

**FACTORS INFLUENCING IMPLEMENTATION OF  
REHABILITATION OF STREET CHILDREN IN KENYA: A  
CASE OF THE ACTION FOR CHILDREN IN CONFLICT  
(AFCIC) IN THIKA SUBCOUNTY**

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**DECLARATION**

This research project is my original work. It has not been submitted for any degree award in any other university.

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This research project has been submitted for examination with my approval as the University supervisor.

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## **DEDICATION**

This research project is dedicated to my dear mother; Susan Njeri who gave me great inspiration and encouragement and to my grandfather Elijah Mwangi who passed away while I was undertaking this study, may his soul rest in peace.

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## **ABBREVIATIONS AND ACRONYMS**

- AfCiC** - Action for Children in Conflict
- NCBDA** - Nairobi Central Business District Association
- UNICEF** - United Nation Children's Fund
- UNESCO** - United Nations Educational, Scientific and Culture Organization
- STI(s)** - Sexually transmitted Infections

## ABSTRACT

The research project study sought to establish the factors influencing the implementation of street children in Kenya with a specific focus on Action for children in conflict in the Thika SubCounty. The main objectives were; To investigate how health, education, rehabilitation parties and psychotherapeutic support influence the implementation of the rehabilitation of street children in Kenya. The population of the study was composed of the street children enrolled at Action for children in conflict, the social workers, the doctors, the counseling specialists, volunteers, teachers and the parents, staff from the DEO, centre director, street children in the AfCiC outreach program and street children who have graduated from the AfCiC rehabilitation program. The target population of the study was two hundred and five (205) which comprised of a hundred and twenty (120) stakeholders and eighty five beneficiaries (85) of the AfCiC street children rehabilitation program. A sample size of 160 was selected in reference to Krejcie's model with 90 stakeholders and 70 beneficiaries. The research project employed descriptive surveys therefore measured variables by asking people questions through interviews or questionnaires and therefore examine relationships among the variables. Rehabilitation that lacks a holistic approach is inadequate and does not lead to a transformative stage. Therefore there is great significance in involving Health, Education, Rehabilitation parties and psychotherapy in the implementation of rehabilitation of street children. Psychotherapy is however a modern approach that is proving to be thorough, effective and counters the problem by the roots and not just temporary relief. It was therefore recommended that in addition to health , education and the rehabilitation parties, psychotherapy being very core to the effectiveness of rehabilitation, should be further explored and training should be carried out so as to fill the gaps that are evidently there in the implementation of the rehabilitation of street children.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

The United Nations International Children's Education Funds (UNICEF, 2013) defines street children as a child who merely realizes his/her daily activities on the street be it working, begging, stealing, hanging out, etc., is in the street — the street is his/her social place. The problem of street children is universal (Agarwal, 2010). It is estimated that there are 1 00 million street children in the world (Backer *et al*, 2011). The number has plummeted in recent decades because of wide spread recession, political turmoil, civil unrest, increasing family disintegration, urban and rural poverty, natural disaster and rapid industrialization, abuse, child labour and sexual exploitation (Mohamed, 2012). UNICEF estimates that, out of 1 00 million children who call streets their homes, only 20 million children live in streets without their families. In South America alone, there are at least 40 million children. Asia and Europe has approximately 25 million each children living in the streets. Estimates in most countries have fluctuated widely (UNICEF 2013).

In Brazil, the exact number of street children is not known. According to unofficial estimates, the numbers range between 200,000 and 1 million. These children do what they can to survive ranging from selling candy on street corners, shoe shining and watching parked cars; to drug peddling, petty theft and prostitution (Batliwala, 2014). In Pakistan, 1.2 million children are reported to be in the streets of Pakistan's large cities, working as beggars, vendors, or shoeshine boys. Other major cities affected are Mumbai, Calcutta, Manila, Zenario, Mexico, Bangkok among others.

In Kenya, the exact number of street children and families is unknown. However, a survey conducted in 13 districts under Government of Kenya (UNICEF, 2013) programme of cooperation, estimated that there were 109, 763 such children with Nairobi alone being over 10,000. The estimates were as high as 250,000 with 60,000 street children reported in Nairobi but the estimates were not based on a practical survey. It was estimated that over 600,000 children in Kenya were in need of special protection (UNICEF, 2013). With increase in trend of street life, both Government of Kenya and community based organizations have intensified efforts to address the street plight. In 2003, there was a street children rehabilitation program

initiative that saw various social halls transformed into rehabilitation centres and for the street youths, they were enrolled into the NYS program. These efforts, although commendable, have proved to be insufficient (Agarwal, 2010).

During the past decade, the problem of street children in various cities has received widespread attention in the international community — and this has come with increased efforts in rehabilitation programs to save the street children. Images of starving children, children selling gum in the midst of city traffic, shining shoes on the sidewalk, sniffing glue in public, or sensationalist accounts of delinquent children, this sector of society has found its way into the international conscience (Beegle *et al*, 2008).

