to these children's character and appearance many school administrators were usually hesitant in admitting them.

It was noted by the respondents that it was easier and cheaper to convince a former school child to join school than the rehabilitee who had never been to any school. Therefore it was easy to convince the 60% to join school for they readily accepted, followed by the 15%, those who were in and out of school as opposed to the 20% who had never been to school before. Upon joining school, those who were within the normal school entry age tended to adapt faster to the learning environment and were academically excelling compared to those who were beyond the basic school going age but who were persuaded to join school by the social workers.

One respondent indicated: *"It is a little bit expensive training a rehabilitee who had a very poor educational background. These learners took longer time than it was stipulated in the vocational Centre's programme to grasp content probably because they are illiterate. This translated to payment of more school fees."*

4.6 Strategies to Overcome GSCHRC Challenges

In order to improve its efficiency and effectiveness in street children rehabilitation, Good Samaritan Centre has employed various strategies to overcome the underlying draw backs. This section describes the approaches used by Good Samaritan Centre to solve the constraints it faces.

4.6.1 Sponsorship Programme

Good Samaritan Centre is constantly soliciting for more sponsors mostly in Kenya to fund their children's education and training fees. The Centre is operating on two assumptions, that most Kenyans are willing to help vulnerable children without donor-control terms attached on their donations. Donor-control terms include: reducing the number of children admitted at the Centre, selling the ownership rights of the organization and controlling the Centre's administrative structure. Secondly, based on their experience, most international sponsors have strict conditions prior to supporting an organization thus the Centre has a great focus in local sponsorship. This flexibility gives a chance to this rehabilitation Centre to reach out to many children.

This NGO prefers in-kind donations as opposed to financial donations. Good Samaritan Centre with aid from KENGEN is currently constructing more structures to improve the rehabilitee's accommodation. The structures comprise of more dormitories for both girls and boys to ease congestion, a decent dining hall and a library for the children. The Centre is

planning to purchase a larger piece of land with the help of a sponsor that is spacious with a playground for the children to use for recreational activities.

This sponsorship programme also involves the alumni of GSCHRC. A tracking and traceability system that was developed by one of their alumni helps in tracing the alumni's current position and professional background. Through the help of its alumni, the Centre is able to get more sponsors nationally and some international ones as well. They are currently developing a website to market the Centre. Other alumni constantly write grant proposals on behalf of this Centre to get more funds. In response to the rising number of street children in Mathare area, Good Samaritan Centre is compelled to enrol more children. The sponsorship programme is aimed at increasing the number of rehabilitees enrolled in various education and training institutions.

4.6.2 Partnerships and Networks

Rehabilitating street children entails creating a multi-component network instead of unimodal approaches to these children's problems. Various actors are engaged in rehabilitating street children. Good Samaritan Centre has created good rapport with other actors delivering similar service, to share knowledge and experiences. For instance, they refer children that require specialized care to Victoria Joy Organization (VJO) for disabled Children. A total number of 6 children had been transferred to this Centre, as reported by the Director. GSCHRC in collaboration with VJO for disabled children is also involved in the purchase of special aid equipment for the children with physical, hearing and sight disabilities.

There is an annual training on street children awareness that is sponsored by many international organizations which GSCHRC has subscribed attendance. Such trainings offer opportunities for learning from others experience and expertise. Another example is the celebration of the "The Street Children's Day", which was launched by JugendEine Welt on 31 January 2009[9] to highlight the situation of street children. The rehabilitees are given special meals on this day; they share out their experiences prior to and after joining the street life with other children from different organizations. Parents, relatives and guardians are also allowed to visit their children on this day.

[9] Source: https://en.wikipedia.org/wiki/Street_children#Responses_by_governments , accessed on 10th October, 2016.

Shifting focus from an individual street child to the broader family and community is one of the macro strategies in Good Samaritan. The Centre has developed community development projects that are geared towards improving the street children and their social networks like the broader family and the community of their origin. Flagship projects for community welfare have been put in their work plan. These are quarterly training of parents, teachers and guardians on child welfare and protection in Mathare slum area and its environs. The aim is to enlighten people on child rights, the effects of neglecting children and the penalties of infringing these rights. Family planning seminars emphasize on the need to use contraceptives in controlling and spacing child births and the consequences of getting many children relative to the available resources in a family. Finally, conducting business training, aimed at earning money for household expenditure as a strategy of reducing poverty, which has contributed to too many children joining the streets. This will promote community development and curb the indicators of poverty like poor education, health and nutrition services, social problems that the government has been fighting for years now.

