

**INSTITUTIONAL FACTORS INFLUENCING INSTITUTIONALIZED STREET
CHILDREN'S PARTICIPATION IN PRIMARY SCHOOL EDUCATION IN
SOUTHERN ZONE KISUMU EAST SUB-COUNTY, KENYA**

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DECLARATION

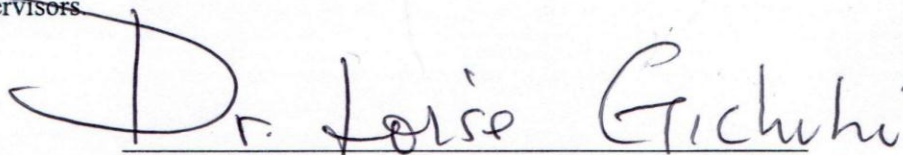
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Jenipher Adhiambo Onyango

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This research project has been submitted for examination with our approval as university supervisors

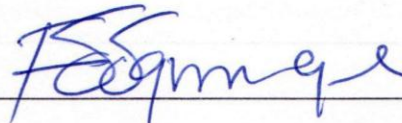


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DEDICATION

This project is in memory of my late parents, Gamaliel Onyango and Miriam Onyango, my brother Wilson Otieno Onyango and Kamaha.

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TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF ACRONYMS AND ABBREVIATIONS	x
ABSTRACT.....	xii
CHAPTER ONE : INTRODUCTION.....	1
1.1 Background of the study	1
1.2 Statement of the Problem.....	6
1.3 Purpose of the study.....	7
1.4 Objectives of the study.....	7
1.5 Research questions.....	8
1.6 Significance of the study.....	8
1.7 Limitations of the study	9
1.8 Delimitations of the study.....	9
1.9 Assumption of the study	9
1.10 Definition of significant terms	10
1.11 Organization of the study.....	11
CHAPTER TWO : LITERATURE REVIEW.....	12
2.1 Introduction.....	12
2.2 Origin and development of rehabilitation.....	12
2.3 History and development of rehabilitation in Kenya.....	14
2.4 Feeding programmes and learner participation.....	15
2.5 Guidance and Counseling and learner participation	17
2.6 Teacher-pupil ratio and children participation.....	22
2.7 Summary of the literature review and knowledge gaps.....	23
2.8 Theoretical framework.....	24

CHAPTER THREE : RESEARCH METHODOLOGY	26
3.1 Introduction.....	26
3.2 Study design.....	26
3.3 Target population	26
3.4 Sample size and sampling techniques.....	27
3.5 Research instruments	27
3.6 Instrument validity	28
3.7 Instrument reliability.....	29
3.8 Data collection procedures.....	29
3.9 Data analysis techniques	30
3.10 Ethical issues.....	30
CHAPTER FOUR : DATA ANALYSIS, INTERPRETATION, PRESENTATION AND DISCUSSIONS	32
4.1 Introduction.....	32
4.2 Demographic Information.....	33
4.2.1 Gender of the centre managers	33
4.2.2 Ages of the centre managers and instructors	34
4.2.3 Professional qualification of centre managers and instructors	35
4.2.4 Employers of managers and instructors	37
4.2.5 Work experience of centre managers and instructors	38
4.2.6 Centre managers' areas of SNE training.....	39
4.2.7 Instructors' areas of SNE training.....	40
4.3 Demographic information on children.....	41
4.3.1 Ages of the institutionalized street children.....	41
4.4 Feeding programmes in the sampled rehabilitation centres.....	43
4.5 Influence of guidance and counseling.....	47
4.6 Influence of physical facilities in rehabilitation centres	50
4.7 The influence of teacher-pupil ratio on participation rates	52
4.8 Findings of the study.....	53

CHAPTER FIVE : SUMMARY, CONCLUSION AND RECOMMENDATION	56
5.1 Introduction.....	56
5.2 Summary of the study	56
5.3 Major findings of the study.....	58
5.4 Conclusion	59
5.5 Recommendations.....	60
5.6 Recommended further research	60
REFERENCES.....	61
APPENDICES	64
APPENDIX I: AUTHORIZATION LETTER.....	64
APPENDIX II: QUESTIONNAIRE FOR HEAD TEACHERS	65
APPENDIX III:QUESTIONNAIRE FOR INSTRUCTORS	68
APPENDIX IV:QUESTIONNAIRE FOR CHILDREN	71
APPENDIX V: INTERVIEW GUIDE FOR CENTER MANAGERS	74
APPENDIX VI: FOCUS DISCUSSION GROUP WITH INSTRUCTORS.....	75
APPENDIX VII: FOCUS DISCUSSION GROUP WITH CHILDREN	76
APPENDIX VIII:OBSERVATION SCHEDULE.....	77
APPENDIX IX: MAP OF REHABILITATION CENTERS IN SOUTHERN ZONE, KISUMU EAST SUB-COUNTY	78
APPENDIX X: PERMIT	79
APPENDIX XI: RESEARCH AUTHORIZATION.....	80

LIST OF TABLES

Table 3.1: Sample matrix	28
Table 4.1: Questionnaire return rate	32
Table 4.2 : Gender of the centre managers	33
Table 4.3 : Gender of instructors	34
Table 4.4 : Ages of the centre managers.....	34
Table 4.5 : Ages of the instructors	35
Table 4.6 : Centre managers highest professional qualification	36
Table 4.7 : Instructors' highest professional qualification.....	36
Table 4. 8 : Employers of centre managers.....	37
Table 4.9 : Employers of instructors.....	38
Table 4.10: Centre managers' work experience	38
Table 4.11: Instructors work experience.....	39
Table 4.12: Managers' SNE training level	39
Table 4.13: Instructors' response on their SNE area of training.....	40
Table 4.14: Gender of children	41
Table 4.15: Response of children on their ages	41
Table 4.16: Enrolment in rehabilitation centres in Southern Zone, Kisumu East Sub-county, Kenya since 2017	42
Table 4.17: Dropout rate in rehabilitation centres in Southern Zone, Kisumu East County since 2017	42
Table 4.18 : Centre managers' response on availability of feeding programme	43
Table 4.19: Availability of physical resources	50

LIST OF FIGURES

Figure 2.1: The relationship between feeding programme, guidance and counseling, physical facilities and teacher-pupil ratio and children participation in rehabilitation centres	25
Figure 4.1: Centre managers' response on source of food.....	44
Figure 4.2 : Centre managers' response on feeding programme	44
Figure 4.3: Children's response on feeding programme.....	46
Figure 4.4: Children's response on guidance and counseling.....	48
Figure 4.5 : Children's response on social and psychological support programs.....	49
Figure 4.6 : The use of teaching and learning aids	51
Figure 4.7 : Instructors establishment since 2017.....	52

LIST OF ACRONYMS AND ABBREVIATIONS

ANPCAN	-	African Network for Prevention and Protection of Child Abuse and
BOM	-	Board of Management
CAADP	-	Comprehensive Africa Agriculture Development Programme
DC	-	District Commissioner
EBD	-	Emotionally and Behavior Disorder
FPE	-	Free Primary Education
GOK	-	Government of Kenya
GT	-	Gifted and Talented
HGSFHP	-	Homegrown School Food and Health Programme
HIV /AIDS	-	Human Immune Virus Acquired Immune Deficiency Syndrome
ILO	-	International Labour Office
IQ	-	Intelligent Quotient
K.I.E	-	Kenya Institute of Education
MDG	-	Millennium Development Goals
MH	-	Mentally handicapped
MHTF	-	Millennium Hunger Taskforce
NACOSTI	-	National Commission for Science, Technology and Innovation Neglect
NEPAD	-	New Partnership for Africa Development
NGO	-	Non Governmental Organization
NICHHD	-	National Institute of Children Health and Human Development
PH	-	Physically Handicapped

PTA	-	Parents Teachers Association
QAB	-	Quality Assurance Board
SD	-	Speech Disorder
SNE	-	Special Needs Education
SPSS	-	Statistical Package for the Social Sciences
UN	-	United Nations
UNEP	-	United Nations Education Programme
UNESCO	-	United Nations Education Scientific and Cultural
UNHCR	-	United Nations High Commissioner of Refugee
UNICEF	-	United Nations Children Education Fund
USA	-	United States of America
VI	-	Visually Impaired
WFP	-	Millennium Development Goals
WFP	-	World Food Programme
WHO	-	World Health Organization

ABSTRACT

The study aimed at establishing institutional factors influencing institutionalized street children's participation in primary school education in Southern Zone, Kisumu East Sub-county, Kenya. Its four objectives were; to assess how feeding programmes, guidance and counseling, physical resources and teacher-pupil ratio affect participation rates of institutionalized street children in Southern zone, Kisumu East Sub-County, Kenya. The study adopted descriptive survey design whereby structured questionnaires were given to a random sampled population of 12 centre managers, 81 instructors and 2159 children out of a target population of 15 centre managers, 108 instructors and 2698 children. The questionnaire return rate was 80 percent indicating that the study would not reflect a major deviation from the true picture on the ground. Apart from questionnaires the study utilized two other sets of data collection instruments namely interview schedules and observation schedules. The questionnaires contained both open-ended and closed-ended questions. Instrument validity was determined through expert judgement from university supervisors while the reliability was determined using internal consistency. The three sets of questionnaires were considered reliable since they had a high coefficient value of 0.8. The study findings indicate that feeding programmes positively (80 percent) influenced children's participation in rehabilitation centres since it contributed to a great extent enrolment retention and class attendance. Guidance and counseling also contributed positively (90 percent) to increased participation and from the interviews, it had direct bearing on retention and completion rates. Apart from guidance and counseling, other social and psychological support programmes existed in the sampled rehabilitation activities and cultural – based activities. These were particularly found to be helping the children shed trauma acquired from the streets hence increasing class size and class attendance. The availability of physical facilities was not found to be uniform across the sampled centres but the centres that had complete or nearly complete dining halls, kitchens, classrooms and latrines had higher enrolments hence confirming that physical facilities positively influence enrolment and retention. However, the use of teaching and learning resources was found to be poor across. Teacher – pupil ratio was found to be negatively influencing participation rates of the children since the centres that had few instructors had few children as well. The study therefore concluded that the four independent variables; feeding programme, guidance and counseling, physical resources and teacher-pupil ratio have a positive influence on children's participation rates. The study recommended that the government should ensure that rehabilitation centres offering primary education operate within the guidance of Ministry of education. The study further recommended a similar study in the neighbouring sub-counties so that the findings are compared and improvements made.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Education is globally recognized as a fundamental human right. Delivering education in disaster contexts has to go along with rehabilitation because it is an essential part of the continuum of care (WHO, 2017). The unmet rehabilitation needs around the world has become profound and demand will continue to increase in light of global health and demographic trends and therefore there is an urgent need for concerted global action by all relevant stakeholders to scale up quality rehabilitation and hence achieve global education goals (WHO, 2017)

The 1996 Mid-decade meeting on Education For All in Amman also highlighted the importance of delivering basic education in situations of crisis and transition (UNESCO, 2000). The recommendations included creating safety zones during conflict prevention and management and development of education system to meet the needs of traumatized and displaced children. In its effort to search for a logical approach to humanitarian disasters which will not only provide parameters to the international actors' responses, the Dakar Framework for Action (Summes, 2002) and the Millennium Development Goals (Birdsall, Ibrahim & Gupta, 2004) advocates for holding various African education during times of crises. Tawil (1977) also points out how education as a component of sustainable development is conspicuously lacking in relief and rehabilitation efforts in conflict affected societies. Education is increasingly recognized as the fourth pillar of humanitarian and in crisis along with food and water, shelter and care.

In February, 2017, WHO hosted rehabilitation 2030- a call for action which brought together over 200 rehabilitation experts from 46 countries. The meeting highlighted the rehabilitation needs around the world and its necessity in achieving sustainable development goal no 3 to ensure healthy lives and promote wellbeing for all ages (WHO, 2017).

A study done in Latin America, India and Mexico demonstrated that disadvantaged children benefit the most from early intervention programmes. In addition to cognitive effects, there is also better psychological development, emotional regulation arousal and behaviour management (UNICEF, 2000). In Africa the UNHCR (2001) reported details of major humanitarian crises that began in Cote de Voure. This was quickly followed by others in Libya, Somalia and Sudan. This caused massive displacement of both adults and children. In an article on refugees in Uganda, Dryden (2004) stated that education plays a crucial role in the lives of children and adolescents. He continued to note that education reestablishes a sense of routine in the lives of children and helps them to settle down to a normal life.

Examining and considering interventions for populations affected by conflicts in various parts of Africa, Morgan, Strecker presented the potentially positive results of supplemental psychosocial programmes like guidance and counseling for ‘night commuters’ in northern Uganda, a term used to mean street children. Donna Tonini analyzed the possibilities of violence prevention via education as Michael Browne examined the potential that mobile education in Sudan could have on Darfur refugees. (UNESCO, 2000)

Like any other country across the globe, Kenya also upholds education as a fundamental human right. It is recognized as pivotal for the attainment of

self-fulfillment and national development (Government of Kenya, 2007; Ministry of Education, 2006; Children Act Cap 586 2001). The Hyogo framework for action, which was adopted by 168 nations in January 2005 recognize this and encourages government and civic society to use education to facilitate knowledge and innovation, in order to build a culture of safety and resilience at all levels of the nation (Nakileza, 2007). As a result, governments have placed enormous resources both financial and human to enhance education in their respective countries. However, poverty, conflicts, disasters and diseases (HIV and AIDS) and breakdown in social fabrics have been blames for most pupils' dropout of school or non-enrolled due to lack of school fees or sheer neglect. (Casa, 2000)

One of the most conspicuous indicators of poverty is the growing presence of children on the streets and as Pigozzi (1999) highlights, persistent poverty, growing numbers of street children and HIV and AIDS pandemic are silent but chronic and significant emergencies. During the last decades of the twentieth century, this phenomenon has become the focus of much international attention and concern. Conferences have been convened to discuss their fate, agreements reached and various programmes and policies have been implemented. Nevertheless, the number has overwhelmingly escalated. The global figure most often quoted is 100 million, with 25 million believed to be completely homeless (Blackman, 2001). The phenomenon of street children has been documented as far back as 1848. In his book 'And now my soul is hardened' Alan Ball mentioned abandoned children in Soviet, Russia between 1918-1930. By around 1922, an estimated 7 million homeless children roamed in Russia due to the devastation from World War I. In 1848, Lord Ashley referred to more than 30,000 naked filthy children as deserted lawlessly roaming in and around London, UK.