While countries such as Brazil, Colombia, and Mexico have made great strides in successful rehabilitation programs for street children, there are success inhibitors too. Due to the magnitude of the population of street children in some of the region's major urban areas, other smaller cities tend to get overlooked and are therefore faced with a growing number of street children, and not enough resources, political will, or experience to adequately deal with the situation. One such example is that of TeraLiz, Mexico, the major port city in the state of Veracruz (Chambers, 2011).

A recent publication by *Ednica*, an organization in Mexico City, that not only works with street kids but also partners with, and trains, local organizations to work with street children, shows that realization of success in rehabilitating street children has not been seen due to lack of inclusion and addressing all factors that contribute to children to go to the street. Factors that result in children seeking a better life or different life on the streets can be broadly grouped into those that deal with the community, the family, and children themselves (Orphans Foundation Trust (2012).

Community factors are defined as those factors apart from the family that can also affect the development and well being of a child. The community factors include reasons related to school, public and private institutions, informal groups, as well as the labour market, informal and formal. While community factors are not limited to the above, it is important to note that they impact one's decision to either stay at home or go to the street to live, work, or fulfil emotional needs and for success in rehabilitating a child from such background, these issues must be

factored in. At the family level, perhaps the most prominent factor that pushes children out of the home is mistreatment or abuse. Girls who leave home often cite sexual abuse as the deciding factor, whereas boys are usually physically beaten (Hecht 2011). Although opinions vary, Coleman (2010b), as to the primary reasons why children leave home, domestic violence cannot be easily dismissed when designing successful rehabilitation program.

*He beat me with a wire cable, left me all cut up, then he threw water and a kilo of salt on me, after that, I left and found myself in Street (28). With regards to another occasion (which again led to his leaving), he states, One day, my stepfather showed tip and beat me with a piece of metal, like he was dehusking a coconut. He cut my hands all up. I became frustrated and took myself somewhere. I later realize its street life (28).*

Hence the factors that influence whether or not a child takes to the streets is not limited to the family and the community, but also include those that relate to the nature of the child him/herself (Scheper-Hughes and Hoffman's, 2005). For example, many street children as well as those who work with them often characterize themselves as "restless" (Migai, 2013). While these factors heavily influence whether or not a child opts to go to the streets, they are not the overarching determinants of such actions. Rather, it is the confluence of factors related to the child, family, and community that result in the phenomena of street children. It therefore means that for the effectiveness of rehabilitation programs, these factors must be incorporated in designing and implementing the rehabilitation programs for the street children.

In Africa, according to Migai (2013), factors influencing the implementation in the rehabilitation of street children is not only lack of adequate funding, inexperienced children caregivers, reluctant political will, poor and irregular trainings, infrastructure and facilities, lack of social awareness to get children off the street and so on but how such rehabilitation programs are designed and administered. According to Narayan (2012), African institutions in charge of rehabilitating street children use reclamation and salvation as their point of departure for rescuing street children.

The idea of reclamation is grounded in images of a typical childhood that needs to be rescued. This is akin to Scheper-Hughes and Hoffman's, 2005) views that children in order to be

considered children, need to be found in certain places and engaging in certain activities . This is often done through programs of work or re-creation of a type of family life that seeks to radically change the children. This, however, only work if the children themselves view this type of program as a potential benefit. Such programs, however, tend to restrict their freedom and are, therefore, less of a viable option. These programs try to rescue them from street life therefore undermining any conscious decisions they might have taken (Hecht, 2011).

The second main perception of street children on the part of some organizations is that they need to be saved from the evils of the street. This type of assistance often tries to provide for children the material comforts they lack on the streets such as food, shelter, clothing, and the word of God. An example of such a program is *Youth With Fission* in South Africa that *aims* to change the lives of street children through the word of God. This program also has the children to live in missionary's houses for as long as they need to (Rememnyi, 2011). However, contrary to helping them this type of assistance sometimes, although not all the time, becomes another part of the children's survival network on the street. Thus, these types of organizations are in effect, defeating the purpose of their own work because by simply providing for the children, they end up building dependence as opposed to independence (Rememnyi, 2011).

What emerges from the above examples is the importance of understanding how street children themselves perceive all that is going on around them. For example, just as the intervening organization's staff may think they are helping children get off the streets, the child may simply view the organization as something that helps him/her stay on the street by providing food, clothing, shelter, recreational space etc. The child's perceptions in this case may also affect how responsive the child is to the program (Nussbaum, 2010).

Migai (2010) asserts that the overlook by rehabilitation centers in Kenya of the need of discussion about definitions of street children, factors that lead children to the streets, and make them to stay in the streets, and the significance in the planning, design, and implementation of rehabilitation programs for street children is Kenya's undoing to combat the spiralling wave of street children menace in the country. According to Migai, there is notion that street children lack food, shelter, clothing among other tangible things and that once they are taken out of street and such are provided then needs why they are in the street are met. However, there is major

emotional and psychological challenge that put street children in street. Unless necessities, emotional and psychological as well as other unique factors relating to characteristics of street children are addressed through rehabilitation programs, success is not so soon.

## **1.2 Statement of the Problem**

A number of studies have been undertaken to examine why children adopt street life. Jennifer, 2011; Rememnyi, 2011; Orphans Foundation Trust, 2012; Chambers, 2011 are to name but a number of studies that have focused on why children adopts street life. While this is instrumental to address the problem of many other children joining the street life and therefore being a preventive measure, it does not address the gap as to how already children living in the street could be reformed and returned back into the society.