Good Samaritan has transformed the life of its environs in Mathare. There are many businesses that were started when this Centre was set up. Saloons and *'Vinyozi'* have been constructed, where these children are plaited and shaved respectively. A form of barter trade also exists where Mathare residents bring something or offer a service in this home in exchange for milk from the Good Samaritan founder's dairy business. However the Centre has contributed little to improve on drainage and sanitation in its environs. Right outside the GSCHRC entrance, there is drainage and a dumpsite directly opposite the gate.

The NGOs have managed to rehabilitate more street children than the government in spite of the challenges they face (Onwong'a, 2013). Many organizations like Undugu and other NGOs working with street children have been able to equip these children with skills which help them to be economically independent and self-reliant as they are integrated into the society.

The government's involvement in street children rehabilitation is paramount. Most respondents reported on the need to release funds to NGOs to help them hire more social workers to work during the day and at night, to convince many children to join these rehabilitation homes.

The government of Kenya has its own rehabilitation centres, one in Kayole that currently houses 95 children, Bahati with 103 kids, Shauri Moyo with 28 and Joseph Kang'ethe which accommodates 43 and the one under-construction in Ruai Children Rehabilitation Centre which is assumed to accommodate thousands of children.[10] These government rehabilitation centres can merely accommodate a quarter of the street children in Nairobi County which has about 60,000 street children (Sorre, 2009). This necessitates the need for joint action with NGOs like Good Samaritan.

4.6.3 Embracing the Legal Provisions in the Rehabilitation of Street Children

It was evident that the government and the GSCHRC employees interviewed were familiar with some legal provisions for protecting and safeguarding street children. However, they did not have an in-depth understanding on how these available instruments are used. The legal instruments reported that are used to safeguard street children include: Children's Act No. 8 of 2001. An Act of Parliament that provides for parental responsibility, care and protection of children. It also makes a provision for the administration of children's institutions like the NGOs working with street children. Others mentioned were the Borstal Institution Act and most recent, the Kenyan Constitution. However it was established that most respondents barely used these legal provisions. Probably this challenge can be associated to a limited understanding on provisions of these legal instruments

The Good Samaritan Centre employees outlined several challenges that were encountered while safeguarding and protecting the street children. They include: limited knowledge on the existence and implementation of these legal instruments by many care givers, parents, local administrators and the children themselves. The Centre's has plans to employ a legal advisor to enlighten them on how to exercise authority upon those parents and guardians who abandon or neglect their children or deliberately fail to protect them from harsh and high-risk behaviours.

The legal instruments have been alleged to be operational among the rich people unlike the poor Kenyan citizens. For instance very few single mothers have successfully managed to seek for compensation for their children's upkeep from the court. It is probably because they understand some of these legal provisions as they relate to the rights of children. Therefore Good Samaritan conducts campaigns and rallies on street children awareness to both the

[10] In a statement by the Nairobi County Executive for Education, Youth and Social Services Anne Lokidor in the KBC channel news entitled City Hall races to complete street children rehabilitation center

children and their caregivers on their legal responsibilities as citizens. Some of the legal provisions have been in existence for decades since they were formulated without any alterations to meet the dynamic demands of the nation. This awareness strategy is also meant to highlight the failure of the state to revise these legal provisions to meet the children's current affairs.

The failure of the government is partly due to presence of unfavourable street children policies and programmes, but more often is the absence of and inadequate programmes. Street children being minors their programmes are often treated with low-priority in national budgets. This Centre campaigns and rallies emphasize on the prioritization of street children programmes during budgetary allocation because they are the nation's future asset.

The Centre respondents also reported that the government officials contributed to some of the challenges they experienced. This Centre has expressed the need to transfer the children officers from one sub-county to another before they develop cartel links. It has also appealed to the government to demote those caught in irregularity acts as they may influence others in the government institution. The government through the help of the local administrators and children officers need to identify possible measures to mitigate such offences and the culprits punished.