Street children are generally found in a bigger majority of the world's cities with the phenomenon more prevalent in densely populated urban centres of developing or economically unstable regions South East Asia, Eastern Europe and Africa. Today, an estimated 100 million street children live worldwide (The Durban Declaration, 2010). In India, a country known for child labour, there is an estimated one million street children with an average age of 14 years. The situation is blamed on rural-urban migration, lack of political will and attraction to the city. In Afghanistan, the problem is cultural-based, young girls who perform honour crimes that ashame their families or those who refuse arranged marriages are ejected from their homes and end up on the streets (UNICEF, 2000).

In Nigeria, the cause is religious-based in the sense that many children especially in the northern part referred to as Almajiris are forced to leave their homes by indenturing under a mallan (Islamic religious instructors) in order to understand the teachings of the Holy Quran. During the periods of indenture, these children are forced to the streets in search for daily livelihood through begging. They are also supposed to take returns to the Mallans failure of which there is a punishment. (Jenkins et al, 2015)

In Kenya, the origin of street children is traced back to the early 1950s when the colonial government broke up families by imprisoning men and women, or by taking them away to concentration camps. The children were then left helpless and they wandered off into the streets of Nairobi in the hope of finding means of survival (African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), 1995). They were only boys and it remained so for quite long before the first street girls were seen. Estimated to be 115 in 1975, the number drastically shot to about 17000 in 1990 and subsequently to over 150,000 by 1997.

Apteker (2002) developed four categories of children found in the streets. Each group has its own psychological characteristics. First, there are poor working children returning to their families at night. They are likely to attend school and not be delinquent. Second, there are independent street workers. Their family ties are beginning to break down, their school attendance is decreasing, and their delinquency is increasing. Third, there are children of street families who live and work with their families in the streets. Their conditions are related to poverty. Finally, there are the children who have broken off contact with their families. They are residing in the streets fulltime and are the "real" street children Lusk (1992).

Due to the hostile physical and social environment, street children are generally subjected to malnourishment, child labour, sexual exploitation, police round ups, drug abuse, diseases and sometimes death. Due to the social unrest caused by the street children, many governments have adopted numerous strategies to curb the menace. This is evidenced in the existence of approved schools, borstal institutions, rehabilitation centers, orphanages and correctional institutions. However, it is no doubt that the affected governments also make effort to support and partner with non - government organizations to embrace rehabilitation of street children. Traced with its origin in World War II, rehabilitation as a concept was introduced when injured soldiers from different countries once more became active after being treated and integrated back into normal life. UN standard Rules on Equalization of Opportunities for persons with Disabilities (1994).

The first regional conference on street children was held in 1989 in Asia with the main aim of rehabilitating the children and ensuring their sustainable integration into the society (UNICEF, 2000). In Africa, a conference attended by 1100 participants from

164 countries whose mission was to turn Education for All a reality, affirmed that education was every person's entitlement and in Kenya the Ministry of Education through the Emergency Education unit within the directorate of basic education development a plan that, among others, incorporated psychosocial support for instructors and children with special needs together with initiation of crisis-related programmes. However none of these efforts has addressed the influence of rehabilitation-based factors on institutionalized street children's participation in primary education in rehabilitation centres.

1.2 Statement of the Problem

Despite the several efforts the government has put, the number of children with delinquent behaviors is not only alarmingly increasing in Kenya but in other parts of the world as well. These children finally become a burden rather than economic gain to the economy and society at large hence the need for rehabilitation. Gardener (1997) explains that effective rehabilitation should focus on changing behavior and beliefs conducive to crime and should promote personal responsibility and provide offenders with real opportunities to succeed in legitimate occupation. Ideally rehabilitation programmes aim at the wholesome development of the person who needs to be assisted to develop total personality and potentials. This needs to involve a well calculated system from reception and proper risk assessment to individual treatment plan through provision of formal and informal education to the late stage of integration. Knowledge, capacity building and skill acquisition is one of the most instruments for human resource development that is widely accepted and practised. Based on such premise, children that are in rehabilitation schools are not denied their education rights so that they may grow like ordinary children.

Although the traditional notion of vocational skills in Kenya have been carpentry, sign writing, masonry, electrical wiring, tailoring, tin smiting, basketry and agriculture (Ngundo, 2005), the timetables in rehabilitation centers are also intertwined with primary school academic curriculum and psycho support programmes. This is to cater for the diverse socio-economic backgrounds of the children. The research is, therefore, investigating whether there is any influence of rehabilitation-based factors on institutionalized street children's participation in primary education in southern zone in Kisumu sub-county, Kenya.

1.3 Purpose of the study

The purpose of the study is to find out whether there is any reduction of the number of street children influenced by rehabilitation-based factors.

1.4 Objectives of the study

- i. To assess how feeding programmes affect the participation rates of institutionalized street children in primary education in rehabilitation centres in Kisumu East sub-county.
- ii. To analyze the influence of guidance and counseling on participation rates of institutionalized street children in primary education in rehabilitation centres in Kisumu East sub-county.
- iii. To determine the influence of physical facilities on participation rates of institutionalized street children in primary education in rehabilitation centres in Kisumu East sub-county.
- iv. To establish how teacher-pupil ratio affects participation rates of institutionalized street children in primary education in rehabilitation centres in Kisumu East sub-county.

1.5 Research questions

- i. To what extent does feeding program influence the participation rate of institutionalized street children?
- ii. Is there any relationship between guidance and counseling and participation rate of institutionalized street children?
- iii. To what is the extent to which physical facilities influence participation rates of institutionalized street children?
- iv. How does teacher-pupil ratio influence participation rate of institutionalized street children.

1.6 Significance of the study

The study will be a source of information to rehabilitation centre managers and instructors in Kisumu East Sub-county on various aspects of feeding program, guidance and counseling, physical facilities and teacher-pupil ratio that should be reviewed in order to increase children participation. The ministry of education may use findings of this study in policy making regarding teaching and learning in the rehabilitation centers. NGO's and other stakeholders may use this study to identify challenges in rehabilitation centers in Kisumu East Sub-county and adjust accordingly. Parents, especially those whose children have delinquent behaviour would also benefit by learning that the way they treat their children may make them leave home for streets. The findings may provide empirically validated evidence needed to prioritize areas of prevention and intervention of street children phenomenon. The study may also shed light on existing literature on street children. Finally the findings may provide data and form basis for further research in similar area.

1.7 Limitations of the study

According to Orodho (2008) limitations refer to constraints that the researcher has no control over. It is an aspect of the study that the researcher knows may adversely affect the result. Children undergoing rehabilitation generally exhibit quite unpredictable behaviors and responses therefore the researcher encountered hostility and rejection. The unpredictable behavior of children made the center administrators keep adjusting their daily routines and timetables hence making the researcher also alter programmes of visits. Finally, many administrators would always want to be seen to be succeeding and therefore did not openly share with the researcher all areas of challenges. To mitigate these encounters, the researcher created a rapport with respondents and requested them to be honest and assured them that their identity would remain confidential.

1.8 Delimitations of the study

This study focused only on rehabilitation centers in Kisumu East Sub County. It was delimited to only registered rehabilitation centers and not the entire fraternity that include borstal schools, orphanages or home based rehabilitation centres. The findings of the study have been used cautiously to generalize on the status of rehabilitation centers in the entire country since the variables-feeding programmes, guidance and counseling, physical facilities and teacher – pupil ratio are general to all levels.

1.9 Assumption of the study

The research was based on the following assumptions:

- i. That the respondents would be available and willing to give information as requested.
- ii. That the information provided would be accurate and reliable,

1.10 Definition of significant terms

The following are the terms in the study:

- Completion:** Refers to the state of an institutionalized street child going through all grades in primary course education up to graduation.
- Dropout:** Refers to stopping to attend school of an institutionalized who had been enrolled in a certain school before completing a course for example; eight years primary course
- Enrolment:** Refers to the number of children registered in a rehabilitation centre
- Retention:** Refers to a state where registered street institutionalized children progress from pre-primary to stand eight without dropping out of school
- Street child:** Any girl or boy whom the street (in the widest sense of the word) including unoccupied dwellings, wasteland etc has become his or her abode and or is a source of livelihood and who is inadequately supervised or directed by responsible adults. (UNICEF, 2004).
- Guidance and Counseling:** This is the advice given to the rehabilitees to help them cope with stress.
- Rehabilitation:** Refers to the attempt to correct the behavior of institutionalized street children through education, vocational guidance and counseling or therapeutic treatment and reintegrate them back to society as law abiding citizens.
- Transition rate:** Refers to the training uninterrupted and passing exams in rehabilitation centers.

Access: Refers to opportunity for street children to enroll, attend and complete a formal or non-formal education programme.

Participation: Refers to the increase or decrease in enrolments, attendance transition/progression to completion of education cycle of institutionalized street children

School feeding programme: Refers to provision of meals or snacks at rehabilitation centers to reduce children's hunger during the school day and increase retention and regular attendance in school.

Psychosocial Support: Refers to ways of enabling an institutionalized street children physically, emotionally and spiritually cope with their difficult situations and become independent

1.11 Organization of the study

chapter one covers background to the study, statement of the problem, purpose and objective of the study, research questions, significance of the study, limitations and delimitations of the study, basic assumptions of the study and definitions of significant terms as used in the study. Chapter two consists of the literature review which is divided into the following sub-topics; Origin of rehabilitation, history and development of rehabilitation, Guidance and counseling, feeding programs, physical facilities, teacher-pupil ratio and summary of the literature review. Chapter three comprises of research methodology divided into; research design, target population, sampling and sampling procedures, research instrument, data collection and data analysis. Chapter four comprise of findings and discussions from data analysis and finally Chapter five shall consist of the summary of the findings, conclusions, recommendations and suggestions for further research studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter the researcher presents a review of literature along five main themes, the first part deals with origin and history of rehabilitation of children, the second part deals with the relationship between feeding programmes, guidance and counseling, physical facilities and teacher-pupil ratio in rehabilitation centers and institutionalized street children's participation in primary education offered in the centres while the third part deals with influence of feeding programmes on institutionalized street children's participation in primary education and four deals with influence of physical facilities on institutionalized street children's participation in primary education and finally the influence of teacher-pupil ratio on institutionalized street children's participation in primary education. The last part of the chapter is theoretical framework and conceptual framework.

2.2 Origin and development of rehabilitation

The first rehabilitation programmes were initiated after the First World War. The United States of America initiated vocational rehabilitation for its war veterans in 1918 and extended the same to civilians in 1920. It was not until the Second World War began that the state considered its obligation to the veterans with disabilities to organize medical attention to see if they would once more work as soldiers and live their full lives. As a result, public rehabilitation programmes were made available in almost every state. The idea gained popularity in many countries including Canada, Britain and some parts of US. (Glaze and Palla, 2004)

To-date there are many organizations that embrace and manage rehabilitation of persons with disabilities for example, in Pakistan, the Edhi foundation runs centers called Ana Guar (our home) for street children and mentally ill orphans and runaways. There are ten such homes in the country out of which seven are located in Karachi. About 6000 people live in Edhi home. A destitute or homeless person becomes a member of Edhi family once he or she enters its premises (Mohamed, 2002). Marie Aadaelaide rehabilitation programmes are among those actively pursuing the cause of street children based on Burns Road Karachi. It is one of the few centers providing meaningful services to these children where they can both have access to medical checkup and consultations with street counselor. They are also provided with clothes. There are around 60 children from different parts of Karachi who regularly visit the centers and use the facilities (Phases, 2005).

In Latin America, Casa Alianza is a branch of the New York covenant house. It serves some 4000 street children a year. It is dedicated to helping children from the streets and back to meaningful and productive life through a four term programme that fosters stability and restores hopes (Casa, 2000). Casa Alianza is a four tiered programme that helps to rehabilitate street children and encourage them to leave the street. The very first step is to reach out to children in the streets. They provide emergency medical care, counseling, non-formal education and other basic needs (Casa, 2000). In Guatemala and Mexico in response to the growing number of street girls, and death of babies emanating from poor care, a rehabilitation programme has started.

In South Africa, Gast (2001) says education in rehabilitation centers entails much more than just the formal classroom curriculum offered to young offenders. Many institutions do not offer the regular curriculum which is equivalent to the regular high

school course load but it is focused on business and entrepreneurial skills. Besides a strictly academic curriculum there are also youth centers which offer extensive training courses in their workshops.

2.3 History and development of rehabilitation in Kenya

In Kenya vocational rehabilitation started in 1967. The Sessional Paper no. 5 of 1969 entitled "The care and rehabilitation of disabled persons" enacted the programmes. Through the effects of the international labour office (ILO) based in Geneva in collaboration with Kenya government, activities were planned and institutions were built to cater for the disabled all over the republic. The ministry of social services was charged with the responsibility of identifying, training and resettlement of persons with disabilities and working age (18-45 years). Many institutions were built and they offered skilled training and were later categorized into two; industrial rehabilitation centres and rural vocational centres.

