EFFECTIVENESS OF STREET CHILDREN REHABILITATION CENTRES:

A case study of their services in the city of Nairobi

BY

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Declaration

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19/11/2009
Dedication
This research project is dedicated to God for giving me the wisdom to pursue my studies. My wife Faith for her patience and guidance as I put a lot of time into it. My parents Mr. & Mrs. Kiragu for their encouragement to pursue education and making my dream come true.
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<tr>
<td>APPCAN</td>
<td>African Network for the Prevention and Protection against Child Abuse and neglect</td>
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<td>NCC</td>
<td>Nairobi city Council</td>
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<td>COPE</td>
<td>Complementary Opportunities for Primary Education</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>GOK</td>
<td>Government of Kenya</td>
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<td>ICDC</td>
<td>International Child Development Centre</td>
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<td>IIEP</td>
<td>International Institute for Education Planning</td>
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<td>KANU</td>
<td>Kenya African National Union</td>
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<td>KIE</td>
<td>Kenya Institute of Education</td>
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<td>NGOs</td>
<td>Non-Governmental organizations</td>
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<td>SAPs</td>
<td>Structural Adjustment Programmes</td>
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<td>UNESCO</td>
<td>United Nation Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USK</td>
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Abstract

Street children have become part of the landscape in most Kenyan cities and town. The life of the children on the streets is miserable, difficult and characterized by lack of food, shelter, security, basic amenities, school, medical care and parental love among others. The city council launched a rehabilitation programme for street children in the year 2003. Since then, there has been no concrete monitoring and gauging the effectiveness of the programme. Hence the purpose of the study is to investigate and evaluate the effectiveness of the city council rehabilitation program of the street children since 2003.

The study was guided by the case study method on the four rehabilitation centres which are Joseph Kang’ethe, Bahati, Shauri Moyo and Kayole rehabilitation centres. The four centers are based within Nairobi city council where the program operates. The four centres have the majority of children and youth rescued from streets of Nairobi and its environs. The study was centered on children undergoing rehabilitation; it also sought to determine the level of success of these programs in rehabilitating street children towards change of behaviour and improve their livelihoods. The respondents of the study were the centre management, care givers, social workers and street children both in centers and in the streets.

The descriptive survey design was used in the study. The sample comprised the above four mentioned rehabilitation centres. The study employed the purposive sampling technique in selecting the sample. Data was collected through questionnaires and interviews. The study will be significant in that it will give recommendation to the government and management staff of rehabilitation centers on ways to successfully achieve their goals and objectives. This is expected to contribute positively to successful rehabilitation of the growing number of street children to enable them be productive people in the future society.
1.0 INTRODUCTION

1.1 Background
One of the most conspicuous symbols of poverty is the growing number of children in the streets: children making a living by scavenging, hawking and soliciting while their peers are in school. They constitute the category of humanity which has been a feature of urban life all over the developing world (Munyakho, 1992). According to Alianza (2000), an estimated 10 million children live and work in the streets of the developing world. Most street children (75 percent) have some family links but spend most of their lives on the streets begging, selling trinkets, shining shoes or washing cars to supplement their families' income. The rest (25 percent) live in the streets, often in groups of other children. They sleep in abandoned buildings, under bridges, in doorways or in the public parks (Alianza, 2000). Life in the streets is a painful experience. They often “get into fights, they stab each other, they get run over by cars, they get beaten up. they get burnt; they get shot by the police while committing crimes. It's gruesome” (The Big Issue, 2002: 4-5).

In 1975, there were approximately 115 street children in Kenya. This number increased to 17,000 in 1990, and subsequently to over 150,000 in 1997. In Nairobi, the number increased from 3,600 in 1989 to 40,000 in 1995 and 60,000 in 1997. By 1999, the number in Mombasa had reached 5,000; in Kisumu 4,000; in Malindi and Kilifi, 2,500 each, and in Kitale and Nakuru, 2,000 each (Shorter and Onyancha, 1999). From the above statistics, one gathers that street children can be found in all major towns in Kenya.

During a workshop organized by African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) November 1994 in Nairobi, it was said that the genesis of the phenomenon of the street children in Kenya goes back to the early 1950s when colonial government broke up families by imprisoning men and women, or by taking them away to concentration camps. The children were left helpless and they
wandered off into the streets of Nairobi in the hope of finding some means of survival (ANPPCAN, 1995).

Street children are always perceived as delinquents, psychotics or objects of pity. One thing that comes strongly is that they have a sense of intrinsic self worth. In many cases because of the harsh experiences they undergo and the practical learning that they have obtained and more so their survival instincts having been exceptionally developed, what they are in need of is the right environment, education and primary healthcare and when they are channeled in the right direction they would become productive assets to the nation and positive contributor to the economic and social development of the society.

Street children are exposed to a myriad of health hazards because of their lifestyles, malnutrition, poor health, violence, sexual abuse and substance abuse. They not only look dirty but also manifest health problems like coughs, skin rashes, cuts, ugly deep wounds, body lice, fleas and worms. (Shorter and Onyancha 1999).

Most of them suffer from poor mental health due to ostracism, lack of love, insecurity and emotional deprivation and help blot what they undergo they result into substance abuse. Many street children are oftenly abused, beaten and ill treated on the streets and in some remand homes. Their access to medical care is limited due to lack of funds or ignorance on where to access information and services and in most case when they visit the health centres treatment is not given due to the negative attitude of the health workers towards the street children (Njiru 2004). As a result, most of them die in the street from easily curable diseases; some suffer from severe disability due to the injuries inflicted by their friends and the public. When under influence of drugs they are involved in accidents that leave them disabled or dead! Due to their ignorance, they are at times unaware that they are ill; ironically, they cannot afford to fall ill as they have to go out to eke a living. Filthy environment, lack of proper shelter and exposure to extreme weather conditions further undermines the health of the street children. Due to their conflict with the law and being seen as a threat to the security they are subjected to undue harassments from public and police. The spectacle of street children playing variety of legal and illegal trades has reliantly gained attention in many urban centres and cities their presence is ubiquitous and growing not only in the city but also in the rural areas (Nyambira 2006).
A proportion of these children have no contacts with their families sometimes because they are not wanted, distress at home hence they opt to leave on their own accord. When migrating to the streets, they engage in risky behaviours by developing subculture of their own and adopt the streets as both workplace and a habitat. (UN habitat 2005) These children whose image is typically evoked by the term “street children” have attached a significant degree of concern, their plight is not only a child related issue but also is a fact about the perilous state of contemporary familial and societal bonds. Most of the children and youth in the streets do not trust adults; many perpetuate abuse on their weaker peers. (Suda 1999). Although they have a wide range of skills related to survival and informal income generation, these strengths become unarticulated and unrecognized by mainstream society. As a result of few children benefiting from sustained formal education means that the children and youth in the street generally find it difficult to earn money legally. As a result are forced into crime and confrontation with general public many seek temporary relief from their situation through substance abuse and when trapped in cycle of poverty, violence and abuse. They get into petty crimes when alienated from functional stable social environments. Coincidentally the number of children globally estimated as being without access to basic primary education is 100million with greatest population of children out of school found in Africa. (Nyambira 2007, Njiru 2005, shorter and Onyancha 1999).

Street children are disadvantaged: They have no access to formal education, basic services or family affection and support. They are disfavored children with poor chances of having a decent future, condemned to live by deceit, stealing, prostitution or violence (Lusk, 1989; Young, 1995; Beanan, 1996). Some of them are homeless. Many who attend school initially are forced to leave consequently relapse into illiteracy. These are multiple characteristics that restrain the opportunities available to them. While they may triumph over one or two such disadvantages, the convergence of such effects can create a nearly absolute barrier to personal success in education or economic life. It should be borne in mind that no one chooses ignorance, disease, poverty, irresponsibility and incompetence as a way of life (Ministry of Education and Human Resource Development, 1999).
1.2 The Statement of the problem
The street children phenomenon was first noted in 1969 in Kenya and it has grown in leaps and bounds to a level where there is a high concentration of street children in the city. This phenomenon has increasingly become monumental both in dimension and in perception despite the most recent government efforts to rehabilitate street children. The number of street children has continued to rise by the day due to ineffective methods of addressing the problem. However, when the National Rainbow Coalition (NARK) came into power in the year 2002 after landslide victory over KANU the Ministry of local government put into place programmes to rehabilitate street children in the capital city Nairobi. Led by the then Minister of local government, Karissa Maitha and the then Nairobi mayor Joe Aketch, the Nairobi City Council offered to train about 300 street children at the National Youth Service after successfully having gone through the existing rehabilitation centres (Daily Nation, August 2005). Nonetheless with no job opportunities, many of them are back to their old way of life in the streets.

It is evident that education is the main instrument that can help rehabilitate street children into responsible, self-reliant persons. Hence, most organizations dealing with this category of children have integrated them into educational programmes further long term development and care. Furthermore, the right to education is enriched in the UN convention on the rights of the child. It is in this regard that the government will be fulfilling the Kenyan law and with the mere fact that Kenya is a party to the convention.

Education also keeps children away from schools, despite the introduction of free primary education in Kenya; there is a still large imbalance in access to basic education. This is because of the hidden charges that are beyond reach by the poor urban and rural families. Most of this children drop out of school and others don’t even have the chance of starting it.

A persistent shortcoming in planning of education in Kenya, as in other economically developing countries, is that plans invariably do not cater for everyone in society. Many marginalized groups are left uncatered for and end becoming a burden to the society. Among those who are not covered by most of these plans are street children; a group that constitutes a major loss of human capital as they are potential criminals; people who, as a matter of fact, will live a life of dependency. When they reach adulthood, they will
constitute a major social destabilization factor and definite cause of political instability (ANPPCAN, 1995). Their presence certainly indicates a decline in primary school enrolment and an increase in dropout rates. Investing in the poor (street children) is vital to ensure that they can become productive members of society; to this end, education is key. For this reason a variety of rehabilitation centres have emerged to complement formal schooling, thus helping to bridge the existing gap in access to education, a task which is not easy to accomplish. However, it has not had a noticeable impact on the magnitude of the problem in Kenya (Easton et al, 1994) this may enable other NGOs to build on these lessons and benefit from them in order to optimize collective response to the problem of the street children. As was aptly observed by UNESCO-IIEP (1997), it is important to learn lessons from such mitigating approaches and to trigger a capitalization process as a necessary condition for intervention on a large scale.

NCC rehabilitation centres with concerted effort to get rid of children and families from the streets, it was vital to note they have special needs that made them to get tied up to the streets life and culture. They could not fit into normal formal schools system because of their prolonged stay away from a family set up. Majority of them were discriminated against and thus needed an intense rehabilitation which is normally slow, painful and expensive process before they can be absorbed into the normal primary school system or skills training centre. The rehabilitation involved the need for integration with families, relatives or communities where possible. The process and placement needed a multi-sectoral approach calling for the collaboration of government, community, beneficiaries' parents and key stakeholders in service delivery. Their numbers continue to rise due to the ineffective methods that are applied in addressing the problem. The street children are put into rehabilitation centres but most of them go back to the streets (Daily Nation. Aug 15, 2007). Most of the children run away from rehabilitation centres because they claim to be living under harsh conditions, alienated from basic needs, misery and untold sufferings under the disguise of rehabilitation. There is therefore no empirical studies showing the success or otherwise of the rehabilitation centers in meeting their objectives. This study wishes to fill that gap in literature and to provide a basis for a change in direction in ensuring success of rehabilitation centers in Kenya.
1.3 Research Questions
The study was guided by the following questions;

i. What are the characteristics of the street children in the NCC centres?

ii. What are the characteristics and activities of the Nairobi City Council rehabilitation centers?

iii. What is the perception of street children towards the NCC rehabilitation centers?

iv. What is the effectiveness of the NCC rehabilitation centers?