4.6.4 Volunteerism and Internship

GSCHRC gives opportunities to any volunteers willing to help them improve their management structure. GSCHRC lacks crucial departments and key decision makers which comprises of the board of governors. Therefore volunteers can spear head setting up of different departments and establishing a board of governors to aid decision making process in this institution. Volunteerism as opposed to employing more workers reduces the cost of running the home that is currently financially strained. It also receives students on internship to learn from their hands-on experiences. These students can also demonstrate their acquired skills in this Centre. These skills are related to childcare and protection, childhood education and how to develop a finance tracking system. By participating in volunteerism the students are creating an impact in the society. The Centre has partnered with CISCO, an organization that is responsible for recruiting and paying these volunteers a stipend.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section presents a summary of the research findings, conclusions and the recommendations. The study used a case study of the Good Samaritan Children's Home and Rehabilitation Centre to investigate the NGOs intervention in the rehabilitation of street children in Nairobi County. The study had three objectives: to evaluate the initiatives undertaken by the GSCHRC in the rehabilitation of street children in Nairobi County; identify constraints the GSCHRC face when rehabilitating street children and finally, to establish the strategies used by the GSCHRC in addressing the problem of street children in Nairobi County. Good Samaritan Children's Home and Rehabilitation Centre was my case study.

5.2 Summary of the Findings

This section presents a summary of the study findings. For the first objective the study was to evaluate the initiatives undertaken by the GSCHRC in the rehabilitation of street children. Findings show that rehabilitation of street children entails a process of undertaking various initiatives. The main rehabilitation programmes and services offered by GSCHRC are: Instigating the process of making initial contacts with the street children in their dwelling places, running a health programme, offering a comprehensive education programme for the rehabilitees, food and nutrition programme, sports and recreation and hastening the process of family re-unification. The process of making initial contact is the determinant stage when rehabilitating the children. From the findings, those involved in the rehabilitation exercise must seek to establish an effective long enduring liaison with the street children, be reliable and responsive to their needs. This builds trust between these children and the intended service providers. It was evident from the study that GSCHRC's top priority is in the provision of basic social services to all children at the Centres indiscriminately.

Education, both formal and non-formal was reported to be an effective strategy for rehabilitating street children. Education was considered a luxurious venture for these children upon joining the streets. Public schools were not convenient regardless of the FPE programme, as one was required to have a uniform, writing materials and some fees for exams and sports, which were unaffordable to these children and their family. Thus,

introducing an incentive to schools especially food, offering school uniforms and reduced tuition fee would result into high enrolment in schools and motivate learners to acquire basic education irrespective of their socio-economic status and health conditions. For instance, one interviewee expressed interest in severally attempting to go back to school especially during the day of the issuance of *'Nyayo milk'.*[11] GSCHRC has successfully rehabilitated many alumni who have been enrolled in institutions of higher education and others have been absorbed by various employers within the country and abroad.

The second objective was to identify constraints the GSCHRC face when rehabilitating street children.The findings reveal that amid the effort of the NGOs in running rehabilitation programmes, they are faced with some challenges that impede effective service delivery. GSCHRC main challenges include: financial limitation due to inconsistency of donations and few unreliable sponsors locally and internationally. This limitation impedes the organization's ability to acquire adequate food, clothing and structures that would accommodate the rising number of street children admitted. It was also evident that poor management structure within the organization was due to lack of competent professionals in the respective sections in the institution and unclear charter of operation. Consequentially the employees lack a guideline with stipulated responsibilities of operation and accountability. Other challenges bedevilling the centre include: the locale of the home in a highly populated slum area which predisposes it to the danger of admitting more rehabilitees than their capacity to adequately meet their basic needs; and poor living conditions from the surrounding which are likely to destruct rehabilitees. Insufficient/poor facilities, recidivism and poor education background of the rehabilitees were also notable challenges deterring the Centre from realizing its vision.

There are also some challenges affecting the Centre that emanate from the government. The GSCHRC has little control over issues such as registration barriers that have delayed this Centre from complying with the NGOs registration board to be a fully-fledged operational centre. For instance the GSCHRC Director reported the existence of too many uncoordinated government policies and restrictions which deterred the centre from running, designing and implementing independent programmes. These government restrictions include determining the number of children admitted in any organization, reducing the age of the children

[11]Nyayo milk refers to President Moi'sprogramme, which was meant to improve health of pupils and encourage school attendance and inspire primary school children to learn and participate in co-curricular activities like running, boxing, netball among other.

admitted depending on the nature of service the organization gives as well as controlling the nature and quality of the buildings where these children are accommodated. Whereas these factors are fundamental in ensuring safety of the children and quality of services they receive the Centre noted that they can be a hindrance to rescuing many children who the government has seldom reached out to. Finally, there is the challenge of fragmented relationship between the government and the NGOs. Existence of a disjointed link between government and the NGOs hinders sustainability of rehabilitation services.