In the year 2003, the Kenya government demonstrated a clear political commitment to improve the wellbeing of children, youth and families in the streets (GoK, 2003) when it assumed the responsibility of preventing and stopping violations of human rights of street children. In spite of the efforts that have been put in place in the institutions, national institute of children health and human development (NICHHD) researchers discovered that many street children remanded in juvenile courts in Nairobi for protection and discipline had been released back to the streets because there was no room in the institutions and often the institution itself may be inappropriate to the needs of the street children (Munyakho, 1992).

Despite the challenges, the Kenya government still remains obligated to provide education to all its citizens. International agencies and local communities have also

initiated education programmes for street children (Ouma, 2004). There more than 250 NGOs offering formal and non-formal education to street children such as Undugu society of Kenya (USK) Tunza dada, Kwetu home, good Samaritan home and Imani among others (Ouma,2004). Besides be basic needs, there is also creation of employment and provision of entrepreneurial skills in pursuit of self-reliance. Their objectives are to rehabilitate, educate and train these children within the framework of a wide range of community development to improve the conduct and prospect of all local children whose future appears uncertain (Ouma, 2004).

2.4 Feeding programmes and learner participation

WHO and UNICEF jointly developed the global strategy for infant and young children feeding to revitalize world attention to the impact that feeding practices have on the nutritional status, growth and development, health and thus the very survival of infants and young children. The lifelong effects include poor school performance, reduced productivity and impaired intellectual and social development (UNICEF, 2016). In 1948, the United Nations (UN) recognized the right to food in the declaration of human rights. Victoria (2008) asserts that numerous studies have shown that malnutrition impacts negatively on a child's cognitive development, health and school achievements.

More than 100 million children of primary school age are not in school with the worst shortfalls in African and South Asia (UNESCO, 2000). In countries such as Banglaskh, Benin, Burkina Faso, Cote de Voure, Mali, Morocco, Niger and Senegal more than half of the children from poor families never enroll at all (UNESCO, 2011). Most of these countries are affected by unavailability of critical food supply as a result of droughts (FAO, 2010). While universal primary school attendance is a stated goal by many governments and the millennium development Goals (MDG), enrolment rates continue

to be low (UNESCO, 2007) and to foster enrolments, many countries have established school feeding programme (UNESCO, 2004). At least each country round the world has embraced the fact that meals at school attract and retain children and it a powerful support to achieve educational goals (WFP, 2004). A good feeding programmes should be there to encourage enrolment and discourage dropouts, provide the children with the right food for health and strength, sustain learning process of the children through encouraging participation, concentration and preventing children from feeling hungry while at school. (Mitchelle, 1999)

In Brazil, school feeding programme is included in the constitution. In India, the programme is supported by the Supreme Court. African governments, also according to Finam (2007), included locally sourced school feeding programmes as a key intervention within the food security pillar in the comprehensive Africa Agriculture Development Programme (CAADP). In the same year the new partnership for Africa Development (NEPAD), together with the United Nations World Food Programme (WFP), and the Millennium Hunger Taskforce (MHTF) launched a Home Grown School Feeding and health Programme (HGSFHP) in twelve African countries namely; Angola, Democratic republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Nigeria, Senegal, Uganda and Zambia. So far, Kenya, Ghana, Mali and Nigeria are already implementing the national programmes with the support from development partners such as WB, PCD and WFP. This is to support the transition from externally driven school feeding programmes to HGSFP.

Kenya first embraced school feeding programmes in 1980 primarily to incentivize enrolment and retention in rural children. Access to regular meals, clean and safe water has since been found to increase enrolment attendance and exams scores (USDA,

2009). Instructors in rehabilitation centres, in their attempts to address malnutrition, do assess the children nutritional status upon admission and after a period of time. Children undergoing the feeding programmes do show improvements in IQ, concentration, understanding new material and are able to socialize. The adequacy of food on retention rates can be viewed in terms of quantity, nutrition frequency and consistency. School meals provided early during the school day alleviate hunger before or while classes are in session, increase attention, concentration and achievement among the children (Lawson, 2012).

Increasing food nutrition consumption among school aged children with low baseline food energy like children on the streets or micronutrient intake can improve weight, height, reduce susceptibility to infection and increase in cognitive function in a short run (Alderman, 2009). According to Jacoby (2002), school meals should be available in schools throughout the term in order to keep children in school. Any delay in delivery or break-ups would lead to absenteeism as it was experienced in northern Namibia where more than half of children stayed away from school for two weeks until the food was delivered (WFP, 2006) and in the case of street children undergoing rehabilitation, they can easily go back to the streets.

2.5 Guidance and Counseling and learner participation

This is the process of helping individuals discover and develop their educational, vocational and psychological potentials and thereby achieving an optimal level of personal happiness and social usefulness. The concept of counseling is essentially democratic in that the assumptions underlying this theory and practice are first, that each individual has the right to shape his own destiny and second, that the relatively mature and experienced members of the community are responsible for ensuring that each person's choice shall serve both his own interests and those of society and

therefore it is an integral component in management of children undergoing rehabilitation since past experiences the children have had are likely to be traumatizing.

Interventions for creating workable skills can assist the youth to clear with the violence menace and providing them with employment activities (WHO, 2009). Social development programmes create good behaviour and do away with violence, developing compassion and upholding healthy relations, problem-solving coupled with conflict resolutions. The evidence of efficiency of social expansion programmes is rock-hard with studies displaying that well-implemented programmes advance social skills and diminish hostility in young people (WHO, 2009).

A well-organized guidance and counseling should assist in making learners disciplined, prudent, self-controlled human and right thinking individuals (Rongers, 1961). Rao (2003) suggests that provision for counseling programme, counseling must be made in the school timetable as well as in school budget. This would be vital for implementing counseling activities such as maintenance of cumulative records, arranging for career and orientation talks, screening of films or arranging for tours. It is noted that the psychological trauma that the children suffer is likely to hurt them for the rest of their lives. Many of these children have been forced to leave home. (Katam, 2012)

In America schools, student's indiscipline is a serious problem facing the nation's education system. Each month, approximately, three percent of instructors and students in urban schools and one to three percent in rural area are robbed or physically attacked by students. It is against this background that guidance and counseling has become an integral part in the management of education system (Harvard Education Letter, 1987). The provision of guidance and counseling service in Nigeria schools is geared towards

helping students to understand self and take appropriate steps in making educational, social, vocational and psychological lifelong decisions.

In Kenya, the inception of guidance and counseling as a measure to maintain discipline is traced back a few years before Kenyan's independence. It was prompted by the realization that the new young nation needed to prepare itself for manpower development. For this reason, vocational guidance was virtual. However, Okumbe (2001) asserts that discipline which is the epicenter of success of a school has now been left to the instructors because of the modern trends of employment.

According to the Kenya Institute of Education, (2003), the major task of guidance and counseling unit is to deal with problems of psychological maladjustment of pupils in schools and hold seminars for instructors on vocational guidance and counseling. Various government reports have recommended provision of guidance and counseling in learning institutions in their various policy documents. Some of these documents include development plans, policy papers, educational commission reports and sessional papers. Wanjiku (2004) in Education Watch asserts that Kenya has institutionalized guidance and counseling as a vital component of education system and that many learning institutions have embraced it.

Rehabilitation programme measures deal with children who are already engaged in delinquent and violent behaviors (Freeman, 2004). The programmes are basically efforts and attempts through treatment or programming to stop offender from reoffending. It is a crime prevention safety rooted in the nation that the offender can be changed and live crime free life in the community (Swart, 2004). Though living on the streets is physical in nature, it has an aspect of psychological effect which is usually reflected in the post-traumatic stress disorder, depression and anxiety rising from

various hostile street encounters (Blanc,2004).Children exposed to street life suffer psychological torture that continue long after they have left the streets. They not only suffer psychologically but also socially and therefore their education should be tailored in such a way that their culture is also incorporated since psychological wellbeing is an outcome of both emotional and social factors and as Yulu et al., (2003)puts it, the children would otherwise become depressed and socially withdrawn.

In Uganda, Morgan Strecker presented the potentially positive results of supplemental psychological programmes for ‘night commuters’, a term, he used to mean street children (UNESCO, 2000). In Sudan, Donna Tonini analyzed the possibilities of violence prevention education as Michael Browne examined the potential that mobile education could have on Darfur refugees and in Kenya, the government has called for all the learning institutions to establish and strengthen guidance and counseling department to manage positive behavior change and provide the rehabilitates with opportunities to realize their potentials since guidance and counseling is both preventive (reducing the risk of developing mental disorders) and curative (helps an individual overcome and deal with psychological problems arising from shock). Kyeyome (1990) observes that when street children are taken to rehabilitation centers, counseling is a major technique to be applied in the initial stages and it must go on until children have realized their mistakes.

Emphasis should be laid on the importance of school safety. The schools’ upgrading and construction should be that which is relatively safe during occurrences of disasters and must always be part of long term planning (UNEP, 2004). UNISDR (2007) explains that this is due to the fact that occupants of schools are young and vulnerable thus need special attention and protection. In addition, learners and instructors spend

most of their time in school and therefore care withstands natural disasters (Ocholla, 2000). Hunt and Hesly (2010) who did a study in Lakeville District in Minnesota, USA, on the impact of co-curriculum programmes on the overall education progress of the students, noted that schools that had adequate co-curricular infrastructure enhanced participation both in those activities and academically, had fewer attendance and discipline problems, had high graduation rates and low dropout rates since the students were less likely to engage in harmful and negative schemes such as alcohol and drug abuse. Mwendwa and Mwendwa (1987) as quoted by Ayo (2000) carried out a study on the effects of school physical facilities on the performance of standard seven examinations in Botswana. The study established that availability of physical facilities had a direct bearing on exam results.

Poor physical facilities and other institution facilities can be detrimental to learner's health. Instructors in Chicago and Washington DC reported missing duties for four days annually due to health related issues caused by adverse building conditions with poor ventilations. A national survey on institution nurses found that over 40 percent of children and staff were seriously affected by indoor pollutants while the general office reported that one in every five students nationwide attend an institution that suffers from poor ventilation which in-turn could boost rates of asthma and other related respiratory disease. (Schneider, 2003)

Uganda which also regards education as a basic human right for all citizens including less fortunate children, acknowledges that some children need a special and an adapted environment in order to learn effectively (Krisen, Omagor, 2003). It upholds that governments should ensure provision of proper physical facilities for access to education by learners with learning difficulties giving them equal rights with others in

the society (MDGs, 2007). In Kenya, as cited in Jemunge (2000) poor primary school infrastructure is one of the major barriers to improving access to primary education in Kenya (GoK, 2005). The sessional paper No 1 of 2005 also recognize the need for additional school infrastructure to ensure the success in implementation of FPE.

2.6 Teacher-pupil ratio and children participation

Student – teacher ratio refers to number of learners enrolled in a given level of education divided by the number of instructors in the system (Kiumi, Kibe and Nganga, 2013). Student – teacher ratio is a significant measure of quality education. This is because, in a system where the ratio is high, learners are likely to lag behind/ consequently, learners’ progress through the curriculum may be hindered, a factor that may lead to dismissal performance in the exit examination (Nkinyang, 2003; Katunzi & Ndalichako, 2004).

In a low student – teacher ratio environment, learners are more likely to get more one-on-one time with the instructors. Moreover, instructors get time to know the individual students better, thereby enhancing instructors’ capacity to identify areas where the students may be in need of assistance. In the end, learners get more value out of their education. These observations lend support to the view that other factors held constant (such as learner family background, material inputs and so on). Hanushek (1998) said that there are two important attributes of quality instructors namely, instructors education and instructors experience. When the two are combined with teacher-pupil ratio, then these variables describe variations in the instructional resources across classroom.

During emergencies, as Sinclair (2002) notes, instructors are likely to be in short supply. Those that may be available are likely to have no qualification with little or no

experience. For instance, Sacks (2005) notes, the Hurricane Katrina displaced thousands of instructors from Louisiana and Mississippi moving them to states faced with influx of displaced students and were hired on provisional basis. There were waivers on requirements such as proof of certification. Similarly, in the aftermath of the 2005 Tsunami, UN agencies and other such as plan international trained volunteers to deliver basic education in camps for the displaced in India, Indonesia and Sri Lanka.

The UN (2016) also noted that 69 million more instructors are needed worldwide in the vision 2030 is to be a reality. The biggest gaps are in Sub-Saharan Africa and Sothern Asia where 17 million instructors should be trained. The report also identified countries where staffing members are getting worse rather better including Burundi, Central Republic of Africa, Kenya, Malawi and Mozambique. The most limited access to schools was found in countries most troubled by conflicts, i.e. Nigeria, South Sudan, Burkina Faso, Afghanistan, Mali and Chad. Likewise, there is never adequate number of instructors in rehabilitation centres in Kenya mainly because of diversity in special needs apart from other factors that affect the rest of the instructors.