1.4 Objectives of the study
The main objective of the study was “To assess the effectiveness of the Nairobi city Council rehabilitation centres in the rehabilitation of street children”.

The specific objectives
The study was based on the following specific objectives

i. Determine the characteristics of street children in the NCC rehabilitation centres.

ii. Establish the characteristics and activities of the Nairobi city council rehabilitation centers.

iii. Determine the perceptions of street children towards the NCC rehabilitation centers.

iv. Determine the effectiveness of the NCC rehabilitation centers.
1.5 Justification of the study

It is hoped that this study will set the stage for effective rehabilitation of street children, including literacy, training, provision of life skills which will enable them lead a healthy and productive life in future. On the basis of the present situation and forecast the future needs of the street and other disadvantaged children living in the streets. It is hoped that the government and rehabilitation centres will borrow reference from it when making decisions so that opportunities for those who have received schooling or have dropped out of school are improved and are made responsive to their plight. The findings of this study hopes to help guide rehabilitation policy makers as far as street children are concerned. In particular it will be of great importance to the government of Kenya to be able to come up with policy and guidelines on rehabilitation of street children and also to the city council management to develop goals that adhere to the expectation of street children.

It is also worth mentioning that there are various exit paths to street children from the streets. But the rehabilitation centres in this study contribute greater portion since it is sponsored by the Nairobi City Council and thus the need to carry out this study on the success of this centres in achieving their goals and objectives over the years. The NCC setup was chosen because the city is made of heterogeneous population and high number of street children as well as rehabilitation facilities.
1.6 Scope and limitations of the study
The study focused on the effectiveness of rehabilitation centres of street children in Nairobi. The Nairobi city council rehabilitation centres were investigated to find out whether the programme had positive effects on street children/youth after being removed from the streets.

The study sought to investigate such concepts as street children phenomenon, characteristic of rehabilitation centres, Characteristics of street children, perception of street children towards rehabilitation, effectiveness of rehabilitation of street children.

The parents of street children, those involved in provision of rehabilitation in Nairobi and other towns are not included. There were chances that the study will left out some information that could be useful. It was difficult to establish rehabilitation centres financial base due to limited access to relevant documents and records. As such, it was not be possible to judge the sustainability of the rehabilitation programmes.

Getting accurate information from the children was quite difficult. They had developed an extraordinary capacity to tell stories. Lying about their ages, family background, the reasons for being on the streets, and their current circumstances is included in their well-rehearsed scripts.
2.0 LITERATURE REVIEW

2.1 Introduction
In this chapter review literature of various categories that is in line with the objectives of this study concerning the street children and their life in street and rehabilitation centres.

2.2 Street children
The term ‘street children’ is hotly debated. Some say it is negative – that it labels and stigmatizes children. Others say it gives them an identity and a sense of belonging. It can include a very wide range of children who: are homeless; work on the streets but sleep at home; either do or do not have family contact; work in open-air markets; live on the streets with their families; live in day or night shelters; spend a lot of time in institutions (e.g. prison); are sex workers. The term ‘street children’ is used because it is short and widely understood.

There is no clear definition of street children. For example, it cannot be assumed that all children on the streets are homeless. The great majority—well over three-quarters and as many as 90% of the children on the streets in various developing countries work on the streets but live at home and are working to earn money for their families (Ennew, 1986; Myers, 1989). Estimates of Colombian street children have ranged from 130,000 (UNICEF, 1985) to 25,000 (Goode, 1987). The difference reflects the change that came about by excluding working children. For many years, UNICEF said there were 40-50 million street children in Latin America (Ortiz & Poertner, 1992; Tacon, 1982). These numbers would mean that more than 45% of all Latin America’s children are street children (Ennew, 1986). One estimate of the street children in Brazil reached 30 million (Sanders, 1987). This meant that more than half of all Brazilian children were street children (House, 1989).

These figures fail to take into account the differences between working children living at home and street children who work in the streets but do not live with adults. Lusk (1992) developed four categories of children found in the street. 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 street. Their conditions are
related to poverty. In India, they are referred to as pavement dwellers (Patel, 1983),
whereas in the United States they are the children of homeless families. Finally, there are
the children who have broken off contact with their families. They are residing in the
streets full time and are the "real" street children. Lusk (1992) considered this group to be
about 15% of his sample of children in the streets of Rio de Janeiro. Patel (1990), in her
study of street children in Bombay, had a similar categorization of children in the streets.
Cosgrove (1990) has used two dimensions to define street children: the degree of family
involvement and the amount of deviant behavior. According to Cosgrove, a street child is
"any individual under the age of majority whose behavior is predominantly at variance
with community norms, and whose primary support for his/her development needs is not
a family or family substitute" (p. 192). Cosgrove's definition assumes a great deal of
cultural consistency, but deviance and "family substitutes" are greatly embedded in
cultural particulars. For example, how do we handle the fact that in many cases the life of
street children is healthier—both physically and emotionally—than is the child's life at
home.

The United Nations has its own definition of street children: it any girl or boy for whom
the street in the widest sense of the word (including unoccupied dwellings, wasteland,
etc.) has become his or her habitual abode and/or source of livelihood, and who is
inadequately protected, supervised, or directed by responsible adults" (International
Catholic Children's Bureau, 1985, p. 58). Some definitions of street children divide the
children on the streets into stages of street life. Aptekar (1988b) and Visano (1990)
defined the process of moving from home to the streets in stages beginning with a slow
but progressive amount of time away from home until there is a full matriculation to
street life and culture. Other writers have added to the definition by describing different
types of experiences of the children, such as the quality of their play and work and their
relations with peers, adults, and authority figures (Dorfinan, 1984; Lusk, 1989; Shifter, 1985).

There are two additional facts that warrant attention in defining street children. One is the range of their ages and the second is their gender, which is overwhelmingly male in the developing world and equally split between male and female in the developed world.

Children rarely begin street life before they are 5 years of age (Gutierrez, 1970). When their body image changes to that of an adult, they are forced into criminal behavior or into the same kinds of work that other poor adults do to survive. The reason for this is that the small children are looked on as being cute and receive alms because of it, but when they get big enough to be perceived as adults they are considered dangerous and so getting money from the public is more difficult. There are cultural differences to this phenomenon. Visano (1990) noted that age was a liability among the 50 street children she studied in Toronto. The young had restricted employment prospects. Also, because they were under the compulsory school attendance age, they were committing a legal offense. Because the children were in the developed world, the law was enforced. The fact that the great majority of the children are male is often hidden when the children are referred to as street children and not street boys. The predominance of boys (83% in a study in Juarez, Mexico; Lusk, Peralta, & Vest, 1989) is particularly striking because in many cultures girls are more likely to be abandoned and abused than are boys (Korbin, 1981). The most common claim for finding fewer girls in the streets has been that they are taken off the streets to become prostitutes (Agnelli, 1986; Nixon, 1991; Tacon, 1981a; UNICEF, 1986).

But the numbers do not bear this out. Using UNICEF’s estimates of 40 million street children in Latin America (Tacon, 1981a), one would assume—if there were no gender differences—that half would be female. If half of those became prostitutes, there would be 10 million prostitutes in Latin America—a figure that is much too high. A more plausible reason for the gender difference is that because girls are needed in the household, they never get to the streets. Many street children come from female-headed homes in which boys are socialized into leaving home much earlier than western middle-class sensibilities deem appropriate and in which girls are encouraged to stay home far longer than is
typical in the developed world (Aptekar, 1989c). Another factor—one less considered and more subtle—is the dynamics that go on between stepfathers and male stepchildren. This is a common situation and might account for boys—but not their sisters—ping to the streets (Aptekar, 1988a, 1988b; Felsman, 1979). It might also explain why half of the street children in the developed world are female (Brennan, Huizinga, & Elliott, 1978). The reason may be that prostitution is less an option, but the situation could also be the result of the patriarchal family structure. The dynamics of the patriarchal family structure might be more conducive to daughters leaving home, whereas the dynamics of the matriarchal family structures of East African and Latin American countries and of the poor in North America might be more conducive to boys leaving home. There is plenty of room for more study.

At this point, it can be said that street children are of both genders although they are far more likely to be male in the developing world. Street children are more than 5 years of age but are not old enough to be perceived as adults. They work in urban streets without adult supervision. They live without their parents although they keep some contact with them. And they are not the children of the working poor. (Mugo 2004).

2.2.1 Characteristics of street Children
Street children can be differentiated into two main categories “children on the street” and “children of the streets” (Ennew, 1194; 1989). Genuine street children or children of the street are either orphans or children who have been turned out or abandoned by their parents. Some run away from home. The street is not just their work place; it is their home. The most pressing problems faced by street children are police violence, malnutrition, drugs abuse, prostitution and rape (Hlatshwayo, 1997; Shorter and Onyancha, 1999, ANPPCAN, 1995; Lusk, 1989).

In various review of various studies done in India on street children, Bose (1982) made the following observation on the characteristics of street children:

i. Most of the street children are over age of 6yrs and majorities are 8years old. Initiation into street life begins early in life and most small children are likely to be in company of older siblings, relative or parent.
Most of street children are boys.

Most of them have not attended school or dropped-out before completing.

Most of street children have families’ links and return home after days activities. They usually work with full knowledge and support of parents and guardians and those without family are attached to an adult or peer’s family.

Parents of street children hold low-paid, unskilled or self employed.

Most street children work for a living, although this is more case for boys than girls.

Street children work exclusively in informal sector in jobs that don’t require special skills, training or sizeable capital like picking rags, scrap, carrying loads, vending (usually of inexpensive goods), shoe shining and cleaning of vehicles among other jobs.

The nutrition and health status of street children is not satisfactory. Food intake both quantitatively and qualitatively inadequate. They lack bathing, toilets facilities and they are exposed to various health hazards, unsanitary surroundings and environment.

They are exposed to physical abuse and extortion and although most are law abiding, the need to survive forces some of them to engage in illegal activities.

Street children are engaged in daily, survival scenarios and develop resourcefulness, self-reliance, independence and survival skills for life in the hostile environment at early age. They are alienated from mainstream of life and thus rarely have social status. Because of their casual contact to the society they rarely develop protective relationship with non-street people. Consequently they are deprived their childhood by being forced to cope with realities adulthood and poverty at early age with little prospect for future.

Street children have developed unique values which make it hard for them to enroll and remain in school or rehabilitation centres: they value the jobs they do to earn a living. Going to rehabilitation centres is difficult because they have to create time for work, they also value freedom and their independence and would rather be free walk and work in the streets than be confined to a rehabilitation centre (Government of Kenya/UNICEF, 1995).
Bose (1992) and the World Bank (1996) reported that when education is made available to all children in slums and poor neighborhoods, an important milestone in human resource development will have been reached.