Corruption was reported as a factor curtailing the registration of NGOs. Consequentially, the government is urged to assess credibility of the employees involved in the registration exercise. In this regard the government will prevent them from legalizing organizations whose mandate is not rehabilitating but recruiting street children for arson and terrorist attacks. Rapid response is essential especially, lately when insecurity has become a threat to the development of the nation where young children and youthful citizens are the major players. Similarly, since most of the street children have acquired adoptive skills of arrogance, defiance and delinquency from their daily struggles and experiences in life, they are more vulnerable to joining group gangs and committing crimes especially if they are extrinsically motivated by money and other fringe benefits.

The final objective was to establish the strategies used by the GSCHRC in addressing the problem of street children. The study documented strategies used to address the challenges faced by the Centre prior to, during and after implementing the various rehabilitation programmes and services outlined. Among them is that of embracing the legal provisions in the rehabilitation of street children, which offers guidelines under which these services are provided and implemented. The second strategy is through volunteerism and internship programme, which helps in cost-cutting, exchange of skills and filling in the gap of fewer employees in respect to the kind of services delivered at the Centre. Another strategy was creating partnerships and networks with other agencies working with street children. It is essential to run collaborative efforts when developing and implementing street children rehabilitation programmes. The utilization of sponsorship programmes was also established as another key strategy in rehabilitating street children. This is a response strategy to the challenge of limited financial resources. Through sponsorship the Centre can solicit for financial resources to cater for daily needs at the Centre.

5.3 Conclusion

It is evident from the findings that rehabilitation is one of the interventions NGOs use to integrate street children into the society. Rehabilitation is a form of empowerment that can be offered to the ex-street children. Empowering these children can be through improving their access to social services like education and healthcare. Other services are through economic empowerment which entails training them on life skills. The Kenyan constitution recognizes the rights of all children irrespective of their ethnic affiliation, gender and family context. Thus, each child is entitled to their rights and freedoms and the state is required to protect them against all odds.

Since the inception of this Centre, there are few infrastructural changes that have occurred probably due to the bulge in the number of street children admitted annually as opposed to the available resources. However, the Centre offers these rehabilitees a place to operate from that they can call home. Food, shelter, clothing and psycho-social support are provided to all the ex-street children indiscriminately. For effective rehabilitation of street children, multiple initiatives should be run concurrently as they are complementary.

In order to have a successful rehabilitation programme for street children in any given organization, it is imperative to have knowledge about the background, characteristics, the scope of the problem of street children and the needs of the street children. This will inform the nature and duration of the rehabilitation strategies to use. Research is the best practice in probing into the plight of street children prior to starting a rehabilitation programme**.**

5.4 Recommendations

This section highlights various recommendations as derived from the findings of the study. It provides necessary insights for the Good Samaritan Centre and other duty bearers offering street children rehabilitation programmes. The study recommends that:

1. There is need for collaboration between the NGOs and the government, between the NGOs, the community and other stakeholders for the success of these rehabilitation programmes.

2. Through a participatory approach, public and private agencies can develop a street children rehabilitation policy document and present it to the state for adoption. This document will offer a guideline on the programmes and services of rehabilitation, the stages of rehabilitating a street child the possible outcome of rehabilitation and develop

an ex-street children rehabilitated platform to help them trace their wellbeing and their current contribution to the society if any.

3. Sensitization of the populace to eradicate causal factors of child streetism with an aim of averting the relapse of this phenomenon especially to those who are vulnerable of being street children is paramount. Various initiatives geared towards strengthening the family institution should be heightened by the local administrators; the chiefs and clan elders, religious leaders and other private agencies.

4. Research is recommended on the role of government institutions in the rehabilitation of street children to establish the effectiveness of this intervention in addressing child streetism.

5. The GSCHRC should not only focus on rehabilitating street children but also on these children's entire close associates like the family of origin and the community. The centre can sensitize people on child rights and the effectiveness of safeguarding these entitlements. There are ripple effects in improving the livelihoods of the child, the family and the entire community. This can be done through public campaigns and conducting trainings to sensitize people on child rights protection and welfare.