2.7 Summary of the literature review and knowledge gaps

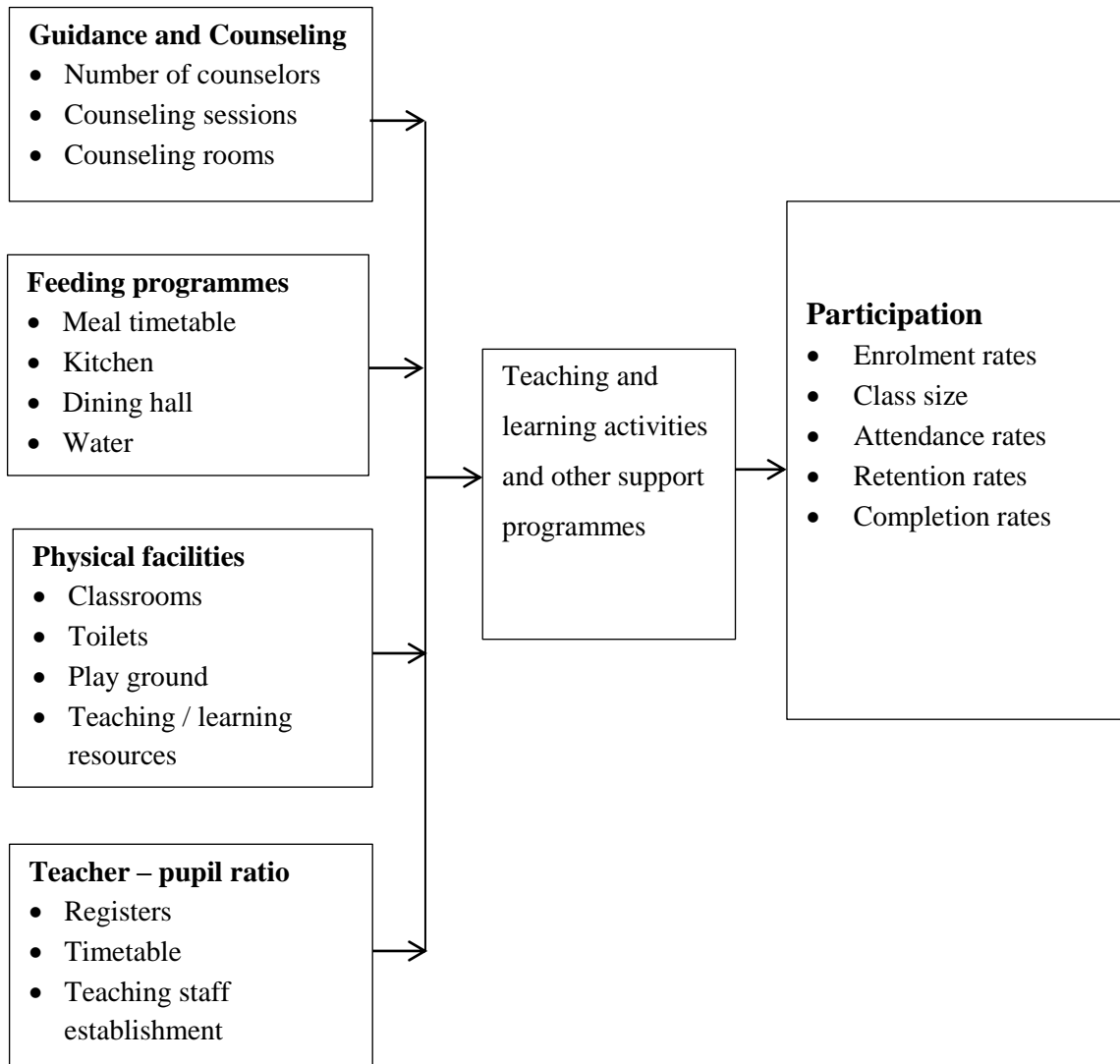
From the literature review, it is noted that institutional – based factors influencing institutionalized street children’s participation rates in education globally, regionally and locally are similar. The study has acknowledged that all activities going on in a rehabilitation center are an integral component of expected outcome of learner participation and by extension education system as a whole. However, the existing studies have focused on rehabilitation procedures rather than rehabilitation outcomes like enrolment, retention, class size, class attendance, completion and graduation rates.

Roelen, Long and Edstrom (2012) conducted a study on referral mechanisms and case management for vulnerable children in Eastern and Southern Africa. They found out that there are strong commitments to identification of vulnerable children and referral mechanisms to address their needs in eastern and Southern Africa. However, their participation in education is not mention. The continuous search for effective measures for rehabilitation of institutionalized street children has led to the practitioners looking beyond the walls of rehabilitation centers for programmes in the education community which are effective in complementing the rehabilitation efforts that already exist. The existing studies have focused on rehabilitation procedures rather than rehabilitation outcomes like enrolment, retention, class size, class attendance, completion and graduation rates. It is this fundamental knowledge gap that the study seeks to address.

2.8 Theoretical framework

The research was guided by the Maslow's Hierarchy of needs (1970) which states that a human being's needs have a natural order in which they arise and therefore should be met in the same pattern. He says that the needs are of two categories; basic and psychological. The latter cannot be satisfied before the former. In his five – level pyramid, Maslow states an ascending order of these needs followed by physiological or biological needs then safety needs and finally self-actualization which is the final level of needs – a state in which a human being is self-governed, self-fulfilled and will realize his or her full potential at a creative level. Maslow asserts that it is until a lower need is met that a person starts seeking to meet the next. The theory suits this study because street children majorly miss food, shelter, clothing and good health. Once removed from the streets, these basic needs are provided before they are later gradually introduced to other needs like security, education, etc.

Figure 2.1: The relationship between feeding programme, guidance and counseling, physical facilities and teacher-pupil ratio and children participation in rehabilitation centres



The conceptual frame work illustrates the variables which have influence on participation rate of institutionalized street children. The variables discussed include; guidance and counseling, feeding program, physicals facility and teacher-pupil ratio. Each variable interact with another influencing enrolment, class size, attendance rate, retention rate and completion rate.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section deals with methodology, specifically it deals with research designs, target population, sample size and sampling techniques, research instruments, instrument validity and reliability, data collection procedures and data analysis techniques.

3.2 Study design

The study used descriptive survey design because it has been found to determine and report the way things are (Mugenda & Mugenda, 2003). It will entail a field study survey to establish factors that influence children's participation in rehabilitation centers in Kisumu East Sub County. Structured questionnaires were given to a sample of population which included children in rehabilitation centers, instructors, managers, and the support staff. The design explored and evaluated in details the relationship between the variables (for this matter the relationship between independent variable, (guidance/counseling, feeding programme, teacher-pupil ratio and physical facilities) and dependent variable (increased participation of children in terms of increased retention enrolment and completion). The use of descriptive survey in this study enabled the researcher to find out facts without manipulation of data, search options, describe, analyse and interpret the relationships between the variables involved in the study.

3.3 Target population

The target population of this study consisted of 428 respondents comprising of 15 centre managers, 108 instructors and 405 institutionalized street children in rehabilitation centers in Southern Zone, Kisumu East Sub-county, Kenya.

3.4 Sample size and sampling techniques

A sample is a subset of a population that is used to represent the entire group (Best Khan, 2002). According to Gall and Borg (1996), sampling refers to the process of selecting a sample from a defined population with the intent that the sample accurately represents that population, Gay (1992). In Mugenda and Mugenda (2003), it is indicated that an appropriate minimum sample size should be at least 10 percent of the population.

The study targeted 15 rehabilitation centers, with 405 rehabilitees, 15 center managers and 108 instructors. Purposive sampling was used to select center managers because of their homogeneity and similar characteristics which are significant to the study. Stratified random sampling was used to sample instructors and prepositional sampling will be used for rehabilitates. This was done to ensure equal representation of the target population.

3.5 Research instruments

The researcher developed and used questionnaire and interview schedules. Questionnaire Morse (2000) defines a questionnaire as a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents and is often designed for statistical analysis of the response. The researcher used questionnaires because of the freedom to give opinion which it gives respondents, it is convenient to administer, time saving offers equal treatment of the respondents, easy to analyze, serves a large number of people and finally it is anonymous hence respondents are likely to give more candid response. The questionnaires were given to instructors and children. The instructors, comprised of 4 sections (A- demographic data B - teaching and learning ,C availability of teaching and learning materials and D - social and psychosocial intervention and the learners will comprise of 5 sections

(personal information, B- physical resources, C- feeding programme , E - teaching and learning and E- security).

Finally, the researcher conducted an interview with the centre managers since an interview provides access to what is inside an individual's mind and makes it possible to measure what a person knows, what a person likes or dislikes, i.e. values and preferences and what a person thinks, that is attitude and beliefs (Creswell, 2009). The researcher chose interview because additional information might be given, and could also help the researcher ask probing and supplementary questions hence also creating rapport between the researcher and the respondent. Therefore, the use of interviews and close-ended questionnaires helped the researcher obtain factual reliable information about the 4 independent variables (enrolment, feeding programmes, teacher-pupil ratio and guidance and counseling and social and psychosocial programmes).

Table 3.1: Sample matrix

Category	Total population	Sampling procedure	Sample
Center managers	15	Purposive sampling	12
Instructors	108	Stratified random sampling	81
Children	2698	Prepositional sampling	2159
Total	2721		2252

3.6 Instrument validity

Validity is the degree to which a test measures what it purports to measure (Borg and Gall 2003). To test the content validity of the instruments, the researcher conducted a pilot study using two rehabilitation centers from a district not part of the study which was selected using random sampling (Mugenda & Mugenda 2003). Data from the pilot study were then analyzed, interpreted and the instruments reviewed in readiness for the main data collection study. After scrutiny, the researcher amended the instruments according to the supervisors' comments.

3.7 Instrument reliability

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials, Mugenda and Mugenda (2003). The split half method was used to establish instrument reliability. The researcher administered the questionnaires to the same group of persons after one week. Computation of the correlation between the scores was done by first splitting the tests into two halves. The tests were then assigned odd and even number items. Correlation of scores between the two halves was then computed by using the Pearson r formula (Shiundu, 2008). To compute the coefficient, the researcher used the formula:

$$Re = \frac{2r}{r + 1}$$

Where Re = Reliability of the original test

r = Reliability of the coefficient resulting from correlating of the scores of the odd items with the scores of the even items.

A correlation coefficient of atleast 0.79 for center managers, 0.82 for instructors and 0.88 for children were obtained and therefore the instruments were deemed reliable.

3.8 Data collection procedures

A permit that authorized data collection was applied for and obtained from the National Council of Science, Technology and Innovation (NACOSTI). A copy of the permit was given to the District Education Officer, Kisumu East Sub-county. The researcher booked appointments with the centre managers to conduct interviews. The researcher administered the questionnaires and interviews personally to the respondents. The researcher waited for the questionnaire to be filled in and later collected them. Interviews with the centre managers and a few selected children were conducted. The researcher assured the respondents of confidentiality.

3.9 Data analysis techniques

Data analysis involves examining and categorizing the findings by tabulating or combining the evidence to address the initial proposition of the study (Patton, 1990). The study adopted descriptive survey, both qualitative and quantitative data. The raw data was systematically organized, coded, tabulated and analysed. Data was cross-examined to ascertain their accuracy, competence and identifying those items wrongly responded to, spelling mistakes and blank spaces. Data was keyed in SPSS version. 21.

In analyzing the quantitative data from the closed ended questions in the questionnaires, the study used descriptive statistics namely frequencies and percentage (Kothari, 2004). This generated the frequencies and percentages which were used to discuss the findings. Qualitative data was analysed by the use of content analysis which involved categorizing and indexing of responses and other field notes into common themes. Frequency and percentage tables, pie charts and graphs were used to present the data. There was cross-examination to ascertain their accuracy.

3.10 Ethical issues

According to McNamara (1994) ethical concerns in a research deal with voluntary participation, no harm to respondents, anonymity and confidentiality, identifying purpose and sponsor, analysis and reporting. To help eliminate or control any ethical concerns, the researcher made sure that participation is completely voluntary though this could sometimes lead to low response rate which could in turn introduce response bias (McNamara, 1994). To encourage a high response rate, Dullman (2000) suggests multiple contacts and for this study, up to five contacts were made per participant. To avoid harm such as embarrassment, the study did not include sensitive questions. All the respondents were also told the purpose of the study. A cover letter was used in a

dissertation as partial fulfillment to a master degree. The researcher also accurately reported both the methods and results of the study to professional colleagues in educational community. This is because advancements in academic fields come through honesty and openness.

CHAPTER FOUR
DATA ANALYSIS, INTERPRETATION, PRESENTATION AND
DISCUSSIONS

4.1 Introduction

This chapter presents data analysis, findings, interpretation and presentation. Data was analyzed using descriptive tools, findings interpreted with frequencies, percentages and mean. Presentation was done using tables and finally an elaborate interpretation and discussions of the tables were done. Respondents for the study were centre managers, instructors and institutionalized street children in the rehabilitation centres in southern zone, Kisumu East sub county, Kenya. The researcher targeted 15 centre managers, 108 instructors and 2698 institutionalized street children. The researcher sought to determine the questionnaire rate from the three categories of respondents and the following tables shows the findings.

Table 4.1: Questionnaire return rate

Targeted Respondents	Sampled	Response	Return rate
Centre managers	15	12	80.0
Instructors	108	81	75.0
Institutionalized street children	2,698	2,159	80.0
Total	528	417	78.98

The researcher coded the returned questionnaires and with the use of SPSS analyzed them and data presented using frequency tables. The managers' questionnaire return rate was 80 percent instructors, 75 percent and institutionalized street children 80 percent making a mean of 78.98 percent. This was satisfactory as supported by Mugenda and Mugenda, (2003) who asserts that a questionnaire return rate above 65 percent is sufficient enough.

4.2 Demographic Information

The current section presents the bio data of the respondents. The study deemed this as necessary since it would help in clarifying the choice of particular respondents whose involvement in the targeted rehabilitation centres was significant enough to make them respond to the questionnaires and interviews accurately. Therefore, the study sought to establish gender, age, professional qualification, work experience, employer and SNE specialization of center managers and instructors.