It is important to mention that street children phenomenon is not solely a result of inefficiencies in the formal school system, but also a variety of factors including the “...failure of the state in most countries to deliver political stability, economic development and sustainable livelihoods to reduce poverty and extreme deprivation...and in general provide an environment of general well-being and access to benefits of modern human civilization for the majority of the citizens” (Aina, 1997).

2.2.3 The situation of street children in Latin America
What accounts for the phenomenon of street children in a particular culture is difficult to ascertain. In some countries of Latin America-most prominently Colombia, Brazil, and Mexico street children have been around for more than a generation. But Brazil, which actually has the highest number of street children in Latin America, is bordered by Uruguay, Paraguay, Argentina, and Bolivia) each of which has relatively few street children.

A common denominator that might explain the cultural conditions for street children is a non-dictatorial capitalistic country in the developing world that has significant urban centers. This could explain the high incidence of street children in Mexico, Colombia, and Brazil, and it would help explain why there is a low incidence in Chile, Paraguay, Cuba, and Tanzania. This hypothesis does not explain why Argentina and Uruguay have so few street children. Perhaps these countries have more of a European heritage than they do an indigenous or African culture. This would explain why Colombia, Mexico, and Brazil, which are influenced strongly by their African and indigenous cultures, have many street children. Yet the idea that some cultural groups are over- or underrepresented in the population of street children is also difficult to accept. Cuba, for example, has few street children but a strong African culture. Bolivia has a strong indigenous culture and few street children. (Lalor, Taylor, Veale, Ali Hussein, & Bushra, 1992).

Within one country, Ecuador, the numbers of street children vary by region. In Guayaquil, which has a large African influence, there are many street children; in Quito,
which is largely influenced by indigenous culture, there are few street children. It might be that street children are a modern phenomenon, that is, they are not found in places with strong indigenous cultures. Thus Connolly (1990), in a comparative study of street children in Bogotá and Guatemala City, found it very difficult to locate street children in Guatemala City, which has a far higher influence of indigenous culture than Bogotá, which has many street children. This would help to explain the situation in Bolivia but not in Peru, which has many street children.

The idea that there might be a link between a relatively recent, violent, anti-colonial national movement and the onset of street children is worth examining. Veale (1992), in a comparative study of street children in mid-19th-century Ireland and the current Sudanese street children, wrote that civil unrest was the reason for the origins of street children in both countries. Civil unrest dating from the Mau Mau struggle for independence has been connected to the origins of Kenyan street children (Nowrojee, 1990). There are also many street children in South Africa, where their high numbers have been related to the country's violent political problems (Swart, 1988). In all of Latin America, Colombia has had one of the most violent popular uprisings. Indeed, its current violence has been connected to the period of *la violencia* and to the high incidence of street children (Aptekar, 1989a).

Argentina and Chile had relatively less adverse anti-colonial wars but had recent violent politics. Yet they have fewer street children than do Brazil or Mexico, neither of which has had recent political violence (excluding the very recent violence in Mexico). The situation in many countries of Central America, where there has been considerable civil violence, has not produced many street children. A worldwide study of street children, perhaps conducted by using the Human Relations Area Files it would be helpful to learn more about why certain cultures have an over- or underrepresented amount of street children.

Whatever the cultural factors that account for street children, studies continually asked to compare street children in the developing world with those in the developed world. As bad as the situation is perceived by the American public, for example, there simply is no place in the United States where there are large numbers of children living without adults.
and working in full public view. What the United States and the developed world have is a large delinquent and violent population, most commonly found in the poor urban slums. Street children are less delinquent or, as I have described elsewhere, they are more like thieves than thugs (Aptekar, 1989b). For all practical purposes, there are no guns in the slums of Latin American or East African cities, a situation that is considerably different from that in the United States.

There are other differences as when, one of which is that there are far more females among street children in the developed world than there are in the developing world. Also, many homeless children in the developed world are from middle-class families, unlike the case in the developing world. In addition, North American runaway children are more likely to be on the streets because of family discord than because of poverty. Nearly 80% of American runaways have been physically or sexually abused (Reppond, 1983). Only 20% of the Latin American street children are on the streets because of physical or sexual abuse (Lusk, 1989).

2.2.4 The Situation of Street Children in East and Southern Africa
UNICEF (1990) estimated that, in 1980, there were 369 million poor children under age 15 in the cities of the developing world. Africa is young, urban and poor. Half of the continent’s population is under 15. Thirty seven percent of the population lives in towns of cities – the majority living in slums and squatter settlements. The average urban growth rate is estimated to be 5% per annum. Thirty four of the world’s Highly Indebted Poor Countries are in Africa. The related challenges these statistics bring, are compounded by the HIV/AIDS pandemic. Sub-Saharan Africa had 11 million orphans in 2003, Per Engebak (2004). One of the results of the situation facing Africa is an increasing number of street children. Today we are seeing second and third generation street children in some African towns and cities. The issue of street children in East and Southern Africa is a relatively new phenomenon when compared with the history of street children in South and Central America and parts of Asia. It only started to become a significant and widespread phenomenon in the 1980s. The Civil Society Forum for East
and Southern Africa on Promoting and Protecting the Rights of Street Children has quantified the numbers of street children in these regions.

A study carried out by Lugalla and Mbwambo (1999), highlighted the family structure of street children in Tanzania. They found that prior to street life 42% of the children came from polygamous marriages and 33% came from single parent households. Moreover, 78% of the children came from large families of between six and fifteen children. Among the objective difficulties are workloads borne by the mother, and how this in turn, affects her relationship with her children.

Some societies, such as Tanzania, have not had strong civil violence and have few street children. Ethiopia has had a long history of civil war, and the violence has not produced many street children. Kenya, in which some children on the streets are said to have been born from parents who themselves were street children (Clark, 1982), is bordered by Ethiopia, in which almost all of the working children on the streets return to their families at night (Lalor, Taylor, Veale, Ali Hussein, & Bushra, 1992).

Both Uganda and Ethiopia have a mixture of Christian and Moslem populations, and both have been equally undemocratic. Uganda is wealthier than Ethiopia yet has more street children. Sudan, also a country of Muslim, Christian, and animist faiths did not have street children until the recent ethnic violence in the southern part of the country (Veale, 1992; Veale & Taylor, 1991).

2.2.5 The situation of Street children in Kenya

The number of street children documented in Kenya in 2002 was approximately 250,000, (SNV/Kenya & GTZ PROSYR 2002) and this number is continuously rising. Many factors have contributed to the increasingly growing number of street children in Kenya, such as rapid urbanization, the breakdown of traditional support structures of the extended family, the ever more difficult circumstances faced by single parent households, parental neglect due to poverty and the repercussions of the HIV/AIDS epidemic. This leads to more visible street children in the major cities of Kenya (Human Rights Watch 1997).

The treatment of these children is noticeably poor, they are often stigmatized, ignored and sometimes feared by society, and they are frequently beaten, bullied and harassed by
the police, security guards and fellow street children (Palmqvist 2006). The street children in Kenya, as is the case in many developing countries are a growing population of the most disadvantaged youth and they face serious dangers to their health, social and moral development (CRADLE 2004).

The association of street children and crime has increased in the recent years and despite a consistent lack of evidence of children being involved or planning to be involved in criminal activities they are still hoarded off the streets and into police cells (Palmqvist 2006). A majority of the time these children are arrested for being homeless, on grounds of vagrancy, loitering or because they are in need of care and protection. Very few are arrested for committing serious crimes. The most common crimes include their involvement in small businesses deemed to be illegal such as unlicensed hawking or petty theft. According to a research on Street Children’s Rights in Kenya Mehreen Jaswal in 2007 many are arrested for being in need of care and protection.

Furthermore, although government and police officials may state that street children are rounded up for the purposes of identifying and reuniting them with their families or placing them in appropriate institutions for their care, the manner in which the children are treated both by police and within institutions, contradicts such intentions as these children are arrested and dealt with like criminals in many cases despite the implementation of the Children Act 2001 (Palmqvist, 2006).

The number of children in Kenya orphaned by AIDS was estimated at 1.2 million as at the end of 2000 (HRW, 2001). Street children are particularly vulnerable to HIV/AIDS, their lifestyles and struggles to survive land them in the highest risk categories for contracting the disease, with sexual exploitation and substance abuse putting them at particular risk. AIDS is not only resulting in an increase in child-headed households, and in child labour, but it is also a significant contributor to the increase in the number of children in the streets (Foster & Williamson, 2000).
2.3 Education and training programmes for the street children

Lusk (1989) observed that nothing contributes more to a loss of human development potential than childhood and youth spent outside the framework of a family and school in the unusually hostile environments of the street. Education has become a lifelong process, with people learning at any age and at any place as needs and opportunities arises. Some learning opportunities are relatively unstructured and non-formal, but nevertheless provide meaningful education experience. Bennani (1996), Smith (1997) and Interpress Service (1997) have pointed out that although the best solution to the street children phenomenon would be to reunite them with their families, some children do not have homes or families to return to, thus the need to carry out this study on rehabilitation centres and the level of objectives and goals achievement over the past years.

Most of the programmes that cater for the street children have endeavored to respond to their special needs (ANPPCAN, 1995), which include food, clothing, education, love and support. The main purpose of street children rehabilitation, education and training should not be limited to imparting information which is relevant for examinations, but rather to provide knowledge that is relevant to the children impoverished circumstances and to the need they have to earn a living (Shorter and Onyancha, 1999; ANPCAN, 1995). Currently there are more programmes for boys than there are for girls in most rehabilitation centres and homes. The kind of training provided for these children vary, boys for example have a choice of the following vocation; Carpentry, masonry, mechanical engineering, motor vehicle mechanics, tailoring, driving, welding and plumbing (ANPPCAN, 1995; Black, 1993). Education programmes need to be supported with additional resources like health workers and counselors (ANPPCAN, 1995).

During a workshop entitled “Hearing on the Street Children in Kenya” organized by ANPPCAN and held in Nairobi on November 1994 (ANPPCAN, 1995), the following recommendation were made.

i. Any education programme for street children must be flexible. It must serve to rehabilitates and provide adequately for the street children physical, psychological and social needs.
ii. In order to contain the street phenomenon, adequate provisions should be made for children from poor families. Basic education should be made compulsory and free and alternative designed for street children (The Children’s Charter of South Africa, 1992).

iii. The essential elements of street children education should include literacy and vocational training, with a strong dose of life-skills training will help the child to develop into a self-reliant, productive and responsible citizen.

iv. Schools should see themselves much more in terms of their community function: they must make greater efforts to retain children.

2.3.1 Rehabilitation of street children
According to a research done by Mehreen Jaswal at the Gitathuro Rehabilitation centre in 2007 on The Treatment of Children in the Criminal Justice System and the Progress of Street Children’s Rights in Kenya. Emphasis is placed on rehabilitating street children in order for them to integrate and become productive members of society when they are older through formal education and reintegrating them with their families. There is little interest in integrating these children into society in their current situation; this emphasizes the fact that they are seen as ‘becoming’ as opposed to ‘being’. These methods, however can sometimes prove to be ineffective and in fact more detrimental to the well-being of the child.

A Non-Governmental Organization (NGO) Rescue Dada work with street children in Kenya. They try to help children with their immediate needs and problems, and then find out how willing they are for rehabilitation. The street workers get to know the children, and a relationship is established. This can lead to the children accepting help beyond the basic needs.