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APPENDICES

APPENDIX 1: Key Informant Interview Guide for GSCHRC Employees

My name is Debora Monchari Nyambane. I am an MA student at the Institute for Development Studies, University of Nairobi. I am in the process of generating data for my MA project paper entitled: ***NGOs interventions in the rehabilitation of street children in Nairobi City County: a case of the Good Samaritan children's Home and Rehabilitation Centre.*** You have been purposively chosen to participate in the study because of your knowledge and experience on the problem of street children. The findings of this study are solely for academic purposes but the information gathered will help in informing policy for both the government and NGO sectors on the issue of rehabilitation of street children. The information gathered will be treated with confidentiality.

NOTE: This interview is designed to know your views about the NGO intervention for street children in your institution. The KII will take not more than 45 minutes. May I tape the discussion to facilitate its recollection? (If yes, switch on the recorder).

Informant's Bio-Data

1. Title/ designation in the institution.

2. Age…….

3. Gender (please tick as necessary) □ Male □ Female

4. Level of education? Primary ( ) Secondary ( ) Tertiary ( ) University others ( )

5. What is your professional background?

□ Teacher

□ Counsellor

□ Social Worker

□ Support Staff

□ other: (please describe) _____

6. What are your responsibilities in Good Samaritan Hope Children's Home? Explain how they support the organization?

_____

_____

_____

7. How many years have you worked with street children institution(s)……...

8. How many years have you worked in this current job? .....

Main Questions

9. What factors do you think contribute to the street children phenomenon in Nairobi City County?

10.What are the activities undertaken by the Good Samaritan Children's Home and Rehabilitation Centre in the rehabilitation of street children in Nairobi City County?

Probe for:

- *Activities taken by Good Samaritan Children Home? Probe for the programmes / what is contained in the rehabilitation programme at the centre?*
- *Effectiveness of those activities in the rehabilitation of the street children?*
- *Other activities* undertaken by NGOs in *the rehabilitation of street children in Nairobi County?*

11. What are the constraints that face the Good Samaritan Children Centre in the rehabilitation of street children?

Probe for:

- *Challenges Good Samaritan Children Home in the rehabilitation of the street children*

10. How does the NGO address those challenges?

11. Name at least three **best practices** from Good Samaritan Children Home that other organizations can learn from.

12. Name other **good practices** in regards to street children rehabilitation you know of that Good Samaritan Children Home can borrow?

13. In what ways should the government support your work?

Thank you!!!

APPENDIX 2:

Key Informant Interview Guide for Government Officers

My name is Debora Monchari Nyambane. I am an MA student at the Institute for Development Studies, University of Nairobi. I am in the process of generating data for my MA project paper entitled: ***NGOs interventions in the rehabilitation of street children in Nairobi City County: a case of the Good Samaritan children's Home and Rehabilitation Centre.*** You have been purposively chosen to participate in the study because of your knowledge and experience on the problem of street children. The findings of this study are solely for academic purposes but the information gathered will help in informing policy for both the government and NGO sectors on the issue of rehabilitation of street children. The information gathered will be treated with confidentiality.

NOTE: This interview is designed to know your views about the NGO intervention for street children in your institution. The KII will take not more than 45 minutes. May I tape the discussion to facilitate its recollection? (If yes, switch on the recorder).

Informant's Bio-Data

1. Title/ designation in the institution.

2. Age…….

3. Gender (please tick as necessary) □ Male □ Female

4. Level of education? Primary ( ) Secondary ( ) Tertiary ( ) University others ( )

5. What is your professional background?

□ Teacher

□ Counselor

□ Social Worker

□ Support Staff

□ other: (please describe) _____

6. What are your responsibilities in supporting the street children?

_____

_____

_____

_____

7. How many years have you worked with street children institution(s)……...

8. How many years have you worked in this current job? .....

Main Questions

9. What factors do you think contribute to the street children phenomenon in Nairobi County?
10. What is the role of the government (national/county) in solving the problem of street children?
11. Which challenges do you experience in safeguarding and protecting the street children?
12. Are there legal provisions that are used for protecting and safeguarding street children? If yes, what legal instruments do you use in safeguarding street children?
13. Name NGOs both registered and non-registered you know that are currently involved in addressing the problem of street children in Nairobi county?
14. Is the government involved directly in offering rehabilitation services? Yes or No, explain)?
15. In your own view how effective are the NGOs activities in the rehabilitation of street children?
16. Is there collaboration between Government and non-government agencies in dealing with street children?
17. What can be done by the government to better the lives of street children in Nairobi County?

Thank you!!!