4.2.1 Gender of the centre managers

The purpose of identifying the gender distribution was in order to ensure gender equity when later on conducting the interview. The gender distribution was as indicated below.

Table 4.2 : Gender of the centre managers

Gender	Frequency	Percent
Male	8	66.67
Female	4	33.33
Total	12	100.0

Table 4.2 above revealed that the number of male centre managers is twice (66.67 percent) that of female managers (33.33 percent). This suggests that rehabilitation center leadership, just like school leadership is dominated by male, the government policy of atleast one-third majority for either gender has not been implemented though this could be attributed to the fact that out of the 12 centres, only one was government institution. However, these do not affect the manager responses about the relationship between institutional factors and children's participation.

Table 4.3 : Gender of instructors

Gender	Frequency	Percent
Male	45	55.56
Female	36	44.44
Total	81	100.0

From the findings in table 4.3, there is a small gender disparity between the number of male and female instructors. This shows that there was almost a gender balance in the selection of instructors to participate in the study therefore giving the study a balanced gender perspective on the influence of institutional factors on participation of institutionalized street children.

4.2.2 Ages of the centre managers and instructors

The study sought to find out the respondents' ages as this would form a basis for one to have a wealth of experiences and hence answer research questions objectively. The center managers were asked their ages and the following table shows their responses.

Table 4.4 : Ages of the centre managers

Age	Frequency	Percent
35 years	2	16.67
36-49 years	7	58.33
50 years	3	25.0
Total	12	100.0

As depicted in table 4.4, a majority (58.33 percent) fall within the age bracket of 36-49 years. This has a bearing on managerial skills. The centres are likely to be managed better because the managers are neither too young nor old. Ages of the instructors were also determined and the findings were as tabulated below;

A few (25 percent) fall within 50 years and above and few (16.67 percent) fall within less than 35 years. This information implies that the age of managers was evenly distributed among the study population, and therefore, the responses obtained may be consistent as they possess views of people with varied ages.

Table 4.5 : Ages of the instructors

Age	Frequency	Percentage
<26 years	18	22.22
25-35 year	33	40.74
36-45 years	18	22.22
>46	12	14.82
Total	81	100.0

As revealed by the findings of table 4.5, a bigger number of instructors (33 percent) fall within the age bracket of 25-35 years, below age 26 years and between 36 – 45 years were (22.22 percent) each. Instructors above 46 years were only (14.82 percent). With regard to the distributions, the implication is that majority of instructors in Southern Zone, Kisumu East Sub-County are aged between 25 – 35 years. This is termed as the youthful age of venturing into different enterprises with most people transiting to new responsibilities with new demands and peer pressure. It is out of these demands that some of the instructors don't take long in the rehabilitation centers.

4.2.3 Professional qualification of centre managers and instructors

The researcher endeavored to explore the level of professional qualification of the respondents. This variable was deemed worth establishing by the researcher because the education level of an individual determines his or her ability to possess adequate information. These results of the professional qualification are presented in table 4.6 and 4.7.

Table 4.6 : Centre managers highest professional qualification

Professional qualification	Frequency	Percent
PL	1	8.33
Diploma	1	8.33
Degree	1	8.33
Masters	0	0
SNE	3	25.00
Others	6	50.0
Total	12	100.0

From table 4.6, the responses from the centre managers, a majority (50 percent) of the centre managers have not heard any basic training of teaching. Only 25 percent have SNE training and only 1 percent of the centre managers have PI, Diploma or Degree. The results generally indicate that the respondents had varying professional qualifications in the sample rehabilitation centers. During the focused group discussions, 9(75 percent) of the managers indicated that in most cases their employment was church-based whereby willingness to teach children in rehabilitation centres was usually a guarantee to be employed. They expressed that education background was not given the first priority. The instructors were also asked to indicate their highest professional qualifications and the following tables show their response.

Table 4.7 : Instructors' highest professional qualification

Professional qualification	Frequency	Percent
P1	4	4.94
Diploma	13	16.05
Degree	6	7.41
Masters	4	4.94
SNE	11	13.58
Others	43	53.08
Total	81	100.00

The tabulation in table 4.7 above clearly depicts that a bigger number (53.08 percent) of instructors in rehabilitation centres do not have relevant training required to teach institutionalized street children. A mere 13.58 percent have SNE training, 16.05 percent have diploma certificates, 7.41 percent are degree holders while P1 and masters in education were 4.94 percent each. The distribution shows that instructors' professional qualification was worth qualifying them to interpret and answer research questions accurately.

4.2.4 Employers of managers and instructors

The centre managers and instructors were asked to indicate their employers and the following tables show their responses.

Table 4. 8 : Employers of centre managers

Employer	Frequency	Percent
GOK	1	8.33
NGO	3	25.00
Churches	5	41.67
PTA/BOM	1	8.33
Others	2	16.67
Total	12	100.0

According to the revelation in table 4.8 above, a major employer of rehabilitation centre managers in Kisumu East sub-county is churches (41.67 percent) followed by NGO at 25 percent then others like individuals proprietors 16.67 percent and the GOK and PTA/BOM each employ 8.33 percent of the managers. This scenario could have been contributed to by the fact that there is only one government rehabilitation centre in the whole of Kisumu County and the rest belong to the fore mentioned groups. The following table also shows rehabilitation instructors' employers.

Table 4.9 : Employers of instructors

Employee	Frequency	Percent
GOK	4	4.93
NGO	26	32.1
Churches	39	48.15
PTA/BOM	4	4.94
Others	8	9.88
Total	81	100.00

Just like the centre managers, table 4.9 shows that the instructors confirmed that churches is their number one employer (48.15 percent) followed by NGO (32.1 percent). The GOK rates number 3 at 4.93 percent and likewise to PTA/BOM. Other employers employ 9.83 percent. From the table, the number employed by the government is small because out of 15 rehabilitation centres, there is one government rehabilitation centre.

4.2.5 Work experience of centre managers and instructors

The researcher felt that work experience of center managers and instructors was important as it would determine the ability to possess the required information and subsequently determine the necessity of the researcher to probe for any detail and establish sufficient support.

Table 4.10: Centre managers' work experience

Work experience	Frequency	Percent
1-5 years	2	16.67
6-10 years	4	33.33
>10 years	6	50.0
Total	12	100.0

Table 4.10 reveals that a majority of the managers (50 percent) had served for between 6 and 10 years and 16.67 percent less than 5 years. This shows that the managers had

enough experience in managing rehabilitation centers to make them give credible information with regard to the influence of institutional factors on participation rates of institutionalized street children.

Table 4.11: Instructors work experience

Work experience	Frequency	Percent
1-5 years	25	30.86
6-10 years	49	60.50
10 years	7	8.64
Total	81	100.0

From the findings in table 4.11, a significant (60.5 percent) number of instructors have taught for almost 10 years, few instructors (30.86 percent) have taught for almost five years and a small number 8.64 percent for more than 10 years. This, information shows that the teachers that took part in this study had teaching experience that was relatively long enough to make their responses valid.

4.2.6 Centre managers' areas of SNE training

The centre managers were further asked whether they had any specific training in SNE and their response as were as follows;

Table 4.12: Managers' SNE training level

SNE training	Frequency	Percent
VI	0	0
HI	0	0
MH	1	8.33
PH	1	8.33
EBD	1	8.33
G/T	0	0
SD	0	0
None of the above	9	75.00
Total	12	100.0

A shocking 75 percent of the centre managers had no formal training in SNE. Only 8 percent of them had trained in each of the following three; M.H, P.H and GT. This means they are training on the job.

4.2.7 Instructors' areas of SNE training

The researcher sought to find whether instructors in the sampled rehabilitation centre had any specific SNE areas in which they had trained. The following table shows their response.

Table 4.13: Instructors' response on their SNE area of training

SNE training	Frequency	Percent
VI	0	0
HI	0	0
MH	6	7.41
PH	6	7.41
EBD	4	4.91
GT	1	1.23
SD	0	0
None of the above	64	79.01
Total	81	100.0

Majority (79.01) had no formal training in SNE, 7.41 percent were trained in MH and PH respectively, while 4.91 percent and 1.23 percent were trained in EBD and GT respectively. The overall picture is that there is lack of SNE instructors as supported by a research done by MOEST 2004, and Sense International, 2009, which found that there is shortage of SNE instructors who have the knowledge and skills to serve the needs of children and youth with disability.

4.3 Demographic information on children

The researcher deemed it important to establish the gender of the sampled children and the findings were as follows;

Table 4.14: Gender of children

Gender of children	Frequency	Percentage
Male	1339	62.02
Female	820	37.98
Total	2159	100.0

From the findings in table 4.14, it was established that there are more boys (62.02 percent) than girls (37.98) in the centres. It was also clear from the records obtained from the center managers that rehabilitation centers support many children – male (62.02 percent) and female (37.98 percent). The researcher observed that there is no gender parity in nearly all the study centers yet it is required by Educational for All (EFA) goal number three which states learning needs for all young people and adults are not through equitable access to appropriate learning and life skills programme.

4.3.1 Ages of the institutionalized street children

The children were further asked to indicate their ages and the findings were as follows;

Table 4.15: Response of children on their ages

Ages of the institutionalized children	Frequency	Percent
<5 years	213	9.87
5-10 years	481	22.28
10 -15 years	781	36.17
>15 years	684	31.68
Total	2,159	100.0

The table reveals that a bigger percentage of institutionalized street children fall between 5-15 years. The table reveals that the majority of the children in the centre begins schools late, especially if the government current recommendation of 6 years old in grade one and 11 year old in grade six. Perhaps this can be attributed to the number of years spent on the streets but that was an advantage to the study because many could comprehend the questions easily.

Table 4.16: Enrolment in rehabilitation centres in Southern Zone, Kisumu East Sub-county, Kenya since 2017

Year	2017	2018	2019
Total population in the 12 centers	1980	1908	2159

From the responses in table 4.16 above, it is revealed that there is a general upward trend in enrolment since 2017 because the dropout rate between 2017 and 2018 was only 0.00036 percent but the increase between 2018 and 2019 was 13.16 percent.

Table 4.17: Dropout rate in rehabilitation centres in Southern Zone, Kisumu East County since 2017

Year	2017 - 2018	2018 - 2019
Dropout	72	Nil

Table 4.17 above shows that the rate of dropout is generally low since only 72 dropped out between 2017 and 2018 yet between 2018 and 2019 there was an increase of 251 in enrolment. From the findings, there was a slight dropout rate between 2017 and 2018. During the interview schedules with the center managers and instructors, they explained that it had been a trend in their centers that during major electioneering periods, a number of the children never returned and some could hardly be reached. A few instructors also expressed that there was a small number that also relapsed back to

the streets and attempts to bring them back to the centers were futile since they were able to identify people that wanted to withdraw them from the streets. However, this was an insignificant number.

4.4 Feeding programmes in the sampled rehabilitation centres

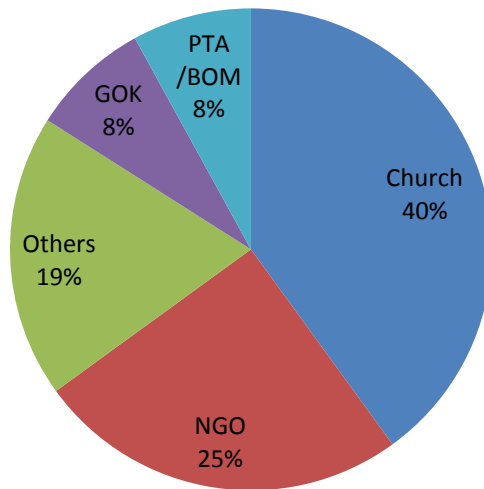
After establishing the demographic information on the three categories of respondents, the researcher sought to establish the correlation between feeding programmes and children’s participation in the 12 rehabilitation centres. The responses as depicted in the questionnaires the centre managers are shown in the table below.

Table 4.18 : Centre managers’ response on availability of feeding programme

Feeding programme	Frequency	Percent
Available	12	100
Not available	0	0
Total	12	100.0

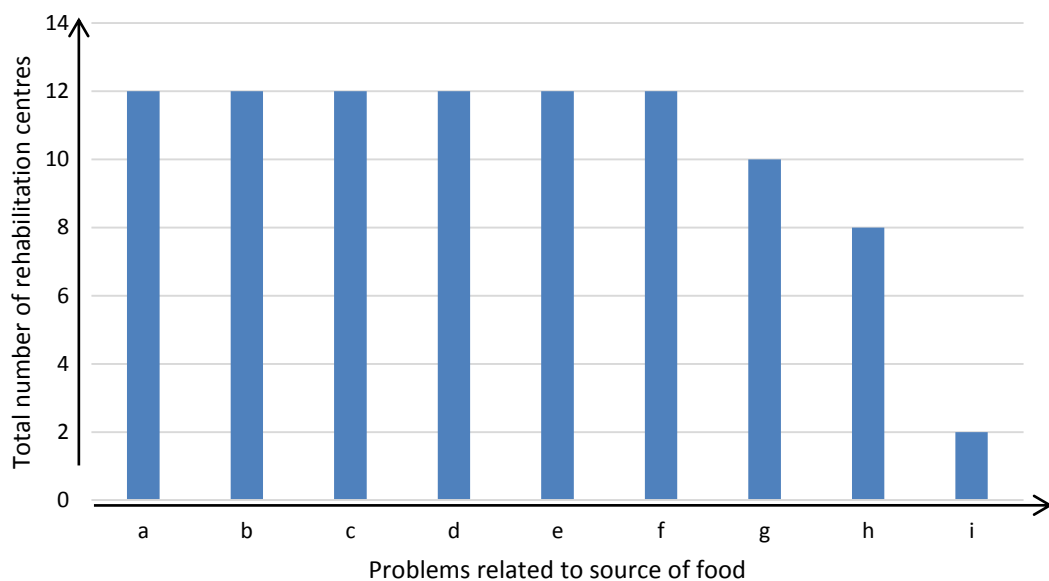
From the distribution above, all the sampled centres were found to be having feeding programs and this is the main factor that improved class attendance. Centre managers were also asked to indicate the sources of food and the following was the response.