Eventually, they will be taken into the refuge homes where they receive care, food and primary education. Even so, many of them run away, and the rehabilitation success rate is low, only about 10 per cent of all street children in Nairobi get rehabilitated (Palmqvist, 2006).
Although Rescue Dada are successful in obtaining the trust of street children and are able to provide them with food and care, they are unsuccessful in terms of rehabilitating the children.

According to Nyambira 2007, rehabilitation of street children is long and involving process that needs involvement of various stakeholders in the society for it to be successful. Much studies has been done on the street children, their plight and their ways of life but little has been done on the rehabilitation process and successful achievement of its objectives over the years and thus the need for this study. According to Mehreen Jaswal 2007, Apart from rehabilitation centres most of the street children find ways of being incorporated into the society and attain a good way of life. Some of these avenues are through adoption, taken to work for families, taken to juvenile homes, taken to orphanages, church institutions, National Youth Service (NYS) and some children homes like Rescue Dada, Mukuru promotion centre and The Undugu Society (USK).

2.4 Development of the different rehabilitation approaches.
According to research done by Mugo (2004) said that the government of Kenya has been dealing with the issue since the mid 1950’s. Then under the colonial rule, the ministry of community development and rehabilitation recommended that the children be trained and reintegrated back into the society. The children would hence be institutionalized during their training period and reintegrated back once they graduated.

Khasiani (1999) noted that after independence, the NGO’s which first tried to help reduce the magnitude of the problem took the form of orphanages as typical preventive and rehabilitative solutions to children and youth exposed to all forms of abuse, delinquency, destitutes or runaways.

According to a research done by Suda (1999) showed that there cannot be one single strategy that works to rehabilitate street children because all settings are unique and require different interventions.
2.5 The NCC rehabilitation Centres

According to Nyambira (2007) the government of Kenya through the ministry of local government in view of the challenge highlighted came up with children rehabilitation programme to channel the skills and potential of street children with an arena where they can be made self-reliant. It embarked on an agenda of getting rid of the street children and street families from the streets of Nairobi and opened up residential rehabilitation centres. These centres are Pumwani reception centre, Joseph Kang’ethe in Kibera, Shauri Moyo centre, Kayole rehabilitation centre, Kariokor reception centre, and Bahati rehabilitation centre. These centres were aimed at rescuing street children and youth, offer guidance and counseling services, Skills training, basic education, food, shelter and medical care.

Beside feeding, sheltering and educating disadvantaged children, NCC Rehabilitation Centres looks into employment creation, small enterprise development, the pursuit of affordable shelter, community nutrition and health. Its objectives are to rehabilitate, educate and train these children within the framework of a wide range of community-development services and to improve the condition and prospects of all the local children whose future appear uncertain.

According to the Daily Nation Aug 15 2005, The Nairobi deputy mayor incumbent at the time asked other municipal and local councils to think of rehabilitation programmes for ‘their street children’ so that they could not flock the city.

Although the NCC centres are successful in obtaining the trust of street children and are able to provide them with food and care, they are unsuccessful in terms of rehabilitating the children. This is due to the state of the rehabilitation services available in Kenya and the treatment of children within these institutions. According to Mehreen Jaswal 2007, in his research of Street Children’s Rights in Kenya, Participation has to be the most essential component of programmes for street children. These children have their own views and life experience to share and are more likely to commit to projects if they have a major role in designing and running them.

Many of the ideals of these centres still remain, and little has been done in terms of renovating them, for example they have has not been fully renovated since they were
acquired, a few superficial changes have been made such as painting the dorms, however the basic amenities are still inadequate. The structure of these rehabilitation centres does not make it a successful place in terms of rehabilitating the children.

Children in these institutions and on the streets are extremely vulnerable as they are unaware of their rights and have nobody to turn to if they feel they have been abused or exploited.

Different organizations and programmes could benefit from a participatory approach, as this would offer alternatives to traditional ways of providing solutions and services to marginalized children (Pare 2003).

2.5.1 Efforts by Government
Street children's lack of access to education is considered a violation of a fundamental human right: the right to education proclaimed in the 1948 universal Declaration of Human rights to the 1989 Convention on the Rights of the Child (UNICEF, 1999). When Kenya gained independence in 1963, the Kenyan Government undertook measures to eradicate poverty, disease, ignorance and illiteracy. Its commitment to the provision of education is reflected in the Kenya African National Union (KANU) manifesto of 1963 which underscores the government’s dedication to the provision of universal free primary education. Sessional paper No. 10 of 1965 on African socialism and its application to planning in Kenya recognizes the important role of education in human resources development, and Education Act of 1968 gives responsibility for provision of education to the Ministry of Education through the Children’s Act committed itself to providing free education to all children. After the historic election of 2002, in which the ruling party (KANU) lost, the new government hastily declared free primary education. Even with the above declaration and commitments many children in Kenya are still out of school (Nzomo, Yildiz, Manyange and Thompson, 2004).

Although the government is obligated to provide education to all, many actors’ play vital roles in delivering it: from international agencies to local communities, NGOs and religious groups. All over the world NGOs have initiated education programmes for street children: In Kenya, there are about 250 NGOs offering education to street children.
Such organization include Undugu Society of Kenya, Tunza Dada, the Kwetu Home of Peace, Good Samaritan Home and Imani (Shorter and Onyancha, 1999; Young 1995). But according to CRADLE 2004, the number of rehabilitation centres and rescue homes is inadequate and record keeping in the system is not up to date (CRADLE, 2004).

Article 27 of CRC (1989) states that every child has the right to a standard of living adequate for his or her physical, moral and social development. Parents have the primary responsibility to ensure that their children have this standard of living and governments must ensure that this responsibility can be and is fulfilled.

Although Kenya has signed up to this convention, they have not fulfilled the responsibilities of the CRC (1989). This is evident in the growing number of children who turn to the streets.

According to article 1 of the international correction on the rights of the child. A child is any human being under age of 18 years. A child is referred to any person(s) under the care and support of the respective institutions irrespective of their ages. The last category is the emerging street families, these consists of children born out of street marriages, cohabitation on the streets, or through unwanted pregnancies or a group of children related or not related by blood living together as a family in the streets (Njiru (2005). In 2003, the government came up with rehabilitation centers and reception centres in Nairobi for the street children and children at risk living in the streets of Nairobi. The rehabilitation centres also doubled up at ridding the city of Nairobi of the street families and act as a buffer to many more who were flocking the city centre from other towns in the country and also the informal settlement who were seeking better opportunities in the city.

2.5.2 Efforts by the Nairobi city council.

A cooperation between the public and private sectors saw the inscription of the children’s act in 2001. Part of this law endows the state within the obligation of safeguarding children’s rights among them the right to survival and development, education and protection against child labour.

Further redress of street children and street families saw the rise in effort by the ministry of Home affairs and the ministry of local government, the street children trust fund and
the introduction of the free primary education. These efforts were geared towards riding
the city of street families and rehabilitate them into responsible adults.
The rehabilitation was aimed at guiding and providing the street children with skills and
formal education to make them self reliant and have literacy skills.
This brought about efforts by the government through the city council of Nairobi embark
on a major programme of getting rid of street families from the streets and opening of
drop-in-centres and further opening rehabilitation centres in the city of Nairobi to realize
this goal.

2.6 Characteristics of the rehabilitation centres.
After the street children were removed from the streets they were taken to a drop in
centre in Kibera – The Joseph Kang’ethe center. This is where the street children were
first received . There is available help for their immediate needs, they are able to access
basic needs e.g. food, shelter and clothing.
Sports and other recreational activities are also enhanced to help the street children and
youth go through the rehabilitation process. They are also taken through counseling and
informal theory sessions to enhance their literacy levels and model them into responsible
persons. The aim is also to help them understand the change they are going through after
the life in the streets and the street culture so much entrenched into their life.
Case assessments are carried out get an individual background of the street children and
youth. The information gathered is analyzed and stored by a social worker and it is used
as a basis for individual treatment plan and the process of reintegration. The youth are
later categorized according to their ages and taken to the other rehabilitation centers run
by the city council for further development and rehabilitation.
The street children who are between the ages 14-18 are placed in Bahati rehabilitation
centre where they are placed in formal schools. This is a rehabilitation centre for boys.
They are enrolled at the city council school in the neighbourhood where they attend
school after the introduction of the free primary education.
They are given various duties at the project e.g. cleaning of the dormitories, preparing
food, washing their clothes among others. This is meant to instill a sense of responsibility
and training to being a self reliant person who can carry on duties on their own.
The street children aged 14 years and below and girls of all ages are placed at the Kayole rehabilitation centre. The youth who are above the age of 18 years (boys) are placed at the Shauri moyo rehabilitation centre where they are enrolled in skills training. They undertake various skills training e.g. carpentry, hairdressing, mechanics, catering and welding courses. Upon graduation they are placed for attachment and upon completion some of them are assisted to open up their own businesses by being given the start up capital.

Age and Behaviour of street children
Most of the street children are over age of 6yrs and majorities are 8-25 years old. Most of the street children/youth dropped out of school or have never attended school. While at the rehabilitation centers they are given choices on what they will undertake either formal schooling or skills training. Most of the street children wish to go back to formal schools. This poses a challenge to the management because their ages do not correspond with their learning ability. Some of them find classes being too childish and their classmates being too young hence they do not fit leading to dropping out.

Because of the behaviour attained and the street culture so much engrained into their lives. They do not pay attention to the authorities, they engage in verbal and physical confrontation with their colleagues, some fake illnesses and make fun during the lesson to frustrate the efforts of the teachers, and some even sneak out of school to abuse drugs.

The street children require adequate and prolonged rehabilitation efforts to change their behaviour and attitudes before admission to schools. They also require thorough career guidance. This will ensure that they will succeed in the learning environment hence reaping maximum benefits in the rehabilitation programme.

Scarcity of Qualified personnel
Lack of skills and inability to communicate effectively are major bottlenecks in the rehabilitation efforts. Most of the staff do not qualify to run this programmes. They have inadequate professional skills which causes a serious disorganization and poor management of the rehabilitation effort.

The availability of funds and effective utilization of these funds heavily lies in administrative effectiveness and efficiency. This leads to embezzlement of funds because
there is no moral duty, professional qualification and work ethics being employed while undertaking these duties to rehabilitate street children/youth.

Staff in-training to enhance their skills and hiring of qualified; highly trained personnel would be a critical factor in raising the standard of effective rehabilitation process.

**Low participation and High drop out rates**
The trend of street children is back in the streets of Nairobi and town centres as a result of high drop out rates from the rehabilitation centres a reality that requires an intervention. The reasons behind this phenomenon are the addiction to drugs and the craving leads them to sneak out and eventually drop out for easier access.

Lack of love and appreciation, lack of attention, delinquency and other traits picked from the streets make it difficult for the children/youth to adapt to the strict routine in the rehabilitation centres. They thus cannot fit to the systems employed at the rehabilitation centres.

Other factors attributed to the drop out cases are psychological problems, lack of satisfaction, addiction to money, freedom in the streets, strict rules and disciplinary measures, rigidity of programmes, following laid down rules and procedures and negative peer influence.

A characteristic of street children/youth is that most of them have dropped out of school or have never been to school. Their long absence from the school environment makes it difficult for them to adjust to the routine and measures employed. Out of the frustrations, they end up streaming back to their former familiar free environments; the streets.