There have been numerous individuals, institutions and organizations that have taken up the challenge to intervene the challenge of street children by provision of ways to reform the children from the street and integrate them back to the society. Most of these organizations begin from a Samaritans' initiative whereby an individual or organization is compelled to offer the basic needs to a child living in the street. Although food, a place to sleep and clothes are important, they do not adequately declare a street child fit for integration back to the society. As discussed by Hecht, 2011, there is little to no focus given on what the street child goes through while on the streets. Parties willing to intervene will always focus on the street child's reasons for going into the streets and what they can provide to get the street child off the street(the basic essentials) However, the experiences in the streets are in almost all cases damaging to the child's mental, emotional, social, physical and ultimate well being. Much attention is given to restore their physical and social well being but neglect to attend to their emotional and mental status. Failure to holistically restore the street child and then proceeding to reintegrate them back to the society makes them incapable of fully functioning in a normal setting which in most cases is enrolment in school. The emotional and mental distortion does not enable them to cope in a different environment from what they were used to (the streets) their behaviours and mannerisms are mostly either withdrawn or hostile. This gets unimaginably extreme depending on longevity. The longer they have been in the streets, the more ingrained they are to the attitude, skills and behaviour required in street adaptation and vice versa (Rememnyi, 2011) Hence for them, failure to cope easily drives them to the environment that is familiar to them which again here would be



the streets. Hence the street harbours street children who have been to rehabilitation establishments and once again opted to go back to the streets. There has been a grand revelation that the streets hold street children who have been to even more than one rehabilitation centre and have later opted to return to the life in the streets.

The high turnover in the rehabilitation centres is concerning, why would street children even after going through a rehabilitation process go back to the streets? Hecht answers this question in his extensive discussion on the inability of the rehabilitation programs to equip the street children adequately enabling them to adapt to the ways and life of the society. He questions the requisites and policies of the rehabilitation centres.

Due to this gap, this study aims to go a level higher and unlike other studies, extend to investigate the factors influencing the implementation of the rehabilitation of street children in Kenya. Without confronting the implementation process and challenges faced, there is great risk of eroding the objective of sustaining street children in rehabilitation centres long enough to holistically equip them with skills of self-reliance and later reintegrate them back to the society.

### **1.3 Purpose of the Study**

The purpose of this study was to investigate factors influencing the implementation of the rehabilitation of street children in Kenya.

### **1.4 Objectives of the Study**

The study was guided by the following objectives;

- a) To examine how health influences the implementation of the rehabilitation of street children in Kenya.
- b) To determine how education influences the implementation of the rehabilitation of street children in Kenya.
- c) To examine how Rehabilitation parties influence the implementation of the rehabilitation of street children in Kenya.
- d) To examine how psychotherapeutic support influences the implementation of the rehabilitation of street children in Kenya.

### **1.5 Research Questions**

The supporting questions of the study were;

- a) How does health influence the implementation of the rehabilitation of street children in Kenya?
- b) How does education influence the implementation of the rehabilitation of street children in Kenya?
- c) How do rehabilitation parties influence the implementation of the rehabilitation of street children in Kenya?
- d) To what extent does psychotherapeutic support influence the implementation of the rehabilitation of street children in Kenya?

### **1.6 Significance of the Study**

The study is hopeful to be significant because it confronts the matter of the alarming high rates of turnover in rehabilitation centres which greatly reflects some form of inadequacy in the

implementation of rehabilitation programs since a high number of street children go back to the streets even after going through a rehabilitation program. Thus the study aims to investigate the factors that influence implementation of rehabilitation programs so as to curb the recurring challenge of street children going back to the streets. The findings and recommendations may be used by other organizations that run rehabilitation programs, child welfare groups and the government to actively address what is now threatening to be a perpetual problem.

### **1.7 Limitations of the Study**

The setting of the study is based on Action for Children in Conflict (AfCiC), a street children rehabilitation facility in Thika Sub County and the outcomes and findings shall therefore be based on only this facility which limits the generalization of the outcomes as they are only based on one facility.

Language barrier may also be a great concern since some of the street children have not gone to school or have been out of school for a very long time and are only well conversant with their mother tongue to counter this problem, the researcher used the help of an interpreter where needed.

### **1.8 Delimitations of the Study**

The researcher however carried out a thorough research and had access to a rich supply of both primary and secondary resources for ample data collection and hence accurate, relevant, reliable and dependable findings of the research study.

### **1.9 Basic Assumptions of the Study**

The study assumed that there are key factors that are significant in the implementation of a rehabilitation program for street children. It is upon these assumptions that the study sought to establish the influence of these factors on the effective implementation of a street children rehabilitation program. It is also assumed that the informants gave their honest opinions during the survey and that they were available and willing to take part in the study.

## **1.10 Definitions of Significant Terms as Used in the Study**

### **Child**

This is any person who has not attained maturity or age of legal majority and is therefore considered to be a minor.

### **Street Children**

A street child refers to a child who resides partially or entirely in the streets, with little or no adult supervision.