Figure 4.1: Centre managers' response on source of food



From figure 4.1 above, the number one provider of food to the rehabilitation centres is church (40 percent), NGO (25 percent), PTA (8 percent), GoK (8 percent) and others (19 percent) . This is likely to have a bearing on enrolment. The centre managers were then asked to indicate any constraints attached to getting food and the following distributions of their response shows problems they experience.

Figure 4.2 : Centre managers' response on feeding programme

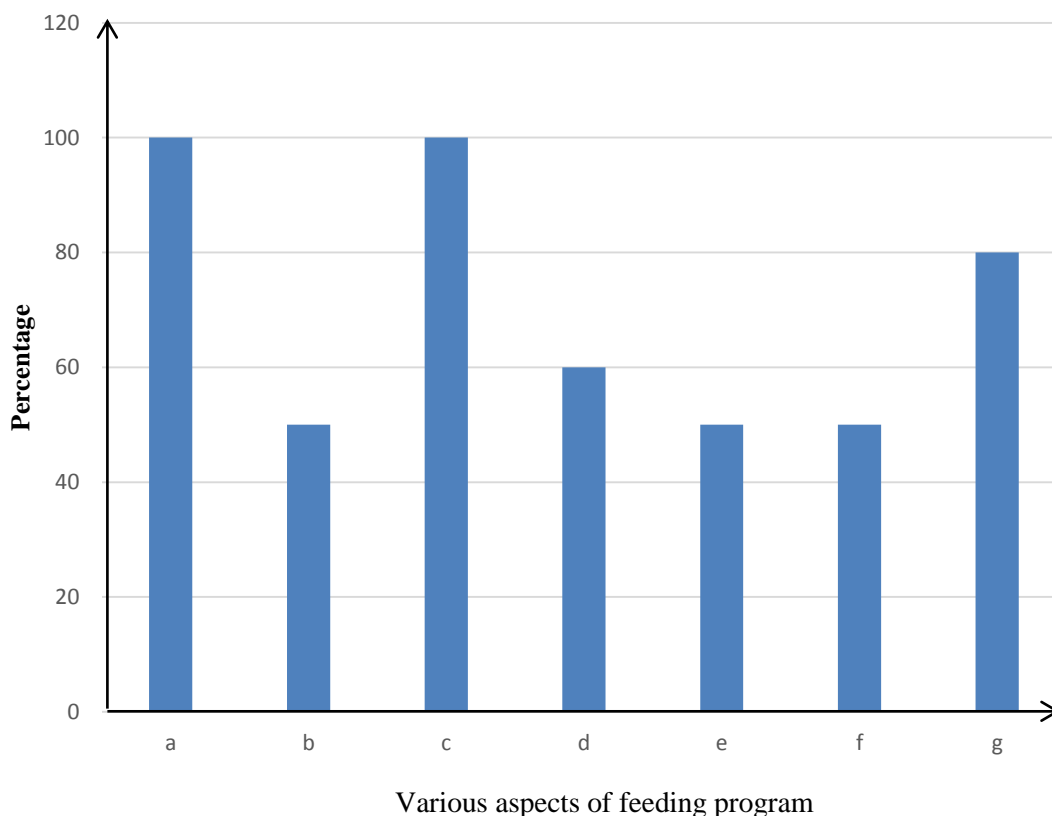


Key

- (a) Inflation-related
- (b) Fluctuation of prices of food
- (c) Poor timing in delivery of food
- (d) Lack of food
- (e) Communication-related
- (f) Unfresh food delivery
- (g) Lack of (HGSFHP)
- (h) Lack of storage facilities
- (i) Other problems affecting school feeding programme

From figure 4.2 above, it was clear that there are common factors affecting feeding programmes in rehabilitation centres e.g. droughts, fluctuation of food prices, inflation rates, communication barriers, time management especially during procurement, unfresh foods during delivery along other problems like lack of storage facilities. The responses have also revealed that a few rehabilitation centres have home grown school feeding and health programmes like keeping animals for milk, meat and eggs a few also grow maize. This positively influences retention and completion rate. Lastly on the objectives of influence of feeding programmes on participation rates of children, the researcher asked the children themselves questions pertaining to the feeding programme and the elicited response is displayed in the figure below.

Figure 4.3: Children’s response on feeding programme



Key

- (a) Food is available
- (b) Food is enough
- (c) Meal timetable available
- (d) Clean food served
- (e) Balanced diet available
- (f) Safe drinking water available
- (g) Polices regarding food hygiene available

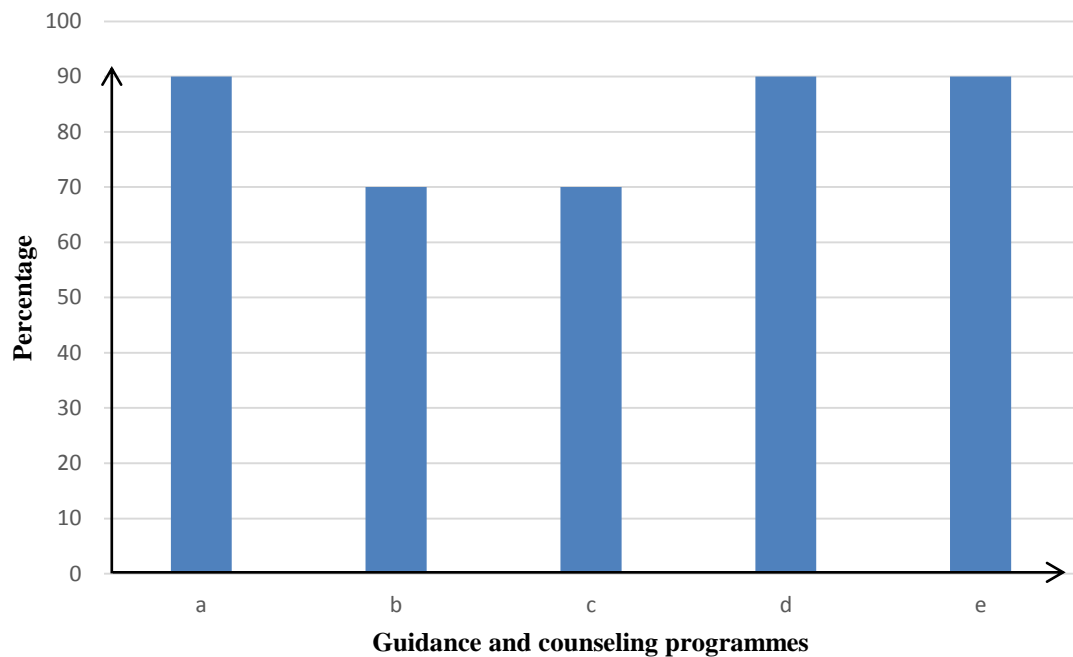
According to the distribution in figure 4.3 above, all the sampled children said they eat in the centres following a meal timetable (80 percent) said there are policies regulating food hygiene (60 percent) said they eat clean food and (50 percent) said food is enough, diet is balanced and safe drinking water is available. The findings implied that feeding

was given first priority in most of the centers. The researcher also carried out an observation and established that there were dining halls in 5 centers, kitchens and tap water in all the centers. From focus group discussions with the managers and children food was enough, clean and balanced. Children generally expressed this with a lot of excitement meaning that their stay was mainly influenced by feeding programme. However, the managers expressed lack of adequate kitchen equipment.

4.5 Influence of guidance and counseling

The researcher sought information on objective 2 – the relationship between guidance and counseling and other social and psychological support programmes and participation of institutionalized street children. This was considered important as supported by a study conducted by Morgan Stecker who presented potentially positive results of supplemental psychological programmes for street children. To determine the level at which guidance and counseling was influencing children's participation in primary education in the rehabilitation centers, the children were asked in questionnaires to indicate the extent to which they thought guidance and counseling enabled them change and take part in primary education activities in the centers. The children were also subjected to a focus group discussion on the same. Teachers were also invited to share their views on the same using an interview schedule. Records from the administration were also used to determine the same. The following figures show the distribution of responses on guidance and counseling and other support programmes.

Figure 4.4: Children’s response on guidance and counseling



Key

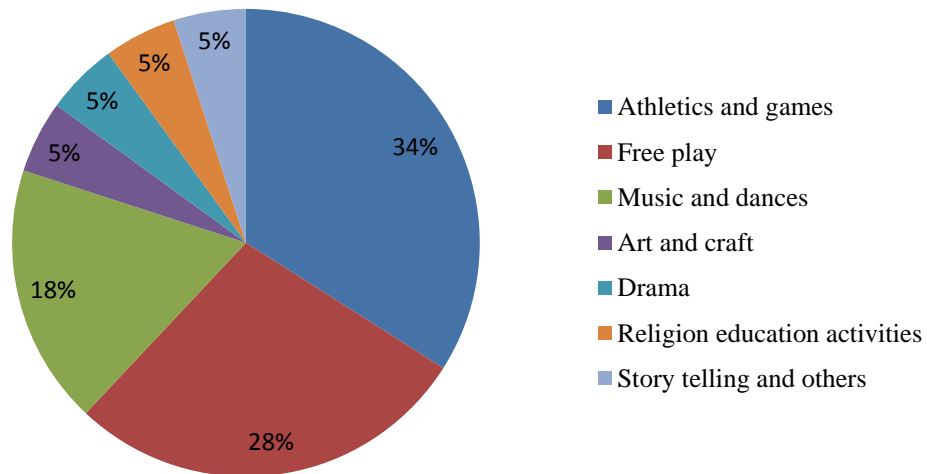
- (a) Guidance and counseling takes place
- (b) Counselees are treated with dignity
- (c) Guidance and counseling is conducted always from other people
- (d) Group counseling is also done

The distribution of responses in figure 4.4 together with both the teachers’ view and records from the center’s administration indicated that the children not only underwent guidance and counseling but were also positive towards it. The results depicted that there were indeed problems associated with street life that needed intensive guidance and counseling.

Thorough scrutiny of documents confirmed that the children undergo thorough counseling which is helpful to their behaviour change as children from the streets. This implies that guidance and counseling activities are frequent and have transformed many children.

To determine how social and psychological support programmes affected institutionalized street children’s participation, records were assessed on the types of activities that the children take part in and their views on how these activities helped them. Teachers were also asked to share their opinions on how these activities influenced the children’s participation. The following figure 4.5 shows the distribution of children’s responses on social and psychological support programmes.

Figure 4.5 : Children’s response on social and psychological support programs



The distribution in figure 4.5 above shows that children do athletics and games more than any other activities (34 percent), free play is done (28 percent) music and dances 18 percent each of drama, art /craft and religion activities take (5 percent) and each of the remaining debate, storytelling, special talents, educational trips and others take (5 percent).This distribution shows that children are engaged emotionally, socially and spiritually and therefore it is evident that apart from class work, the children are engaged in other spheres of learning that can help them shed the trauma from the street life hence staying at the centres and completing the course. The results are in tandem

with Shiundu and Omulando (1992), findings that co-curricular activities play an important role in the life of the school students.

4.6 Influence of physical facilities in rehabilitation centres

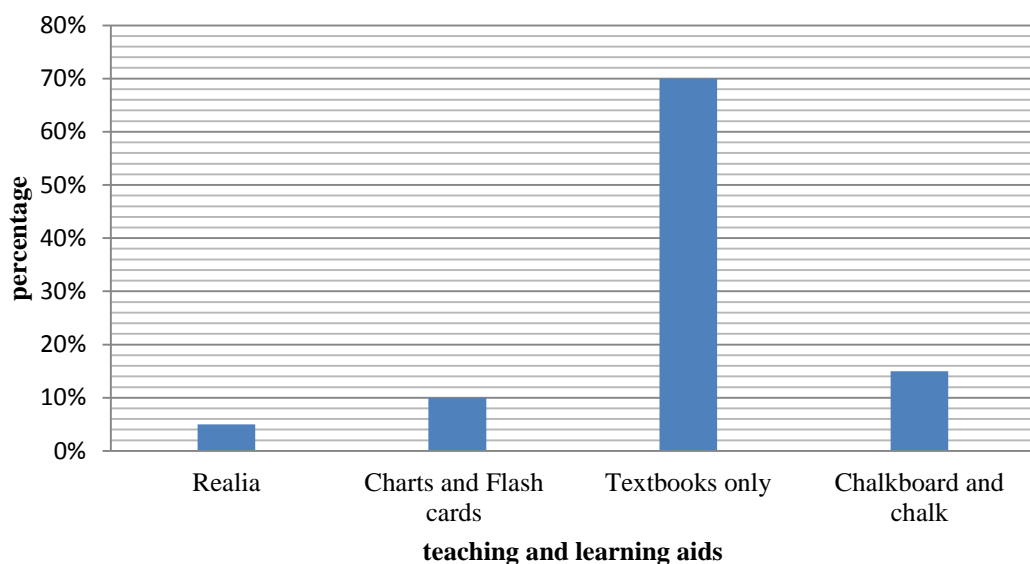
The purpose of the third objective was to identify the challenges that physical facilities can impose in the process of rehabilitation on participation of institutionalized street children. To elicit this objective, (the influence of physical resources on participation rate of institutionalized street children), the researcher asked the centre managers to indicate whether the centres had certain infrastructure and whether they were adequate or not. This was considered important as also supported by knight, 2002, and KIE, 2016, that asserted that adequacy of learning resources makes it easy for learners to acquire concepts and skills that enable them to relate to the world around them. The following was the distribution of their response.