**Inadequacy of financial resources**

Inadequacy of funds is the most impeding factor in the process of rehabilitation. Most rehabilitation centres run by the Nairobi city council have been hit by instability and survive on shoe string budgets mostly relying on well wishers.

Funds to run these programmes are channeled through the Ministry of local government. There has been cases of corruption and bureaucracy that has impeded the delivery of services, shortage of learning materials and recreational materials that are critical in the rehabilitation process.

The bureaucracy in the ministry and lack of laid down procedures and policy guidelines that are followed to the letter and further to the misery of running these
programmes. Resources thus take a long time before they get to the intended beneficiaries. At times they are not delivered hence beating the idea of their being in existence leading to glaring closures.

The shortage of funds and reliance on inconsistency well wishers lead to low motivation among the beneficiaries and staff and little efforts go towards their work of effective rehabilitation and most of the time the staff will abscond from their duty and the street children/youth sneak out of the rehabilitation centres to cater for the need not being met at the centres.

**Insecurity**

The cases of insecurity have been on a critical increase in most parts of the country and the rehabilitation centres have not been left behind. Insecurity is a major hindrance to development in Kenya and as bigger threat in the rehabilitation process.

Most of the rehabilitation centres are not well secured and guarded. They do not have guards and anyone can just walk in and out. The beneficiary's movements are also not regulated hence compromising the safety of the beneficiaries and their security is not guaranteed.

There have been cases of loss of property among the beneficiaries. There are also cases where there is no staff at night to keep watch on what is going on in the centres. This has led to beneficiaries sneaking out and reporting back in the wee hours of the morning. Some street children have been arrested by the police after being found loitering near the rehabilitation centres at night. There are also complaints from the neighbourhood and they are directed towards the street children in the rehabilitation centres being a nuisance.

Guaranteed security would be a major boost in the efforts to improve the rehabilitation process.
2.7 Theoretical framework of the study

2.7.1 Voluntary Organizations Perspective

Voluntary organizations are most often non-profits – in particular service agencies – which are located in, and provide services to, neighborhoods and communities.

The emphasis is on the active participation of youth and the attempts to reshape the community ecology to be supportive of youth are the hallmarks to many current efforts. Many of the efforts linking children and teens to voluntary organizations stems from concerns about the quality of public education. These approaches use schools as the base of community support for youth. Most popular among these approaches are collaborations between community agencies and schools such that agency services are provided in schools (Dryfoos, 1994). In contrast, some argue against service provision in schools and instead urge integration of the organizations services in multiple neighborhood locations (Chaskin & Richman, 1992). The placement of integrated services in diverse locations throughout a community is believed to allow for greater resident involvement in shaping service planning and tailoring service delivery to diverse population needs.

The most popular framework around which these activities take place is called youth development. Youth development programs are guided by several principles. First, the emphasis is on assets or strengths inherent in all youth, rather than a traditional approach which focuses on deficits (Wynn, Merry & Berg, 1995). Second, the level of intervention is often the community rather than individuals (Jarvis, Shear & Hughes, 1997). With this orientation, youth development is aligned with an organization or ecological approach – it emphasizes the breadth of organizations and the connections between organizations that compose a community. Third, youth development approaches seek the active participation of youth in program design and implementation (Pittman & Wright, 1991). Fundamental to the movement towards voluntary organizations has been a shift away from viewing youth as objects to be served to a view of youth as participants with assets and skills to bring to a developmental process. In addition to a new perspective on youth themselves, a broader analysis entailing an ecological understanding of community has
altered the nature of many youth-focused organizations to develop new partnerships and innovations that seek to modify communities to become youth-enhancing environments.

This attention to the role of voluntary organizations in child and youth development is consistent with several recent national trends (August, Realmuto, Hektner, & Bloomquist, 2001). Many of these trends are loosely coalescing into the growing movement to promote a strengths-based approach to psychological theory, educational and social service practice, and public policy over more traditional deficit and victim-blaming models. This movement favors a variety of positive psychological and intervention concepts that are thought to operate on both the individual and community levels (and often the family and organizational levels as well). These include empowerment, development, resilience, competency-based prevention, health/mental health promotion, community psychology, positive psychology, ecological theory, asset-based community development, social capital, networks, diversity, and multiculturalism (Yates & Youniss, 1998; Youniss & Yates, 1999).

Most of the recommended programs are government run, some are non-profit, more and more represent public-private partnerships, all recognizing the key role of both public support and community involvement (Perkins, et al., in press).

Voluntary organizations engage individuals, families, and communities in a strengths-based process of designing, implementing and evaluating interventions that are collaborative, participatory, and empowering. “It has been increasingly recognized that the larger social environments in which individuals, families, and communities are embedded substantially influence, and limit, intervention efforts to bring about positive change; importantly, without influencing these larger environments our very best social policies and programs have relatively limited potential to make a substantial, sustainable, positive difference” (Maton et al, in press).

These examples make it clear that education and human development do not stop at the schoolhouse door or the end of the family driveway. The integration of voluntary organizations, along with community learning and more traditional service-oriented activities, appears to hold promise for children and teens (August, Realmuto, Hektner, & Bloomquist, 2001; Wynn, Merry & Berg, 1995).
2.7.2 Theory of Behaviour Change

Mounting evidence suggests that behaviour change occurs in stages or steps and that movement through these stages is neither unitary nor linear, but rather, cyclical, involving a pattern of adoption, maintenance, relapse, and re-adoption over time. Prochaska et al (1992).

The work of Prochaska and DiClemente (1986) and their colleagues have formally identified the dynamics and structure of staged behaviour change. In attempting to explain these patterns of behaviour, Prochaska and DiClemente developed a transtheoretical model of behavioural change, which proposes that behaviour change occurs in five distinct stages through which people move in a cyclical or spiral pattern.

The first of these stages is termed precontemplation. In this stage, there is no intent on the part of the individual to change his or her behaviour in the foreseeable future. The second stage is called contemplation, where people are aware that a problem exists and are seriously considering taking some action to address the problem. However, at this stage, they have not made a commitment to undertake action.

The third stage is described as preparation, and involves both intention to change and some behaviour, usually minor, and often meeting with limited success. Action is the fourth stage where individuals actually modify their behaviour, experiences, or environment in order to overcome their problems or to meet their goals.

The fifth and final stage, maintenance, is where people work to prevent relapse and consolidate the gains attained in the action stage. The stabilization of behaviour change and the avoidance of relapse are characteristic of the maintenance stage.

Prochaska and DiClemente further suggest that behavioural change occurs in a cyclical process that involves both progress and periodic relapse. That is, even with successful behaviour change, people likely will move back and forth between the five stages for some time, experiencing one or more periods of relapse to earlier stages, before moving once again through the stages of contemplation, preparation, action and eventually, maintenance. In successful behavioural change, while relapses to earlier stages inevitably occur, individuals never remain within the earlier stage to which they have regressed, but rather, spiral upwards, until eventually they reach a state where most of their time is spent in the maintenance stage.
Further work undertaken and reported by Prochaska et al (1992) suggests that behaviour change can only take place in the context of an enabling or supportive environment.
2.8 Conceptual framework for the Study

The figure below summarizes the study objectives of this study which was to find out whether the rehabilitation centres have been successful over the years.

The dependent variables for this study were the characteristics of street children in the NCC centres, the characteristics and activities of the NCC rehabilitation centres, the perceptions of street children towards the NCC centres. A combination of this variables led to the independent variable which is the effectiveness of the NCC rehabilitation centre.
2.9 Operational Definition of terms

**Characteristics of street children**: Refers to any child of school age, who is out of school, lacks basic necessities such as shelter, food, clothing, health-care services and the love and protection given by a parent or guardian.

**Characteristics and activities carried in the rehabilitation centres**: Refers to a place constructed to offer shelter, food, education, training, counseling and extra curricular activities to street children with an aim of changing their behaviour in order to make them self reliant and productive and improve their psycho social well being.

**Perceptions of street children**: Refers to the views of street children on treatment accorded and services received while being catered for at the rehabilitation centres. How can they change their lives on literacy and vocational training, with a strong dose of life-skills training.

**Effectiveness of NCC rehabilitation**: Refers to the measure of the degree to which there is successful completion of institutionalized care given to street children to help them to develop into self-reliant, productive and responsible citizens.
CHAPTER THREE

3.0 Methods of study

3.1 Introduction
The chapter focused on the research design used in this study. Kerlinger (1964:275) defines research as a plan, structure and strategy of investigation conceived so as to obtain answers to research questions and control variance.

According to Singleton et al (1988.67) “research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to research purpose with economy in procedure”.

It is the research design that guides the researcher in collecting and gathering, analyzing and interpreting observed facts.

This chapter will cover site description, research methods, units of analysis and observation, sources of data, sampling techniques, data collection techniques and data analysis.

This section covers the description of the study area, research methods, sampling procedures, data collection techniques, data analysis and presentation.

The Study used the case study design. There was the use of both qualitative and quantitative techniques.

3.2 Study Site
The study was carried out in Nairobi. The city of Nairobi is the capital and largest city of Kenya. The city and its surrounding area also form the Nairobi Province. The name "Nairobi" comes from the Maasai phrase *Enkare Nyirobi*, which translates to "the place of cool waters".

Nairobi is also the capital of the Nairobi Province and of the Nairobi District. The city lies on the Nairobi River, in the south of the nation, and has an elevation of 1795 m above sea-level. Nairobi is the most populous city in East Africa, with a current estimated population of about 3 million. According to the 1999 Census, in the administrative area of Nairobi, 2,143,254 inhabitants lived within 696 km² (269 sq mi) and an average altitude of 1,661 metres (5,450 ft) above the sea level. Most of the up market suburbs are situated to the west of Nairobi, although Kangemi and Dagoretti are lower income areas. Most low and lower-middle income estates are located in eastern Nairobi.
The City of Nairobi enjoys the status of a full administrative province. The Nairobi province differs in several ways from other Kenyan provinces. The province is the smallest in area and is entirely urban. It has only one local authority, Nairobi City council. Nairobi Province has eight constituencies, which follow same boundaries with administrative divisions. Nairobi is a cosmopolitan and multicultural city. Since its foundation, Nairobi has maintained a strong British presence, and a lasting legacy from colonial rule. It has a diverse and multicultural composition.

Nairobi is currently the 13th largest city in Africa. Nairobi has experienced some of the highest growth rates of any city in Africa. Since its foundation in 1899, Nairobi has grown to become the largest city in East Africa, despite being the youngest large city in the region. The growth rate of Nairobi is currently 6.9%.

There are wide varieties of standards of living in Nairobi. Most wealthy Kenyans live in Nairobi but the majority of Nairobi residents are poor. Half of the population has been estimated to live in slums which cover just 5% of the city area. Kibera is the one of the largest slums in Africa, and is situated to the west of Nairobi. The slums cover two square kilometres. Other notable slums include Mathare and Korogocho. Altogether, 66 areas are counted as slums within Nairobi.

Like most rapidly growing urban areas in Africa, Nairobi has not been an exception to a myriad of problems ranging from crime, traffic congestion to periodic water shortages and power interruptions. There has also been a remarkable increase in the number of street children phenomena.