### **Rehabilitation of Street children**

To restore to good health or useful life

### **Child In Need Of Care And Protection**

This is a child who is abandoned, prevented from receiving an education; who is forced to practice customs which are harmful to his/her life, education and health, ill, who is being kept in an overcrowded, unhealthy or dangerous place, a victim of a sexual offence, made homeless during war or natural disasters are considered to be in need of care/protection.

### **Reintegrate**

Refers to restoration, restore to a larger whole, which in most cases are social in nature. For instance, restoration to a particular community or a family unit.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter focuses on the systematic identification and analysis of previous studies done, regarding the implementation of street children rehabilitation programs on the global perspective, Africa in general and Kenya in particular with a view of understanding the various approaches as well as stimulating new ideas about the study area. The chapter focuses on history of street life, influence of the health, education, Rehabilitation parties and psychotherapeutic support on the implementation of street children, relationship between the variables, theory framework and conceptual framework.

#### 2.2 History of Street Life

The phenomenon of street children has been documented as far back as 1848. Alan Ball, in the introduction to his book on the history of abandoned children, and *Now My Soul Is Hardened: Abandoned Children in Soviet Russia, 1918—1930*, states: Orphaned and abandoned children have been a source of misery from earliest times. They apparently accounted for most of the boy prostitutes in Augustan Rome and, a few centuries later, moved a church council of 442 in southern Gaul to declare: “Concerning abandoned children: there is general complaint that they are nowadays exposed more to dogs than to kindness.” In Tsarist Russia, seventeenth-century sources described destitute youths roaming the streets, and the phenomenon survived every attempt at eradication thereafter (Woolcock, 2008).

In 1848, Lord Ashley referred to more than 30,000 “naked, filthy, roaming lawless and deserted children” in and around London, UK. By 1922 there were at least seven million homeless children in Russia due to the devastation from World War I and the Russian Civil War. Abandoned children formed gangs and engaged in petty theft and prostitution. Due to conflicts, domestic disintegration, famine, overpopulation among others, number of street children has increased considerably in all over the world especially in Africa continent where poverty ravages (White, 2004).

In many African cities and urban areas, children are at risk of being abandoned and becoming street children. It is estimated that tens of millions of children worldwide are street children

(UNICEF) and many of these children can be found in African towns and cities. In Addis Ababa in Ethiopia for example up to 100,000 street children can be found living on the streets (Coleman, 2010b).

Children in Africa live on the streets for many reasons: they may be orphaned or abandoned, they may have been abused and ran away and they may have been neglected or felt unwanted by their families. In all of these cases, an already traumatic experience is worsened by the reality of a child having to fend for itself on the street, to have to survive the day-to-day struggles which many children couldn't imagine (Migai, 2013).

According to Scheper-Hughes and Hoffman's (2005), when a child is forced onto the streets in Africa, the situation can be hopeless. Street children lack the care and support those normal children to thrive. Without the care of their parents, these children will often go without any form of formal education, will lack proper access to healthcare and will face many social and psychological disadvantages.

Abuse of drugs and substances is hugely common, and with the quality and constitution disagree or unknown, they can be potentially very dangerous. Street children turn to drugs to relieve the pressures of being on the streets or to endure the hunger, violence or pain they face daily. If street children grow up into adulthood, their chances of developing a stable life and family are bleak. Without the skills and stability that come from a normal childhood, finding and keeping jobs is extremely difficult; so for a lot of former street children, a life of poverty awaits (Rememnyi, 2011).

### **2.3 Influence of Health on the implementation of the rehabilitation of street children**

Most street children have deteriorating health conditions, According to Myers 1995 (*the twelve who survive*) nutrition has an effect on psychosocial development, operating primarily through its impact on attention, responsiveness, independence, irritability, and affect. Nutrition is one of a complex factors operating to influence that development and associated behaviour in children- There is a kind of spiral effect in which food intake, providing energy and needed nutrients, increases the physical and mental growth of the child and hence the child's ability to interact.

Food should be effectively channelled in accordance with the psychological requirement of different age groups. The problem of malnutrition or under nutrition is due to various vitamin deficiencies and lack of protective foods. Both qualitative and quantitative dietary deficiencies are very common amongst the street children because most of the children have a monotonous and insufficient diet. The street child only cares about survival, he/she gets anything that is available so as not to sleep on an empty stomach. Being in the streets, the children have no knowledge whatsoever on what constitute a balance diet and the necessary details regarding the required amounts of vitamins, minerals or protein.

Communicable diseases are the major cause of illness amongst street children (Dallape 1987) Health conditions of these children are extremely poor; the lack of proper environmental sanitation makes it impossible to check the spread of pathogenic organisms, while malnutrition and under nutrition lower the individual's resistance to disease. According to a study carried out by orphans foundation trust, Arusha in Tanzania, some of the health problems experienced by children and young people in the streets included; malaria, fever, stomach aches and ulcers, abdominal worms, skin infections, chest infections, wounds, peptic ulcers, STD, diarrhoea and other opportunistic infections associated with HIV/AIDS, they are all very common. Malaria is the most prevalent disease in the streets (Myers 1995) In its acute form it is a leading cause of serious illness and even death among the street children. In its chronic form it causes anaemia, hypertrophy of the spleen, apathy and in some cases general debility.