Table 4.19: Availability of physical resources

Physical resources	Enough		Not enough		Not available	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Classrooms	4	33.33	6	50	2	16.67
Kitchen	0	0	12	100	0	0
Dining hall	0	0	12	100	0	0
Dormitories	1	0	5	41.67	7	58.33
Toilets	3	25	9	75.0	0	0
Guidance/counseling room	12	100	0	0	0	0
Library	0	0	4	33.33	8	66.67
Playground	2	16.67	5	41.63	5	41.67
Computer laboratory	0	0	2	16.67	8	0
Others	2	16.67	10	83	0	0

The above table 4.19 reveals that all the 12 centres that were sampled had enough guidance and counseling rooms, 4 had enough classrooms, 3 had enough toilets 2 had computer labs. 6 had but not enough classrooms, all the centres had but not enough kitchens and dining halls, 9 had but not enough toilets, 5 centres had but not enough dormitories and playgrounds ,4 had but not enough libraries and 2 had but not enough computer labs. The physical resource that many centres do not have are libraries, dormitories and computer laboratories. From distribution in the findings, it can be deduced that most rehabilitation centers lacked vital facilities that could ensure higher participation rates in the rehabilitation centers in Southern Zone, Kisumu East Sub-County. It was also established that those with these facilities did not have adequate number and some were also in bad condition hence not service their intended purposes.

Figure 4.6 : The use of teaching and learning aids



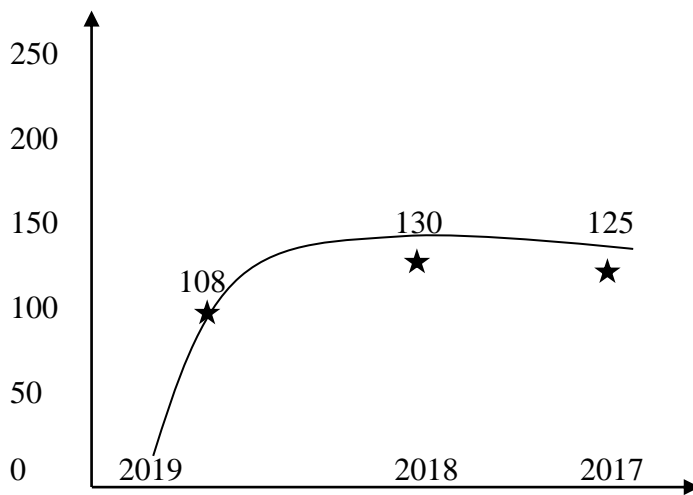
From the distribution in figure 4.6 above, it is clear that many instructors (70 percent) do not engage the use of teaching aids, only 5 percent use realia, 10 percent use charts and cards and a shocking 15 percent teach without the support of text books. This is

likely to have a negative influence on class attendance and transition since mastery of subject matter is likely to be poor. During the focus group discussion with the instructors they expressed that they were not provided with materials necessary for making teaching and learning aids. They reported that most of the sponsors were more concerned about basic human care than education. This may imply that curriculum delivery is compromised.

4.7 The influence of teacher-pupil ratio on participation rates

The objective of this question was to identify any influence in the process of rehabilitation that the number of instructors in a rehabilitation center may have. To achieve this objective, the center managers were asked to indicate the number of instructors in each center.

Figure 4.7 : Instructors establishment since 2017



From the analysis in figure 4.7 above, the number of instructors has not been steady i.e. year 2019 it is 108, 2018 it was 130 and 2017 it was 125. The ratio of instructors to learners in 2019 is 1:19.99, 2018 was 1:15.84 and 2017 was 1:68. This is against the recommended ratio of 1:10. Therefore there is negative influence of the number of instructors on participation of the children since the workload weighs down the

instructors hence poor syllabus coverage. Comparing the enrolment of children in table 4.18 and distribution of instructors in figure 4.7, it is evident that the number of children keeps on increasing while the number of instructors declines. This scenario means that there is lack of instructors in most rehabilitation centers in Southern Zone, Kisumu east Sub-county. This is likely to affect teaching and learning and by extension affect rehabilitation processes. From the focus group discussion with the managers, it was revealed that more young instructors than aged ones do exit the centers mainly in search of greener pastures. They further reported that this adversely hindered consistency in teaching and learning and also increased work load on the instructors.

4.8 Findings of the study

According to the findings of the study, all the sampled centres were found to have feeding programmes though the managers cited certain common factors (inflation rates, fluctuations of food prices, drought among others) that affect the centres sometimes. From interview with the centre managers, the researcher learned that more emphasis is laid on feeding more than other dependent variables because children come from the streets when they are malnourished. According to the managers, this greatly influenced enrolment and retention.

The response from the children about feeding also confirmed that feeding is given first priority, therefore, the study has established that feeding programme positively influences participation rates of institutionalized street children. From all the 12 sampled rehabilitation centres, it was found that there was a room allocated for guidance and counseling which was time tabled though not even once centre had a trained counselor. Both individual and group counseling were found to be taking place. A bigger number (70 percent) expressed that counselees are treated with dignity. The discussions with the managers also confirmed that children gained from guidance and

counseling sessions and this had a positive influence on class attendance, class size and retention.

Apart from guidance and counseling, there are also a number of social and psychological support programmes that help children to shed trauma. The study found that in many centres, children prefer athletics and games to other support programmes like drama, music, debate and storytelling. Many children also enjoy their own-choice games. They indicated that in most centres, time for prayers is timetabled. The children are also given time to develop their own talents. Therefore it is clear that guidance and counseling and social psychological support programs exist in the centres that were sampled and they positively influence participation of the institutionalized children.

On the objective three that was seeking any relationship between physical resources and participation rates of the children, most of the sampled centres have most of the necessary infrastructure but not enough apart from guidance and counseling rooms which all the managers indicated that they adequately have. Many had classrooms (83.33 percent), toilets (100 percent), playground (58.3 percent), kitchen (100 percent), dining hall (100 percent) and the worst hit was library (33.3 percent) computer lab (33.3 percent) and dormitories (41.6 percent). Going by the population of 2,150 children, the resources seem to be stretched since the population of all the sampled centres are on the upward trend. Nevertheless the existing resources seem to be influencing positively the participation rates of the children hence making the children stay in the centres. The use of teaching and learning resources is however not effective because only a few instructors (15 percent) go to classes without any aid at all. 70 percent go to class with only textbooks and a mere 15 percent use teaching and learning aids. This agrees with the fact that most of the managers and instructors are not trained.

The study last sought information about any influence teacher pupil ratio may have on the rates of the participation of institutionalized street children and from the study the number of instructors is still far much below since the children have different special needs which require the ratio of 1:10 and apart from that more time for remedial is needed. The findings also revealed that the number of instructors keep on fluctuating from interviews with the center managers, this had a negative influence on transition and completion.

Generally, the study established that due to well managed feeding programmes and guidance and counseling, there was increased enrolment from 2018 to 2019 by 251. There was increased class size by 13.16 percent. Physical resources also had a positive attribute especially retention. The dropout in enrolment (0.00036 percent) was attributed to continuous fluctuation on number of instructors as was expressed by center managers. The managers further said that there were frequent transfers of instructors and they believed this had a direct bearing on transition and completion.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter summarizes the study findings, conclusions and recommendations. The summary discusses the study findings based on the objectives namely; influence of feeding programme on participation rates of institutional street children in primary education in rehabilitation centres in southern zone, Kisumu East Sub county, Kenya, effects of guidance and counseling on participation rates of institutionalized street children in primary education in rehabilitation centres in southern zone, Kisumu East sub county, Kenya, influence of physical resources on participation rates of institutionalized street children and finally to establish whether teacher pupil ratio affects participation rates of institutionalized street children. Finally this chapter draws conclusions and makes recommendations.

5.2 Summary of the study

Basically, the purpose of the study was to establish rehabilitation based factors influencing institutionalized street children's participation rates in primary school education in southern zone, Kisumu East Sub-County, Kenya. The study used descriptive survey design whereby structured questionnaires which were both open and closed ended. The target population included 15 rehabilitation centre managers, 108 instructors and 2,698 institutionalized street children. Out of these, 12 managers, 81 instructors and 2,159 children participated. The data obtained was analyzed qualitatively and responses in the questionnaires, interview responses and observation data were analyzed and reported qualitatively. Statistical package for social sciences (SPSS) was used to analyze data and the findings were presented in graphs, tables and charts. A research permit was obtained from NACOSTI.

The influence of feeding programme was found to be relatively high since both centre managers and learners after being asked various aspects of feeding programme like availability, hygiene standard, timely prepared and adequacy, the response showed that the beneficiaries (institutionalized street children) were satisfied at averagely 60 percent. Furthermore the infrastructure in most of the centres showed that feeding is given priority. Various aspects of guidance and counseling like upholding dignity of the counselee, safe rooms used, follow ups, records of schedules kept, single and group counseling offered, were looked into when the questionnaires were designed the elicited responses both from the instructors and the children indicated that guidance and counseling was offered in all (100 percent) centres both to individuals and groups and 70 percent of the children indicated that it helped them. This was likely to positively influence retention.

The effect of social and psychological support programme was also analyzed and most learners indicated that they were engaged in a number of co-curricular activities, given time for free play, special talents development and spiritual nourishment. Responses on whether physical resources influence participation rates of the children showed that there were certain infrastructure that were available in all centres like classrooms (83 percent), toilets (100 percent) guidance and counseling rooms (100 percent) and dining halls (100 percent). Only few centres had dormitories (41.67) an indication that children were crowded in their sleeping areas. This was likely to negatively influence class attendance.

On the teacher-pupil ratio factor, the study reveals that there are fewer instructors than recommended owing to the fact that institutionalized street children are actually children with special needs. Since 2017 the ratio have been 1:15.84, 1:14.68 and

1:19.94. The recommended ratio of SNE children is actually 1:10 .Therefore it is clear that the instructors in the sampled rehabilitation centres have been overworked and perhaps that relates to their likely exit from the centres before retirement.

5.3 Major findings of the study

The study sought to investigate the influence of institutional factors on participation rates of institutionalized street children from the findings from the respondents. It was clear that feeding programmes positively influence participation rates of the children as evidenced in the fact that those centers in which there were complete and adequate dining halls, kitchens, clean water and functional meal timetables had higher enrolments. The study also established that many rehabilitation centres in the Southern Zone, Kisumu east Sub-county had given feeding programme first priority.

The study also confirmed that guidance and counseling alongside social and psychological support programmes positively influenced retention and class attendance. This was evidenced in the higher enrolments in centers which had guidance and counseling rooms and sessions, various sporting activities and adequate playground. The researcher also investigated the relationship between physical resources but this did yield a uniform result since different centers had different physical facilities and in different amount and quality. The study could not therefore establish a clear relationship between the availability of psychical facilities and the participation rates of the children. Finally, on teacher-pupil ratio, there was a considerable relationship between the number of instructors and that of children. Centers that had few instructors had few learners though as noted earlier frequent exit by young instructors affected nearly all the centers.

5.4 Conclusion

From the demographic information got from the three categories of respondents, it is clear that both academic and professional qualifications are not requirements when centre managers and instructors are recruited in centres which don't belong to the government. Another clear point is that a third rule of gender is not considered in centre management. Since children from the streets are basically SNE, instructors handling them should therefore be SNE trained and this was not found in 9 out of 12 centres. Instructors' age distribution also showed that almost more than 2/3 of instructors are in their late youth meaning that at some point before retirement, they quit and this interferes with capacity building.

From the responses on objective one (feeding programme), it is indicated that majority of the children are satisfied and in fact all centres had a kitchen and a dining hall, an indication that it was given first priority. As far as guidance and counseling is concerned, it was clear that all centres give it a priority but none of the instructors was trained in it. The other social and psychological support programmes are well inscribed in the timetable and children actually do them but some are done so much at the expense of others. For example athletics and games take almost half of the total co-curricular activities.

Analysis of responses on physical resources influences on rates of children's participation reveal that most out of the centres with few infrastructure have few children and 3 out of 12 that responded that had almost adequate infrastructure had many children and thus confirm that physical resources influences rates of participant of institutionalized street children. From the analysis of responses on teacher-learner ratio, what was evident was that out of the 12 centres, three which had more than 15 instructors had higher enrolment.

5.5 Recommendations

- The government should ensure that all the rehabilitation centres that offer primary education operate according to policies of the Ministry of Education.
- All instructors of primary education should be trained irrespective of the workstation.
- Adopted timetables in rehabilitation centres should be reviewed to ascertain that they are not oblivious of key curriculum components.
- There should be enough infrastructure in a rehabilitation centre before admission is done.

5.6 Recommended further research

Given the scope and limitation of this study the following areas are recommended for further research;

- i) A study on participation of institutionalized street children should be carried out in other counties other than Kisumu.
- ii) A model of the study should be carried out incorporating more variables that possibly influence participation of institutionalized street children.