In the recent years, there has been an influx of people settling in the capital Nairobi like in many other developing countries in order to secure employment. This has led to a high population settling in Nairobi. Many of them do not secure employment or source of income and end up living miserable lives resulting to the rise of street families and subsequently a rise of street children in the city. Due to the high numbers of street children, there have equally been numerous organizations which have been formed to arrest this phenomenon in Nairobi, hence making it a practical study site. The researcher
wishes to study cases of the city council rehabilitation centres which are situated in the city of Nairobi. These centres are Joseph Kang’ethe in Kibera which is situated to the west of Nairobi, Shauri Moyo centre, Kayole rehabilitation centre and Bahati rehabilitation centre situated to the East of Nairobi. These centres were selected due to their proximity by the researcher and because of the nature of their organization and establishment having been a brain child from the government in tackling the street children phenomena and successfully rehabilitating them.

3.3 Sources of Data
Both primary and secondary data were used in this study. Primary data was obtained from street children, city council officers and staff of the rehabilitation centers. The street children were the main respondents while the others were the key informants. The researcher examined data from both published and unpublished sources. From the rehabilitation centres, documents were of great importance to the study: (a) statistical records showing trends in number of children since its inception (b) records indicating completion of rehabilitation process. Secondary data is data that is neither collected directly by the user nor specifically for the user, often under conditions not known to the user. Examples include Government reports. Secondary information has already been collected for some other purposes. It may be available from internal sources, or may have been collected and published by another organization. Secondary data is cheaper and more quickly available than primary data, but likely to need processing before it is useful this include:–

- Published reports and electronic websites
- Government statistics
- Scientific and technical Abstracts
- Organization’s financial statements
3.4 Sampling Technique

“A target population refers to all members of a real or hypothetical set of people, events or objects to which the researcher wishes to generalize the research results.

Stephan and McCarthy (1985:22) have defined sampling as the “seeking of knowledge or information about a population by observing part of the population (sample) in order to extend the findings to the entire population.

A sample is thus a small proportion of a population selected for observing and analysis. Sampling is taking any portion of the population from the universe as representative of the universe.

Non probability (convenience) sampling was used in selecting children whose sampling frame was obtained from the respective centres. This identified important sources of variations in the population and select what reflects it.

To obtain a representative sample, the target population was be defined. The study targeted 40 Children currently in the rehabilitation 10 from each centre, 10 former children who successfully went through the rehabilitation centres and the management know their whereabouts, at least 2 from each centre. The total sample size was 60 respondents.

Non probability (purposive) sampling was used in the selection of the staff and management of the NCC rehabilitation centres. It was also used in identifying the key informants in this study.

The study targeted 2 city officers in charge of the NCC Rehabilitation centre, 4 NCC rehabilitation managers, 6 NCC Rehabilitation centre Teachers and social workers from each centre.

3.5 Methods of Data collection

These are techniques employed to gather data using various instruments. This study employed the use of open-ended questionnaires, an interview schedule and document analysis.

Two questionnaires were prepared: one for the management staff and the other for street children. The questionnaire (Appendix I and II) had both closed and open-ended items. They were used to get data from those categories with numerous respondents. The questionnaires had the advantage of being cheap and easier to administer and results in
data suitable for analysis as designed by the researcher. Open ended questions were mainly used in the instrument but structured questions were also used where widely varied views on an issue were expected. The questionnaires were divided into two Sections: section A consisted of statements seeking information on respondents’ background. This was necessary in describing respondents particularly in this study (Borg and Gall-1997). The other part sought data on particular variables of the study.

The Interview schedule was aimed at rehabilitation centre management and staff. The interview sought data on success and failures of rehabilitation centres. An interview is an oral administration of a questionnaire and its advantage is that it provides in-depth data which is not possible to get using a questionnaire (Mugenda and Mugenda, 1999). Interview schedule (appendix II) was used to guide inspection officers. This facilitated in-depth coverage of issues pertinent to the study while allowing for prompting and seeking of clarification and follow up where necessary.

The interview schedule was administered to the few selected respondents by the researcher. This was done on a pre-arranged basis as per the convenience of the individuals in question. Note taking, guided by an interview schedule was done to enable the interviewee to give personal opinion on the problem under study. The interview also helped to counter check erroneous information perhaps due to misinterpretation of the items on the questionnaire. It also showed the feelings and attitudes of some of the interviewees.

3.6 Data Analysis

Quantitative data was tabulated and analyzed using simple frequencies and percentages generated using SPSS (Scientific Package for Social scientists). The data collected was coded appropriately. It was then entered into SPSS for generating the statistics to be analyzed. Descriptive statistics mainly frequencies, percentages and cross tabulations were generated. Data was presented in the form of tables, bar graphs and descriptively in chapter four.

Coding categories were developed as a way of organizing qualitative data collected according to particular research questions. This involved: (a) going through the data and numbering them sequentially; (b) carefully searching through the data for regularities and patterns related to the research questions which the study intended to answer; and (c)
writing down words and phrases to represent regularities and patterns. The words na phrases were the coding categories and were used as a means of sorting out the descriptive data so that material bearing on a given research question was physically separated from the other data. The evidence that was given supported observations in the form of statements and illustrative descriptions.
CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

In this chapter, attempts were made to provide the general overview of the findings with the use of descriptive statistics. This chapter presents the demographic information of the respondents. The statistical Package for Social Sciences (SPSS) was used in the data analysis. Descriptive statistics were used in form of cross tabulation to present the collected information. Frequency distribution tables were used to present the data while frequencies (f) and percentages (%) were used to discuss the findings. A total number of 60 children under rehabilitation programme and 10 rehabilitators were interviewed using structured questionnaires and interview guide.

4.1 The characteristics of street children in the NCC centres

The first objective of the study was “To determine the characteristics of street children”. The characteristics of street children were;

4.1.1 Age distribution of street children

The street children were asked about their age. They gave their age as presented in table 1

<table>
<thead>
<tr>
<th>Age distribution</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 5 years</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>10</td>
<td>10.0</td>
</tr>
<tr>
<td>11 - 14 years</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>15 - 19 years</td>
<td>18</td>
<td>30.0</td>
</tr>
<tr>
<td>20 - 24 years</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From the findings of the study, age distribution of the street children indicated that 8.3 % of the numbers were aged 5 years and below, 10% were between the ages of 6 to 10 years, 36.7% were aged between 11-14 years, 30% were aged between 15-19 years while 15% were between the ages of 20-24 years.
The majority of the street children were teenagers who were in constant confrontation with those with an authority over them. The street children were trying to find an identity hence they resulted to go to the streets where there were no rules to govern them. "We have more freedom in the streets than at home, I like it here".

The street children were bread winners in their families hence they went to the streets to seek for finances to cater for their needs and those of their family members. They eventually end up doing manual labour, begging and collecting garbage.

4.1.2 Whether the street children had been to a rehabilitation center before

The children were asked to indicate whether they had been to a rehabilitation centre before. Their responses are presented in figure 1

**Figure 1 whether street children have been to a rehabilitation centre before**

![Bar chart showing frequency of street children who have been to a rehabilitation centre.](chart)

Data on whether the street children had been to a rehabilitation centre before indicated that 40 (66.7%) had previously been to a rehabilitation centre while 20 (33.3%) had not been to a rehabilitation centre.
From the findings of the study, majority of the children who had been admitted to the centers had been to a rehabilitation centre before.

Most of the street children had ran away from the rehabilitation centres where they were admitted and found their way back to the streets. They were then rounded up by council askaris and taken to the rehabilitation centres.

This therefore indicates that there are shortcomings in these centers hence the need for this study to identify how effective they are in offering their services.

4.1.3 Reasons for joining street life
The street children were asked their reasons for joining street life. Their responses are presented in figure 2

**Figure 2 Reasons for joining street life**

Due to the increasing number of street children, they were asked why they joined the streets. The street children gave a number of reasons as to why they joined life in the streets as represented in the figure below.

The respondents were asked to indicate the reasons for being in the streets. The responses indicated that 12 (29%) had been in the streets as an escape from authority, 27 (45%) had
been in the streets to earn money, the same number had come to the streets because of abuse at home while 13 (21.7%) had gone to the streets as a result of Post Election Violence that have been rocking the country after the general elections.

When the street children were asked what problems they encountered in the streets, they responded that they had problems such as drug abuse, lack of parental care, lack of education, physical abuse, health issues and mishandling by city askaris and the police.

4.2 The Characteristics and activities of the rehabilitation centres

The second objective of the study was “To establish the characteristics and activities of the rehabilitation centres”. The characteristics and activities of these centres were;

4.2.1 Type of children admitted.

The type of children admitted at the centres was 70% street children while 30% were orphans and vulnerable children.

The majority of street children admitted to these centres were street children who were rounded up from the city centre. This was a result of a directive from the Government in the year 2003 to get rid of all street children and families from the city centre. The rest 30% mainly rescued from abusive backgrounds or when both parents die and those living as destitutes.

4.2.2 Distribution of the staff members by gender

The staffs of the rehabilitation centres were asked to indicate their gender. The data is presented in figure 3.
Findings on the gender of the staff revealed that 6 (60%) were male while 4 (40%) were female. The nature of the rehabilitation was very demanding and very risky hence the reason why the men were a majority.

From the findings of the study, most of the street children being admitted to the centres had engaged in criminal and anti social behaviour hence needed staff members who could handle them without intimidation or fear during rehabilitation. The majority of the street children who had been admitted to the centres were male hence the reason why they needed high staff members who were male.
4.2.3 Distribution of staff by age

Table 2 Distribution of staff by age

<table>
<thead>
<tr>
<th>Age distribution</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 - 25 years</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>26 - 29 years</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>30 - 33 years</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>34 - 37 years</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>38 years and above</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The average age of the staff indicated that 4 (40%) were aged between 22 and 25 years, 2 (20%) were between 26 and 29 years, the same number was aged between 30 and 33 years while the rest were aged between 34 and 37 years and 1 (10%) was aged 38 years and above.

From the findings of this study, the nature of rehabilitating the street children into reliable and independent citizens was very demanding. It hence needed energetic people who could easily understand the needs of the streets children. This explains why the age bracket of 22-25 years was high among the staff members.

There was a high staff turn over at the rehabilitation centre. Most of the staff aged 38 years and above left to seek better career paths while others could not cope with the demands of the work. This explains why the age of staff members at the rehabilitation centres was low.

4.2.4 Distribution of the staff by marital status

Data on the marital status of the staff is presented in figure 4.
Data revealed that 4 (40%) were single while 6 (60%) were married. From the findings of this study, there were no staff members who were divorced, separated or widowed.

### 4.2.5 Education qualifications of the staff

To establish the educational qualification of the staff they were asked to indicate the same. The data presented in figure 5
Data on the educational qualifications of the staff indicated that 5 (50%) had a diploma in social work, 4 (40%) had only secondary education while 1 (10%) had a university degree.

From the findings of this study, a majority of staff members in the rehabilitation centres had no prior skills in rehabilitation. They underwent an in the job training. Most of them enrolled for diploma courses which were in line with the nature of their work. Some of the staff members had only attained secondary school education. This begs the question how adequate they are in rehabilitating the street children.

Only one had managed to acquire university education.

4.2.6 Resources at the rehabilitation
The rehabilitation centres were mainly funded by the Nairobi city council which the docket fell squarely on. The centres also got assistance from well wishers.