Owing to the extremely low levels of environmental sanitation, most of the children in the streets suffer from intestinal parasitic infection. This parasite contributes significantly to malnutrition by appropriating valuable nutrients in their own maintenance, inducing toxic effects and disturbing assimilation (Myers 1995)

Vitamin deficiencies are also very common. Vitamin A deficiencies are characterized by eye and skin disorders. In extreme serious cases, Vitamin A deficiency may even result to blindness. Some children, due to serious under nutrition may lead to clinical conditions described as marasmus and cachexia. Which are states of extreme emaciation and general enfeeblement of the body and is a very critical state to be in (Myers 1995) In addition to malnutrition and communicable diseases, the other greatest health concern is mental disorder.

Mental disorder is becoming a common phenomenon in the streets. According to Dallape(1987) in his book *an experience with street children*, he states that it is very common for children living in the streets to suffer from brain damage due to drug abuse.

According the DN2 Article, statistics show that one percent of Kenya's population, which is about 500,000 people, have mental disorder. The most frequent diagnosis of mental illnesses is depression, drugs and substance abuse, and neurotic, stress-related anxiety disorders. Street children are susceptible to all these which explains why they contribute significantly to the percentage that has mental-disorder. However, even with such diagnosis, treatment and proper management of mental ailments remain elusive in Kenya (Okeyo, 2015)

With identification of the different ways the street children live in deteriorating health conditions, taking them through a thorough medical situation analysis should take precedence so as to diagnose and attend to any medical problems they may have. Failure to do this means that the street children may be in such a poor state of health to go through the rehabilitation process effectively. Hence a proper rehabilitation centre should be able to provide health care to the street children so as to avoid the ineptitude and disarray that would otherwise occur in the implementation of the rehabilitation of street children.

#### **2.4 Influence of Education on the implementation of the rehabilitation of street children**

Education offers hope for a bright future to the street child. Most of the street children spend their days and hours either thinking of how to fend for a meal or waiting out for the day to end, in other words, idle and with all the time to ingest drugs and substances that are harmful for their health and involve themselves in other illegal activities and behaviour such as crime and violence.

Education and a vast selection of learning activities however takes them away from the streets and the street child gets to spend time engaging in learning activities, this active engagement instils a sense of importance, confidence and hope to a child where their curiosity and aspirations awaken and the desires to pursue certain professional paths Nussbaum(2010). Time spent learning also ensures that the street child is not idle and limits the opportunity for the street child to indulge in gross behaviour and mannerisms such as drugs, sexual indiscretions ,theft, violence and many other ill actions that are prone in the streets.



According to Rememnyi (2011), one of the actions that will lead to holistic development in street children is enabling street children to be integrated into society through learning activities directed towards behavioural change i.e. from that of accepting stealing as a way of getting money to that of rejection of the practice of stealing and accepting approved ways and practices of earning money. Actions enabling street children to learn skills for employment and acquire basic knowledge that children of their age are expected to have in life.

According to Migai (2013), there are a number of actions that are key to the development and successful integration of street children such as education and various learning activities, a proper diet program, proper hygiene, sanitation and shelter. Particular activities to facilitate integration of street children into society are such as a more supportive police force, more accepting residents where street children stay for the evening, understanding teachers in schools where they may be admitted and more accepting health staff amongst others.

## **2.5 Influence of the Rehabilitation parties on the implementation of the rehabilitation of street children.**

Before taking up a child from the streets for the sole purpose of reforming them, it is extremely critical to understand what the child was conditioned to while in the streets, their behaviour, responses and the consequences resulted from the streets environment. The next step would then be to devise means to counter the challenges and needs of the street children in a holistic approach so as to effectively intervene. Being that it is a systematic approach, there then needs an applied level of sensitivity and expertise especially for street children who have harboured in the streets for quite a period of time and have acquired and firmly gripped the streets survival tactics and embraced the street life. Therefore for quality assurance, street children need to be carefully managed and by qualified parties who can offer the right kind of care to a street child. Narayan (2012). Different parties have been known to be interested in the rehabilitation process of street children, the main ones however are; individuals, churches and rehabilitation institutions. One could question which of these is better placed to handle such a sensitive and intricate process. Individuals that have been involved have normally been compelled by the innocent nature of the child and their vulnerability especially when exposed to such a hostile environment and they will be driven to

offer help that will help in the long run other than giving money when they beg in the streets. Hence it is common for individuals to offer the basic essentials and if the street child is of age, offer some manual work so that they can earn some money. Another way is for them to come in as sponsors in the child's education whether primary, secondary or at the tertiary level. The challenge with most individuals is that although they want to help, they will struggle with the burden of how to fend for the street child and in most cases the ill behaviour of the street child which they were probably first blind to. For instance when the child steals from where they live or work, when they get into fights, abuse drugs, influence other peer members who may be drawn to the rebellious personality of the street child, language, disinterest in activities. Dallape (1987)

Another key challenge with individuals is that some individuals do not have genuine reasons to get involved in reforming street children. According to March 2015 British case files, a Birmingham court recently sentenced a 55 year old charity worker named Simon Harris who lived in Kenya for 20years. Simon Harris gave bounty of promises of food, shelter and education to street children in Gil-Gil, Nakuru County only to take sexual advantage of them. He was also accused of providing drugs and alcohol even to the underage students. Thus other than paedophilic tendencies, the individuals taking up rehabilitation could be highly disadvantageous mainly due to lack of transparency, because of malicious objectives and also because of restricted means of assessing the rehabilitation progress.