APPENDIX 3

Key Informant Interview Guide for GSCHRC Alumni

My name is Debora Monchari Nyambane. I am an MA student at the Institute for Development Studies, University of Nairobi. I am in the process of generating data for my MA project paper entitled: ***NGOs interventions in the rehabilitation of street children in Nairobi County: a case of the Good Samaritan children's Home and Rehabilitation Centre.*** You have been purposively chosen to participate in the study because of your knowledge and experience on the problem of street children. The findings of this study are solely for academic purposes but the information gathered will help in informing policy for both the government and NGO sectors on the issue of rehabilitation of street children. The information gathered will be treated with confidentiality.

NOTE: This interview is designed to know your views about the NGO intervention for street children in your institution. The KII will take not more than 45 minutes. May I tape the discussion to facilitate its recollection? (If yes, switch on the recorder).

Main Questions

1. How old are you? …….
2. Now tell me about your family background?
3. Who or what prompted you to come to the streets?
4. For how long did you stay in the streets?
5. Explain the negative and positive effects of being in the streets of Nairobi County?
6. Were there any rescue efforts from the streets? If so who were the main rescuers? Specify
7. How did you know about the GSCHRC?
8. When did you join the GSCHRC?
9. How was life in the home? Any life skills learnt at the Centre that has proved useful to this date? Were their challenges that you experienced while there?
10. What are you doing currently
11. Kindly suggest possible ways on how the GSCHRC can be strengthened in its service delivery?

Thank you!!!

APPENDIX 4:

Focus Group Discussion Guide for 10 Street Children (Per the Selected Age Brackets)

My name is Debora Monchari Nyambane. I am an MA student at the Institute for Development Studies, University of Nairobi. I am in the process of generating data for my MA project paper entitled: ***NGOs interventions in the rehabilitation of street children in Nairobi City County: a case of the Good Samaritan children's Home and Rehabilitation Centre.*** You have been purposively chosen to participate in the study because of your knowledge and experience on the problem of street children. The findings of this study are solely for academic purposes but the information gathered will help in informing policy for both the government and NGO sectors on the issue of rehabilitation of street children. The information gathered will be treated with confidentiality.

NOTE: This discussion is designed to know your views about the NGO intervention for street children in your institution. It will take not more than 45 minutes. May I tape the discussion to facilitate its recollection? (If yes, switch on the recorder).

Main Questions

1. Introduction and the children's bio data
2. In your own view, what makes children to go to the streets?
3. Give 3 reasons which prompted you to come to the streets of Nairobi City County?
4. What challenges did you face in the streets of Nairobi City County?
5. While you were in the streets, what services did you receive from:
    (a)The Government (probe for municipality, national government)
    (b) Others e.g. NGOs, private citizens etc…
6. Let's talk about your stay at GSCHRC:
    a. What kind of services do you receive at the centre?
    b. How long does the rehabilitation programme run?
    c. How do you find the rehabilitation services offered in GSCHRC? Can you recommend more children to enrol in this rehabilitation centre?

d. What are your future prospects after completion of this rehabilitation programme?

e. What do you think can be done to improve the life in the streets of Nairobi City County for those children who are not in GSCHRC and any other rehabilitation programme?

f. Are there things that you miss from the streets?

7. In your opinion, what do you think the government should do to address child streetism?

Thank you!!!

APPENDIX 5:

Data Needs and Analysis Table

Research Question	**Data Needs**	**Type of Data**	**Data Sources**	**Instrument**	**Data Analysis Method**
What are the initiatives undertaken by the Good Samaritan Children's Home and rehabilitation centre organizations in the rehabilitation of street children in Nairobi County?	History of Good Samaritan Children Centre Identification of the available initiatives and the collaboration in implementing these initiatives Effectiveness of these initiatives	Qualitative	Street children Key informants (NGOs officials) Government records GSCHRC reports/ publications	Key Informant Interview Guide Focus Group Discussions (FGDs) Observation	Thematic analysis
What are the obstacles that face the Good Samaritan Children	Challenges that face the Good Samaritan Children's centre	Qualitative	Key informants (NGOs officials) Respondents (street	Focus Group Discussions (FGDs) Key Informant	Thematic analysis

Centre in the rehabilitation of street children?	Public perception on streetism		children) GSCHRC records	Interview Guide	
What strategies can be put in place to overcome the challenges experienced by the Good Samaritan Children's centre in addressing the problem of street children in Nairobi County?	Alternative strategies in dealing with the identified challenges	Qualitative	Key informants (NGOs officials) Secondary data Government reports		Thematic analysis