Resources at the rehabilitation included recreation facilities that were used by the street children during the rehabilitation process. They have indoor and outdoor games.
The centers had accommodation and boarding facilities for use by the street children even though some of them were dilapidated and needed urgent refurbishment. Some of the centres had a library where the street children could access materials to read and equip themselves with knowledge.

4.2.7 Activities at the rehabilitation centres
There were a myriad of activities that were carried out in the rehabilitation centres as revealed by the centre managers which included; Education, The street children were enrolled in both formal and informal schools. Information given by the centre managers revealed that most of the street children were enrolled in primary schools that are run by the Nairobi city council. Those who performed well were sponsored to attend secondary schools while those who could not make it were referred for skills training e.g. carpentry, catering and hairdressing in networking organizations e.g. GOAL Kenya, Tumaini letu among others.

There was a feeding programme in all the centers. The street children were provided with three meals in a day even though at times it was not consistent due to inadequate funding and bureaucracies at the council offices.

From the findings of this study counseling services were offered in the centres to enhance the rehabilitation process. Since most of the street children had a difficult past while some of them had developed a low self esteem and felt rejected by their families and the society. The counseling session had become a vital aspect in the rehabilitation of the street children even though there was inadequate staff that had the necessary skills.

Reintegration of the street children was also carried out in the centres. Some of the street children who had completed the rehabilitation process were reintegrated back home and reunited with their families. This was mainly hampered by lack of adequate funds.

The centres also rescued children and youth who were living in difficult circumstances. They rescued children on the backs of their mothers begging in the streets, orphans and vulnerable children and youth.

There were recreation activities that were carried out. The street children were involved with both outdoor and indoor games.
The street children who fell ill were treated at the city council clinics but there was a lot of short falls due to lack of medicine and adequate staff at the clinics to cater for the ailing street children.

For these centres to achieve some goals during implementation, they did not work in isolation. There were various networking institutions that these centres collaborated with which included; UNICEF, churches e.g. P.C.E.A Bahati, individuals and corporate organizations.

4.3 The perception of street children towards rehabilitation centres

The third objective of the study was “To determine the perception of street children towards the rehabilitation centres”. The perceptions of the street children towards rehabilitation centres were;

Figure 6 Perception of street children towards rehabilitation

![Pie chart showing perceptions of street children](image)

The study found out that when the street children were rounded up by the City council askaris, they were told they were to be taken to a rehabilitation centre in order that they could change their lives into being more responsible.
The street children hoped to get a better life and live more comfortably than they were doing while they were in the streets. They thus had high hopes while they were being admitted to these centers.

Findings on the perception of the children towards rehabilitation indicated that they were to be provided with basic needs, 12 (20%), to be taken to school 8 (13.3%), to be reintegrated with their families 8 (13.3%), to be provided with employment 8 (13.3%) and 28 (46.7%) a combination of all the responses.

Since most of them had been forced to join the rehabilitation centers from the streets, they had high hopes and expectations about the rehabilitation process and they had very high hopes. Some of them felt that what they had perceived from the initial had not been fulfilled while some had been fulfilled.

4.3.1 Attitude towards the rehabilitation
The street children were asked their attitude towards rehabilitation. Their responses are represented in figure 7

Figure 7 Attitude of the street children towards rehabilitation

<table>
<thead>
<tr>
<th>Children not happy</th>
<th>Liked programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 (53.3%)</td>
<td>28 (46.7%)</td>
</tr>
</tbody>
</table>
Data indicated that majority 32 (53.3%) did not like the programme while 28 (46.7%) liked it. They said that some of them had been forced to join these centres which were contrary to their wish. Some said that they had been separated from their families and from the society.

The street children indicated that they were expecting to have a better life than that in the streets. Some of the street children said they were still experiencing some problems in the rehabilitation centers hence some of them retreat back to the streets.

Some of the street children said they were not benefiting from the programme and wished to go back to the streets where they could earn money and there was a lot of freedom. The street children indicated that they were missing basic things and wished they were away catering on their own. The street children the buildings were dilapidated and they were not getting sufficient medical attention.

The study found out that the street children were influencing each other in anti social behaviours and they indicated that some of them were becoming worse that what they were at the initial while they were joining these centres.

4.3.2 Whether children were happy at the centre
The children were also asked to indicate whether they were happy at the centres. They responded as indicated in figure 8
Children disagreed being happy at the centre as indicated by 32 (53.3%) while some were happy as indicated by 28 (46.7%).

Those that were happy indicated that they were happy because of the recreation facilities availed to them, freedom that they are allowed to exercise in these centres, socialization with their peers and food provided at the centres.

They however were not happy with the dilapidated facilities, arrogance and sarcasm from some staff, lack of some basic needs e.g. consistent food and balanced diet, harassment from colleagues, lack of clear exit strategy and lack of medical attention.
4.4 The effectiveness of the rehabilitation centres

The fourth objective of the study was “To determine the effectiveness of the rehabilitation centres”.

4.4.1 Gains at the rehabilitation

Figure 9 what have the street children gained at the rehabilitation centre

Some of the gains that the children had received from the rehabilitation included provision of food and clothing as indicated by 39 (65%), provision of education 8 (13.3%) and provision of training as indicated by 13 (21.7%).

These centres had managed to provide the street children with food and clothing during their stay at the rehabilitation centre. The centres had also managed to take them to school while some had enrolled for skills training.

4.4.2 Achievements of the centres

From the finding of this study, The centre managers revealed that some of the street children (15) had undergone skills training and they had completed. Some of them (10)
were running their own businesses while some were on attachment. Some of the street children had enrolled in both formal and non-formal education.

There were reported cases of behaviour change by the managers as a result of counseling sessions held at the centres. Most of the street children had abandoned their old way of life and had high self-esteem as a result of counseling sessions held in these centres. Some of the street children who had successfully gone through rehabilitation are now role models among their peers and they look upon them for inspiration. (20) of the street children had been reintegrated back to their families and had become responsible members of the society. There has been a reduction of street families in the streets which has reduced the crime rate, cases of muggings and begging.

4.4.3 Challenges encountered in the rehabilitation centers

The centers were established by the government to get rid of street families from the streets when the NARC government came to power in 2002. They were hurriedly put in place without adequate preparation. Information from the key informants revealed that:

During the implementation of these programmes and provision of services they have had their ups and downs. There were various challenges that were being experienced in the rehabilitation centres. These challenges hampered in a great way the provision of services and in the achievement of their goals of successfully rehabilitating street children in the city of Nairobi.

They included; financial challenges. There was no budget set aside by the Nairobi city council which is the main financial of these programmes to run them. They have been relying on well wishers who have been coming to their aid once in a while but they are very unreliable.

There were unskilled personnel. Most of the staff members who work in these centres do not have the necessary skills to run these programmes. They do not have adequate skills hence they hamper the rehabilitation process and cases of mismanagement.

Bureaucracy at the city council of Nairobi. There are lots of hurdles and delays before accessing funds from the council. These delays are felt on the ground because the basic needs of street children under rehabilitation are not met. This brings about frustration and forces them to go back to the streets where some of the things are readily available.
There was limited staff. The staffs are overburdened with work because of the overwhelming numbers and the nature of the work. There is lack of medical care and personnel, and inadequate materials and resources to be used for during the rehabilitation process e.g. relevant books.

There is lack of a clear exit strategy. There is no proper plan of how the street children will be accommodated once they have successfully completed rehabilitation. Most of them end up in the streets because some of them do not have family links. The facilities are in dire need of a face lift. Most of the facilities are dilapidated and if they are not repaired or rebuilt they will not serve their intended purpose.
Conclusion

The Nairobi city council rehabilitation centers were aimed at ridding the street of street families. The street children were rounded up by the city council askaris in a very inhumane way as they were forced to board their vehicles to be taken for rehabilitation which in most cases is against their wish.

They normally bet us as we got into their vehicles when they were bringing us here”

The street children suggested that they should be treated in a humane way. The staff should exercise courtesy when admitting them to these centres and also during the rehabilitation process.

From the findings of this study, the majority of street children have gone through rehabilitation hence in most cases they have been there and their life seem not to improve and they end up in the street again.

The services offered at the rehabilitation centres should be tailor made to address the issues affecting the street children and not merely a show of compassion.

From the findings of this study, the programmes are not adequate and are not equipped with the necessary resources and facilities to effectively rehabilitate street children and mould them into reliable citizens at the same time transform their behaviour.

The study found out that the programmes were not running smoothly hence need adequate improvement.

If measures were put in place, the NCC rehabilitation centres would go a long way in transforming the street children into dependable individuals in the society.

For this to be realized, the street children also suggested that the following needed urgent attention; Recreation facilities, refurbishment of the centres facilities and other resources, provision of basic needs, reintegration and clear exit strategy, improved sanitation and improved diet.
CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, the summary findings from the study will be presented followed by the conclusions that led to the study’s recommendations.

5.2 Summary of findings

The study was to establish the effectiveness of street children rehabilitation centres in Nairobi in the successful rehabilitation of street children.

The aim of the study was to determine the personal characteristics of street children, those who were in the rehabilitation centres and those who were still in the streets. It also wanted to establish the characteristics and activities of the Nairobi city council rehabilitation centers, determine the perceptions of street children towards the NCC rehabilitation centers and to determine the effectiveness of the NCC rehabilitation centers in the rehabilitation of street children.

The average age of the children in the centres was 16 years. Most of them were aged from 11 - 24 years of age. From the findings of this study, the majority of the street children had been admitted to other rehabilitation centres before joining the Nairobi city council rehabilitation centres. From the findings of this study, there are many inadequacies in most rehabilitation centres hence the reason why the problem of street children has not been arrested.

Findings revealed the children faced problems such as lack of food, exposure to bad weather, police harassment, lack of sanitation and drug abuse and trafficking.

Most of the children who had been admitted to the rehabilitation had been forced to join them as they had been forcefully removed from the streets which were not their choice.
At first the programmes in their initial stage were running smoothly but they are on the decline due to the fact that there are facing financial challenges. The city council of Nairobi does not have a direct budget to implement the programmes hence they rely for donations from well wishers and churches.

The facilities in most of these centres are dilapidated and are not conducive for the successful rehabilitation of street children. The sanitation is poor and the beddings need to be improved. Some of the beneficiaries under these programmes complained of lack of consistent food due to bureaucracy at the City council of Nairobi.

There was no proper exit plans for the street children who had completed the rehabilitation process. Some of the street children were idling in the centres for lack of sponsorship to go to schools or skills training hence engaging in anti social behaviour.

The study found out that the staff was not equipped with the necessary skills to handle the type of children admitted to these centres. The staff was also inadequate despite the overwhelming tasks and activities that are carried out in these centres.

5.3 Conclusion
Despite the few challenges in the rehabilitation centres, the centres have managed to transform some of the street children into self confident, reliable and independent people who looked forward to transforming their lives and those of others.

The study has revealed if the these programmes are well planned, handled and implemented accorded to the mission and vision stipulated, it would go a long way in transforming the lives of street families in equipping them with relevant skills to handle the challenges of life.
5.4 Recommendation for policy makers
In order to be able to effectively rehabilitate street children in the city of Nairobi, the following recommendations are suggested.

1. The study recommends that there should be a budget set aside to carry out the programmes. There should be a specific budget to cater for the administrative costs to carry out rehabilitation.