Churches also like individuals, are not fully equipped to deal with a full on street child rehabilitation procedure but are a bit more advantaged in that they could have more resources as compared to an individual. Nussbaum (2010) in her research paper on the role of the church in the rehabilitation of street children talks of the various strategies employed by the churches involved in order to effectively rehabilitate the street children; She notes education as a very integral part of this process. In the case of St. Teresas church 'watoto wetu' The church adopted a curriculum to use and incorporated both formal and informal education in the program.

Narayan (2012) talks about rehabilitation through institutions whereby institutions strive to offer the best possible facilities for street children. They do this by providing solid buildings with educational, medical and recreational facilities. There is law and order, cleanliness and critical

rehabilitation program advisors such as medical doctors and psychologists available for full effectiveness of the rehabilitation process. According to UNICEF annual report, Poverty is a notorious cause of the increasing number of the street children. If not carefully and properly tackled, then the street children will not leave the streets but continue pouring in and increasing. Extending a hand of support to families that have critical financial troubles has been found to be really effective, whereby they are supported in starting up an income generating activity that will enable them to make ends meet and take care of the family. This, although not very common, is employed by some institutions and has proven to reduce the number of runaways who run to the streets due to lack of food and go in search of food or money for the family.

## **2.6 Influence of Psychotherapeutic support on the implementation of the rehabilitation of street children**

The streets expose the children to various forms of abuse and neglect. These have both physical and psychological consequences for the street children some of which may present as symptoms of maltreatment such as; post traumatic stress, somatic symptoms, sexual dysfunctions, emotional disorders, mental illness, self-harm, alcohol and drug abuse, antisocial personality, aggressive behaviour and sexual assault on others. Taking into account the serious consequences that occur from living in the streets, the necessity of interventions is imperative.

According to Keller (2011), Psychotherapy is a general term used to define the treatment of psychological disorders, stress and mental distress. Also referred to as psychological rehabilitation, psychotherapy is a fairly new concept in street children rehabilitation that has been deemed necessary due to the realization of the high level of trauma and the need to counter attitude and behaviour patterns acquired from the streets. It is also essentially being employed so as to uncover the root problem of the reasons behind the street child taking to the streets, monitoring the mental and emotional state of the street child and acquiring background information, particularly on family with the purpose of finding their whereabouts and how to reach out to them so as to eventually reunite the street child at a suitable time. Most of the street children are however frightened and offer a lot of resistance in offering background information, hence it has no defined time frame thus progression depends upon the individual sessions held. A wide range of approaches and strategies are used in the therapeutic sessions depending on the individual cases of the street children. However, a new popular form of treatment used due to the

problematic thoughts, emotional distress and behaviours acquired in the streets is cognitive-behavioural: which involves cognitive and behavioural techniques to change negative thoughts and behaviour; it involves operant conditioning and social learning, specifically used to alter problematic behaviour in the street children, (Narayan,2012).

After progression in the individual sessions, the treatment program is keen on reaching out to family members and relatives for group sessions and tackle problems that are in the family such as alcoholism, domestic violence and any form of abuse or problem that might be in existence which is very significant for the successful integration of the street children back to their homes. It is not enough to only have the street child go through the remedial therapy treatments but highly recommended that the family is involved as well since this are the people the street child will go back to and it is important that they are in alignment with the treatment offered and in know of how to be supportive and enhance recovery and resettlement of the street child back home (Rememnyi, 2011).

## **2.7 Relationship between the dependent and independent variables**

The study focuses on the various factors influencing the implementation of street children rehabilitation with Health, Education, Rehabilitation parties and psychotherapeutic support as the independent variables and the implementation of street children rehabilitation program as the dependent variable. The study focuses on the effect or influence of education on the implementation of rehabilitation programs. As stated by Migai 2013, education is imperative in the rehabilitation program especially in the course of environmental conditioning for behaviour alteration and eventually for their own personal improvement plan. Some of the indicators are the level of participation, academic progress and transition to the next class level. Health is the other independent variable and the study is keen on how health influences the implementation of the rehabilitation process. According to Myers 1995, the rehabilitation process should entail a health program that scrutinises the medical condition of the children in the rehabilitation program so as to ensure that they are medically fit and qualified to undergo the rest of the entire rehabilitation program. Some of the indicators on health and overall medical status of the street children while in the program are their medical reports and the level of participation in activities. The study also looked at the parties involved in the rehabilitation process as one of the independent variables and how they influence the implementation of the rehabilitation program some of the indicators were compliancy to the requirements by law and number of qualified staff who work in the rehabilitation centres. Psychotherapeutic support's influence on the implementation of the rehabilitation programs was the other independent variable and the study aimed to look at how it influenced the street children rehabilitation program some of the indicators were the reconciliation of families through provision of psychotherapy and also modified behaviour that is exhibited by the street children while undergoing psychotherapy. The study sought how the Implementation of the street children rehabilitation program is influenced by these factors.