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APPENDICES

APPENDIX I: AUTHORIZATION LETTER



UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF EDUCATION
DEPARTMENT OF EDUCATIONAL ADMINISTRATION AND PLANNING

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April 17, 2019

Our Ref: UON/CEES/SOE/A&P/1/4

TO WHOM IT MAY CONCERN

JENIPHER ADHIAMBO ONYANGO- E55/66374/2010

This is to certify that the above named is a Master of Education student in the Department of Educational Administration and Planning at the University of Nairobi. She has completed her course work and is summarizing her research proposal on " **Rehabilitation - Based Factors Influencing Institutionalized Street Children's participation in Primary School Education in Southern Zone, Kisumu East Sub - County, Kenya. Her area of specialization is Education in Emergencies**

Any assistance accorded to her will be highly appreciated.

Thank you.

Yours faithfully,




JEREMIA M. KALAL PHD
CHAIRMAN
DEPARTMENT OF EDUCATIONAL ADMINISTRATION AND PLANNING

JMK/sg

APPENDIX II: QUESTIONNAIRE FOR HEAD TEACHERS

The aim of this questionnaire is to gather information on how participation of learners in rehabilitation enters influence the population of street children in Kisumu East County, Kenya. Kindly provide your responses without any reservation as this is for academic purposes only. Your identity will be treated with utmost confidentiality. Do not write your name anywhere in this questionnaire.

Section A: Demographic information

1. What is your age?
 < 25 26-35 36-49 > 50
2. State your gender?
 Male Female
3. Your highest level of education is;
a) Graduate b) Diploma
c) P1 d) Others (specify)_____
4. Who is your employer?
a) TSC b) PTA
c) Others (specify)_____
5. What is your teaching experience?_____
6. Any SNE specialization: Specify_____

Section B: Feeding programme

1. Does the centre have a feeding programme?
 Yes No
If No, state how and where the children eat_____

2. Who provides the food to the centre?
Government [] Parents []
Churches [] NGO []
3. State any challenges experienced in getting food?_____

Section C: Physical Resources

1. Do you have enough classrooms for each special need category?_____
- If No, state how the school rearranges its space to accommodate all activities

2. Does the centre have a kitchen?
Yes [] No []
- If No, state where meals are prepared_____
3. Are there enough toilets for girls and boys?
Yes [] No []
- If No, state how the children help themselves_____
- 4) Do children have enough play ground?
Yes [] No []
- If No, state where they play_____
- 5) Are there enough dormitories?
Yes [] No []
- If not state how the children sleep _____
- 6) Is there a spacious dining hall?
Yes [] No []

If No, state where the children eat _____

7 Is there a room for guidance and counseling?

Yes [] No []

If No state where you counsel the children _____

Key

G – Girls

B – Boys

Section D: Learner enrollment

	2019		2018		2017	
	G	B	G	B	G	B
Admitted						
Dropped out						
Repeated						
Completed						

Thank you for your participation

APPENDIX III: QUESTIONNAIRE FOR INSTRUCTORS

Below is a questionnaire with 4 sections. You are required to answer all questions as honestly as possible. Put a tick (√) in the spaces provided.

Section A: Demographic data

1. What is your age?
< 25 [] 26-35 [] 36-49 [] > 50 []

2. State your gender
Male [] Female []

3. Your highest level of education is;
a) Graduate [] b) Diploma []
c) P1 [] d) Others (specify)_____

4. Who is your employer?
a) TSC [] b) PTA [] c) Others (specify)_____

5. What is your teaching experience?_____

6. Any SNE specialization: Specify_____

Section B: Teaching and learning

	1 % - 25 %	25 % - 50 %	50 % - 75 %	75 % - 100 %
I prepare for lessons				
I attended my lessons				
I evaluate and monitor children's work				
I provide feedback in time				
I pay attention to individual difference				
Recommend referrals when necessary				
Complete syllabus				

Section C: Availability of teaching and learning materials

1. Are there enough books for the subject you teach?

Yes [] No []

If No state what is done about the deficit _____

2. Are there enough stationery in your department?

Yes [] No []

If No, state how you make up for the deficit _____

3. Are there enough teaching and learning aids in your department?

Yes [] No []

If No state what is done instead _____

4. Are there enough play equipment?

Yes [] No []

If No state what is used _____

5. Are there special equipment for SNE children? Yes [] No []

If No state how SNE children are assisted _____

Section D: Social and psychological intervention

- How frequent are the following conducted?

	1 % - 25%	25 % - 50%	50 % - 75%	75% -100 %
Plays				
Drama				
Songs and dance				
Athletic & games				
Free play				
Special talents				
Art and craft				
Debate				
Religion education				
Educational trips				
Time spent on correction measures				
Time spent on teaching				

Thank you for your participation

APPENDIX IV: QUESTIONNAIRE FOR CHILDREN

Below is a questionnaire with 5 sections. You are required to answer all questions as honestly as possible. Put a tick (√) in the spaces provided.

Section A: Personal information

1. State your gender_____
2. What is your age?_____
3. In which class or grade are you?_____

Section B: Feeding programme

4. Do you eat in the school?
Yes [] No []
If No state where?_____
5. Is the food usually enough?
Yes [] No []
If no, is there usually a way in which you subsidize?_____
6. Are there school policies regarding food cleanliness?
Yes [] No []
7. Is there a balanced diet?
Yes [] No []
8. Is there a meal timetable followed?
Yes [] No []
If no, how are the children managed at meal times?_____

9. Is safe drinking water available?

Yes [] No []

If no, state the source _____

Section C: Guidance and Counseling

1. Do your instructors offer you guidance and counseling?

Yes [] No []

If No how are your mistakes corrected _____

2. Is there a guidance and counseling room?

Yes [] No []

If No, where does your guidance and counseling take place? _____

3. Is there also group counseling?

Yes [] No []

If No how is group misconduct handled _____

4. Who usually initiates the counseling procedures _____

5. How frequent do you do co-curriculum activities _____

Section D: Social and psychosocial programmes

	Yes	No
a) I chose to come to this center		
b) I like this centre		
c) We do music		
d) We do drama		
e) We perform dances		
f) We do athletics and games		
g) There is usually time for special talents		
h) We do art and craft		
i) We do debate		
j) We do have educational trips		
k) Instructors offer guidance and counseling		
l) We normally have time for free play		

Thank you for your participation

APPENDIX V: INTERVIEW GUIDE FOR CENTER MANAGERS

- i. How many instructors are in your center?
- ii. How many children are in your center?
- iii. Do you have enough instructors?
- iv. In your opinion, how do the instructors cope with different special needs presented by the children during teaching and learning?
- v. Do any children relapse back to the streets?
- vi. Briefly explain any challenges (if any) with feeding programme.
- vii. Is there guidance and counseling programmes and other social and psychological programmes.
- viii. What can you say about physical facilities?
- ix. Briefly, can you state challenges or successes there may be in teaching and learning.

APPENDIX VI: FOCUS DISCUSSION GROUP WITH INSTRUCTORS

- i. How many children are in your class?
- ii. Do the children attend class regularly?
- iii. What are the common reasons that make children miss classes?
- iv. Can you briefly state some common mis-behaviours you encounter with the children.
- v. How often do you offer guidance and counseling?
- vi. Do some children relapse to the streets?
- vii. Do you use teaching and learning aids?
- viii. Briefly, state any sporting activities you engage the children in and how frequent?

APPENDIX VII: FOCUS DISCUSSION GROUP WITH CHILDREN

- i. How do you like your stay in the center?
- ii. What do you like most in the center?
- iii. How do you solve problems amongst you?
- iv. Is there guidance and counseling programme in the center?
- v. What can you say about feeding?
- vi. Do you enjoy class work?
- vii. Do you have enough space to play in?
- viii. What about playing equipment?

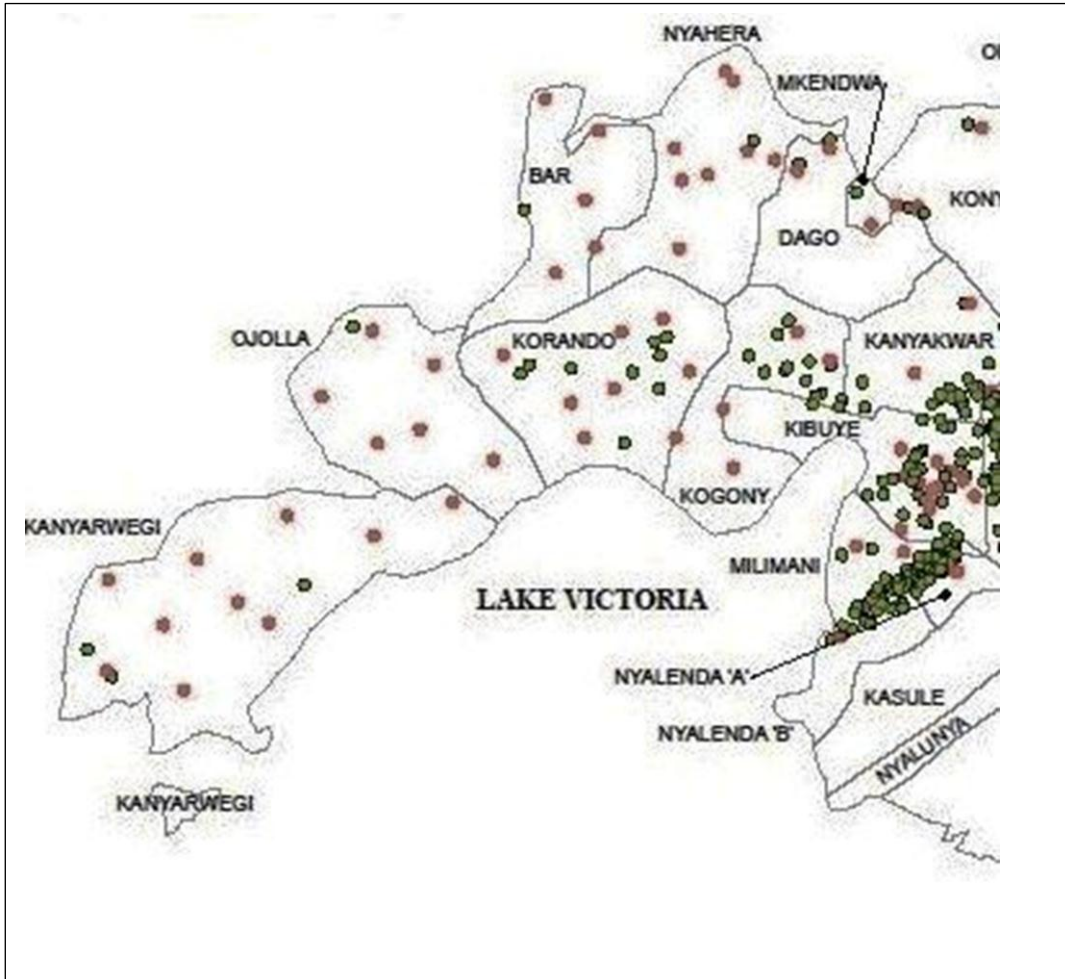
APPENDIX VIII: OBSERVATION SCHEDULE

The researcher observed the following facilities that happen to have a bearing on participation rates of the children.

School physical facilities

Facility	Availability	Adequate	In good condition
Classrooms	12	No	4
Toilets	12	No	3
Kitchen	12	Yes	8
Dining halls	12	No	9
Dormitories	12	No	1
Guidance and counseling rooms	12	Yes	12
Playground	7	No	4
Library	4	No	4
Computer laboratory	2	No	2
Others	2	No	2

**APPENDIX IX: MAP OF REHABILITATION CENTERS IN SOUTHERN
ZONE, KISUMU EAST SUB-COUNTY**



APPENDIX X: PERMIT

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014.

CONDITIONS

1. The License is valid for the proposed research, location and specified period.
2. The License and any rights thereunder are non-transferable.
3. The Licensee shall inform the County Governor before commencement of the research.
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
5. The License does not give authority to transfer research materials.
6. NACOSTI may monitor and evaluate the licensed research project.
7. The Licensee shall submit one hard copy and upload a soft copy of their final report within one year of completion of the research.
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice.

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REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation
RESEARCH LICENSE

Serial No.A 24992

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:

MS. JENIPHER ADHIAMBO ONYANGO
of UNIVERSITY OF NAIROBI, 92-902

KIKUYU, has been permitted to conduct
research in **Kisumu County**

on the topic: REHABILITATION BASED
FACTORS INFLUENCING
INSTITUTIONALIZED STREET CHILDRENS
PARTICIPATION IN PRIMARY SCHOOL
EDUCATION IN SOUTHERN ZONE KISUMU
EAST SUB COUNTY KENYA

for the period ending:
27th May, 2020



Applicant's
Signature

Permit No: NACOSTI/P/19/38027/29840

Date Of Issue : 29th May, 2019

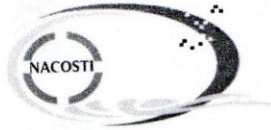
Fee Received :Ksh 1000





Director General
National Commission for Science,
Technology & Innovation

APPENDIX XI: RESEARCH AUTHORIZATION



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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NACOSTI, Upper Kabete
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NAIROBI-KENYA

Ref. No. **NACOSTI/P/19/38027/29840**

Date: **29th May, 2019**

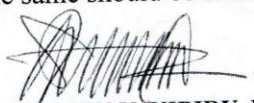
Jenipher Adhiambo Onyango
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Rehabilitation based factors influencing institutionalized street children's participation in primary school education in Southern Zone Kisumu East Sub County Kenya*" I am pleased to inform you that you have been authorized to undertake research in **Kisumu County** for the period ending **27th May, 2020**.

You are advised to report to **the County Commissioner and the County Director of Education, Kisumu County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.


DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Kisumu County.

The County Director of Education
Kisumu County.