2. The Government should set policies to be used as guidelines in running the rehabilitation centres. The Government should see to it that the policies are followed according to the letter and those who defy should face the full arm of the law.

3. The study recommends that there should be collaboration and networking from like minded institutions. This will lead to effectiveness since one organization cannot run in isolation and requires the services of other organizations in order for them to realize their goals.

4. The Government should ensure that those who have been given the responsibilities of rehabilitation have the necessary skills, training and knowledge. This would go a long way in making sure that there is effectiveness and efficiency of their services and in the achievement of their goals.

5. The government should ensure that all centres involved with rehabilitation of street children have the necessary facilities and equipments. In order to achieve maximum results, there should be adequate facilities and enough resources in all rehabilitation centres.

5.5 Suggestions for Further Research
Based on the findings of the study, the researcher wishes to make the following recommendation for further research.

1. The adequacy of facilities and resources in rehabilitation centre in the effective rehabilitation of street children.

2. The problems facing street children in the rehabilitation centres.

3. The exit strategies employed in rehabilitation centres once successful rehabilitation is completed.

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REFERENCES


AIDS WATCH. (1989a). Colombia: Crusading effects bring signs of progress, Vol.1

AIDS WATCH. (1989b). Death squads kill one child every two days in Brazil, Vol.7


Casa Alianza (2000) The general situation of the children in Mexico and central America (Presentation to the Inter American Commission on Human Rights)


ANNEX 1
QUESTIONNAIRE FOR REHABILITATION CENTRE STAFF

Questionnaire
The following questionnaire aimed at collecting data that pertains to the effectiveness of street children rehabilitation centers in Nairobi in the successful rehabilitation of street children. Your kind participation will go a long way in providing useful information required to complete this research.

The information provided will be treated with strict confidence and will only be used for the purpose of the research.

Instructions
1. Please tick where applicable
2. Do not write your names anywhere
3. Where space is provided, please write your response accordingly

SECTION A – PERSONAL DATA
1. Your age? .................................................................
2. Your sex?
   Male [ ] Female [ ]
3. Marital status?
   Single [ ] Married [ ] Divorced [ ] Widowed [ ]
4. Highest level of Education and training attained?
   Bachelors Degree [ ] Masters Degree [ ]
   Primary [ ] Secondary [ ] Certificate/Diploma [ ]
5. Type of training, please state? ...........................................
6. Year trained? ...........................................................
7. Number of years in the rehabilitation centre? ...................
8. Your position? .........................................................
9. Number of children /dependants? ..............................
10. Rehabilitation centre you manage, work for? please, tick
Joseph Kangethe [ ] Bahati [ ] Shauri moyo [ ] Kayole[ ]
others [ ]

11. If others please indicate .................................................................

SECTION B: PERSONAL CHARACTERISTICS OF STREET CHILDREN

1. Indicate the category of street children that you cater for in your rehabilitation centre
   Children on the street [ ] children of the street [ ]

2. Indicate the number of children at the rehabilitation centers in the following age brackets
   1-8 years ............... 9-18 ............... over 18 years ..................

3. Indicate age of the;
   Youngest child ............. Oldest person .........................
   The average age of the children in the rehabilitation centre ..............

4. Do you have children who come to the centre during the day and go away in the evening?
   Yes [ ] No [ ]

5. If yes, indicate the number and where they go?
   Number ......................
   Where they go to ..............................................................

7. What are the challenges faced by the children when joining the rehabilitation centre?
   i. ............................................................................................
   ii. ............................................................................................
   iii. ............................................................................................
   iv. ............................................................................................
SECTION C: CHARACTERISTICS AND ACTIVITIES CARRIED OUT AT THE NCC REHABILITATION CENTERS.

13. Indicate the rehabilitation programme/activities/services provided at the rehab centre. Please tick

<table>
<thead>
<tr>
<th>Service</th>
<th>Formal</th>
<th>Informal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Evangelization</td>
<td>[ ]</td>
<td></td>
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<td>Health</td>
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<td>Feeding</td>
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<td>Shelter</td>
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<tr>
<td>Counseling</td>
<td>[ ]</td>
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<tr>
<td>Employment</td>
<td>[ ]</td>
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</tbody>
</table>

Any Other........................................................................................................
........................................................................................................
........................................................................................................

14. What kind of children are admitted to the rehabilitation centre? Please state
........................................................................................................
........................................................................................................
........................................................................................................

15. What are the ages of the children admitted to the centre?...........................
........................................................................................................
........................................................................................................
........................................................................................................

16. How many staff do you have at the rehabilitation centre?............................
   Managers....................................................................................
   Social workers..............................................................................
   House parents................................................................................

17. What resources are available in the rehabilitation centre? State
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
18. Who is the main financial of the programmes? Please state


19. What are the challenges that you face in ensuring that the above activities are a success?
   i. ............................................................................................................
   ii. ............................................................................................................
   iii. ...........................................................................................................
   iv. ............................................................................................................

20. Which organizations do you network with? Please state
   I. ..............................................................................................................
   II. ............................................................................................................
   III. ............................................................................................................
   IV. ............................................................................................................
SECTION D: PERCEPTIONS OF STREET CHILDREN TOWARDS THE NCC REHABILITATION CENTERS.

21. The following statements show the attitudes the children have towards the rehabilitation centers please tick the extent to which you agree on a Likert scale of 1 to 5.

Key: Strongly disagree-1, Disagree-2, Undecided-3, Agree-4, strongly agree 5.

<table>
<thead>
<tr>
<th>perceptions of street children in NCC Rehabilitation centre</th>
<th>1</th>
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SECTION E: THE EFFECTIVENESS OF THE NCC REHABILITATION CENTERS.

22. List all the organizations that finance/sponsor/contribute to the funding of the centre
   i. ............................................................................................................
   ii. .........................................................................................................
   iii. ........................................................................................................
   iv. ........................................................................................................
   v. ........................................................................................................

23. Indicate the purpose, reason or the aims that lead to the establishment of the NCC Rehabilitation centre
   vi. ..........................................................................................................
   vii. .......................................................................................................%
   viii. .....................................................................................................
   ix. ........................................................................................................
   x. ........................................................................................................

24. State the extent to which the goals listed above has been achieved over the years?
   ............................................................................................................
   ............................................................................................................
   ............................................................................................................

25. Grade the NCC rehabilitation centre management programme in terms of achieving their stated goals of rehabilitating the children
   Successful [ ]    somehow successful [ ]    unsuccessful [ ]

26. What are the main challenges experienced by the NCC rehabilitation centers management. Please list.
   xi. ........................................................................................................
   ........................................................................................................
27. What suggestion would you make to improve the effectiveness of the rehabilitation centre? Please list.

i. ........................................................................................................................................

ii. ........................................................................................................................................

iii. ........................................................................................................................................

iv. ........................................................................................................................................
ANNEX II
QUESTIONNAIRE FOR STREET CHILDREN AT THE REHABILITATION CENTRE

Questionnaire

The following questionnaire aims at collecting data that pertains to the effectiveness of street children rehabilitation centers in Nairobi in the successful rehabilitation of street children. Your kind participation will go a long way in providing useful information required to complete this research.

The information provided will be treated with strict confidence and will only be used for the purpose of the research.

Instructions

1. Please tick where applicable
2. Do not write your names anywhere
3. Where space is provided, please write your response accordingly

SECTION A – PERSONAL CHARACTERISTICS OF STREET CHILDREN

1. Indicate your age in years.......................................
2. Have you ever been to rehabilitation centre? Yes [ ] No [ ]
3. Indicate the rehabilitation centre............................................................
4. How long have you been to rehabilitation centre........................................
5. Tick one of the following that applies to you

   I was one of the street children [ ]
   I work in the street and go home in the evening [ ]
   Have strong links with families [ ]
   Have strong link with children of the street [ ]
   I work and live in the streets and have no family link [ ]
   I have no link with children of the street [ ]
   I am closely knit with street life, great involvement with street life [ ]
   I have formed street banks, groups and families [ ]
6. Why did you go/join street life in the first place? Please tick?

- I was born and brought up in the streets [ ]
- Come to earn money [ ]
- Had no parents or relatives to take care of me [ ]
- Wanted to be free not controlled by teachers, parents and people [ ]
- I was frequently beaten by parents so I ran away [ ]
- Was/is disabled, physically handicapped [ ]
- My mother was arrested and sent to prison [ ]
- Any other [ ] specify......................................................

7. What problems do you face in the streets? Please tick

- Lack of food (malnutrition) [ ]
- Health problems [ ]
- Violence, beaten and ill treated [ ]
- Sexual abuse [ ]
- Drugs and substance abuse [ ]
- Lack of sanitation facilities (toilets, cleaning etc) [ ]
- Lack of love [ ]
- Insecurity [ ]
- Lack of money [ ]
- Discrimination against public places including transport, hospitals and churches [ ]
- Accidents [ ]
- Exposure to extreme weather [ ]
- Harassment by the public and police [ ]
SECTION B: PERCEPTION TOWARDS NCC REHABILITATION CENTRES

8. What did you expect to get at the rehabilitation centre? Please state
   i. ....................................................................................................................
   ii. ..................................................................................................................
   iii. .................................................................................................................
   iv. ..................................................................................................................
   v. ..................................................................................................................

9. What have you gained from the rehabilitation centre please tick?
   Cleanliness and clothing [ ]
   Vocational training [ ]
   Church services [ ]
   Education [ ]
   Employment [ ]
   Health [ ]

10. The following statements show the perceptions the children have towards the rehabilitation centers please tick the extent to which you agree on a Likert scale of 1 to 5.
    Key: Strongly disagree-1, Disagree-2, Undecided-3, Agree-4, strongly agree 5.

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11. What do you like most at the rehabilitation centre, please state?
   i. .................................................................................................
   ii. ............................................................................................... 
   iii. ..............................................................................................
   iv. ............................................................................................... 

12. What don’t you like in the rehabilitation centre? Please state.
   i. .................................................................................................
   ii. ............................................................................................... 
   iii. ..............................................................................................
   iv. ............................................................................................... 
   v. ............................................................................................... 

13. Suggest improvements you would like to be done at the rehabilitation centers to make in order to attract more street children.
   i. .................................................................................................
   ii. ............................................................................................... 
   iii. ..............................................................................................
   iv. ............................................................................................... 
   v. ............................................................................................... 
   vi. ............................................................................................... 
   vii. .............................................................................................
   viii. .............................................................................................
INTERVIEW SCHEDULE FOR NCC OFFICERS RESPONSIBLE FOR THE NCC REHABILITATION CENTRES

Please provide answers to the following questions.

1. What were the purposes, goals or objectives for which the NCC street children rehabilitation centers were established?

2. What types of children are taken into NCC Rehabilitation centers?

3. To what extent have the objectives in (1) above been achieved so far?

4. What activities/programmes/services are provided at the Rehabilitation centers?

5. What is the trend of street children enrollment, dropout, successful completion, joining of primary and secondary schools etc at the Rehabilitation centers (provide statistics records)

6. What is the perception of the street children (those in the Rehabilitation and those still outside) towards the rehabilitation centers?

7. What challenges have you experienced in the management of the rehabilitation centers

8. Suggest ways of improving the effectiveness of the rehabilitations centre?