## **2.8 Theoretical Framework**

A theoretical framework is a collection of interrelated concepts, like a theory but not necessarily so well worked-out. A theoretical framework guides your research, determining what things you will measure, and what statistical relationships you will look for. Theoretical frameworks are obviously critical in deductive, theory-testing sorts of studies. In those kinds of studies, the theoretical framework must be very specific and well-thought out. A theoretical framework is used in this study to review theories related to rehabilitation and street life.

### **2.8.1 Theory in Rehabilitation Psychology**

Rehabilitation psychology, one branch of the broader discipline of psychology, relies on established theories aimed at preventing and treating disability and chronic illness. Some theories are drawn from the wider discipline; others represent applications or extensions of this existing knowledge, while still others are developed in response to the particular health needs of individuals or groups. The distinction between research and practice is relevant here, but the two categories are best construed as continuous rather than discrete activities. Ideally, practitioners rely on theory-based research in their everyday clinical duties. For their part, researchers acquire direction for theory-building by working closely with clinicians and with people who live with disabling health conditions. Thus, rehabilitation knowledge flows both ways; theory advances practice, and vice versa (Giddens and Duneier, 2000).

Perhaps there is something about rehabilitation psychology that renders theory development somewhat different from other areas of the wider discipline (e.g., social psychology, clinical psychology, developmental psychology). Historically and currently, rehabilitation psychology embraces interdisciplinary perspectives. Research in rehabilitation psychology is a constructive amalgam of hypotheses, methods, and data from psychology (especially clinical, counselling and social), education (particularly special education and rehabilitation counselling), medicine (psychiatry, neurology), nursing, physiotherapy, physical and occupational therapy, and, increasingly, neuroscience. Approaches and ideas from the nascent field of positive psychology are also apt to affect the creation of theory in rehabilitation psychology Backer *et al.*, 2001).

The interdisciplinary nature of rehabilitation, generally, has posed unique challenges and opportunities for psychologists that are not encountered in the more academic specialties of the profession. Throughout its history, rehabilitation psychology has been perpetually positioned to

address stated national priorities and health and public policy needs (e.g., rehabilitation of veterans returning from international conflicts; facilitating the vocational rehabilitation of persons with acquired disabilities (Johnson, 2009). These opportunities usually place a premium on applied, pragmatic solutions within a multidisciplinary endeavour. In these scenarios, a practical product or service is championed: An esoteric, jargonized academic theory that is difficult to communicate to colleagues from other professions is viewed as impractical or professionally self-serving (indeed, the National Institutes of Health have an explicit value on theoretical approaches that cross-fertilize across professional boundaries and eschew research that seems in thrall to a single professional interest (Giddens and Duneier, 2000).

The explicit value on the practical is not without consequences. In the rush to apply components of a promising theoretical approach in a multidisciplinary setting, key elements from a theory may be lost in translation. For example, conceptual confusion accompanied the broad acceptance of Julian Rotter's (1966) locus of control theory, a fact that was often lamented in the many applications that bore little theoretical resemblance to the original work. Rotter was interested in people's generalized expectancies for control of reinforcement across situations and he suggested that these expectancies could range from very internal to very external (hence the origin of the internal and external locus of control concept). Although Rotter's theory grew out of the behaviourist tradition in academic psychology (a key fact that many of his interpreters routinely neglect), it relies heavily on cognitive constructs (i.e., expectations). Rotter in 1975 to 1989 went to pains to claim that the internal-external distinction is neither a simple dichotomy nor a personality typology (i.e., a person is not an "internal" or an "external"), and the concept was never intended to mean that a person felt "in control" or had "no sense of control" in daily life (Backer *et al*, 2001).

Similarly, Lazarus and Folkman's transactional theory of stress, appraisal, and coping spawned many studies of coping in both health and rehabilitation psychology. The interest in coping behaviour and its correlates, measurement, and patterns continues to this day. However, in this enterprise, few researchers attended to the essential role of the cognitive, subjective appraisal of stress – the key motivator of coping behaviour that characterized Lazarus' research program for decades – and studied coping behaviour separate and apart from this motivational mechanism (Johnson, 2009).

Misapplication of theory undermines our understanding of the mechanisms that underpin certain behaviours, and subsequent advances in the respective knowledge base are compromised. Quite often, the adverse effects are seen in attempts to develop meaningful interventions, as the mechanisms involved are not clearly understood or addressed in the design or execution of a given intervention. With an absence of theory-driven research with a priori, testable and potentially falsifiable hypotheses the resulting empirical base is typified by descriptive, correlational designs in ex post facto studies that cannot meaningfully predict, explain or refine theoretical mechanisms of behaviours.

### **2.8.2 Theory of reasoned action**

Derived from the social psychology setting, this theory was proposed by Ajzen and Fishbein(1975 & 1980). The components are three general constructs: behavioural intention, attitude and subjective norm. It suggests that a person's behaviour intention depends on the person's attitude about the behaviour and subjective norms. If a person intends to do behaviour then they will do it. Thus a person's voluntary behaviour is predicted by his attitude toward that behaviour and how he thinks other people would view him if he performed that behaviour. Different behaviour intentions occur from different situational factors.

For street children, subjective norm plays a huge role. This is widely because survival in the streets greatly depends on group identification and movement. The street children identify with certain quorums so to ensure that they always get something to eat and are under protection if they ever came across bullies in the street. The quorums also get into unscrupulous activities, mostly theft, drug abuse and everyone has a role to play. Anyone who doesn't is deemed as a coward and not worth to be in the group therefore the more involvement one has in unscrupulous and dangerous engagements, the higher the regard the peers hold for them. Therefore peer pressure is inevitable in the streets because the perception the peers have of you in most cases determines their fate in the streets.

Subjective norm leads to other numerous acquired behaviour in the streets all being survival strategy.

Therefore psychological rehabilitation is applied: to counter the behaviour intention of the street child that was conditioned while on the streets ,to expertly deal with trauma depending on



experiences pre and post street life, to monitor the mental and emotional state of the street child and also to reconcile the family prior to reintegration.

## **2.9 Conceptual Framework**

A conceptual framework is a chart that explains the main things to be studied in conception. It provides the idea on establishing the relationship between the dependent and independent variables. It provides the primary model that provides the basis on deciding on the research question and objectives, and methodology to be used in order to solve the phenomenon under investigation Kothari (2004). The conceptual framework in Figure 1 provides the parameter that will be used to determine the relationships between the dependent and independent variable.

### Intervening Variables

- Government Policy
- Type of Parentage
- Free of Drugs Society
- Stakeholders Commitment

### Independent Variables

- Health**
- Medical status reports
  - Weight(measurement in Kilograms)
  - Physical activities

- Education**
- Progression to next class/education level
  - Academic performance reports
  - Rate of class

- Rehabilitation Parties**
- Compliancy with rules, regulations and requirements by the authorities.
  - Number of qualified employed staff.

- Psychotherapeutic support**
- Number of reconciled families
  - Number of behavior occurrences
  - Number of counselors in

### Dependent Variable

- Implementation of Rehabilitation of Street Children in Kenya
- Number of street children who transition to tertiary education
  - Number Employment

Figure1.0 Conceptual Framework

Effective implementation of rehabilitation of street children in Kenya depends on how health, education, psychotherapeutic support and the rehabilitation parties involved, are used and managed in favour of the implementation of rehabilitation programs. For this to be realized, intervening factors such as government policy, type of parentage, free of drugs society and stakeholders commitment must be put into consideration and their effect checked in the implementation of rehabilitation of street children.

### **2.10 Knowledge gap**

The status of high turnover rates in street children rehabilitation centres where street children resign from the program and pour back into the streets is of great concern because the purpose of these centres is to provide a different outcome where the street children after undergoing rehabilitation, have a form of improved life and get back to the society, have a livelihood, acquire education and have a great sense of function ability.

### **2.11 Summary**

In view of the review of the related literature, the study is of paramount value as it seeks to establish how various factors influence the implementation of the street children rehabilitation program and the various challenges undergone. The study therefore hopes to uncover the underlying issues and facilitate the improvement of execution of the street children rehabilitation program so as to acquire the desired outcome.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter contains information on the type of research design adopted for the study. It gives information on the target population and its characteristics as well as the sampling procedures used to identify participants from the target population. The chapter also deals with information on methods and procedures of data collection and data analysis techniques as well as the operational definition of the variable and ethical considerations as per the study.

#### **3.2 Research Design**

Research design is the outline, plan or scheme that is used to generate answers to research problem (Cooper & Schindler, 2003). Mualako et al (2009) recommends descriptive survey applicable where a study involves stating conditions or relationships that exist. Descriptive surveys therefore measure variables by asking people questions either through interviews or questionnaires and therefore examine relationships among the variables.

The descriptive design was appropriate for this study so as to enable generation of data from the many questions asked about people's perceptions, attitude, behaviour and values regarding implementation of street children rehabilitation programs.

#### **3.3 Target Population**

According to Peil (2003), population refers to the entire group of people, events, or things of interest to a researcher. The study was carried out at the Action for children in Conflict rehabilitation centre in the Subcounty of Thika. Therefore, the population of this study is composed of the street children enrolled at AfCiC, the social workers, the doctors, the counseling specialists, volunteers, teachers and the parents, staff from the DEO, centre director, street children in the AfCiC outreach program and former street children who have graduated from the AfCiC rehabilitation program. The target population of the study was two hundred and five (205) which comprised of a hundred and twenty (120) stakeholders and eighty five beneficiaries (85) AfCiC (2014)

### 3.4 Sampling Procedure and Sample Size

Kothari (2008) define a sample as a proportion or subset of a population that is being studied through a research study. The researcher employed stratified random sampling. According to Mugenda and Mugenda (2003), this method is used when a researcher requires samples from different units from the population and since the population of this study is composed of the street children enrolled at AfCiC, the social workers, the doctors, the counseling specialists, volunteers, teachers and the parents, staff from the DEO, centre director, street children in the AfCiC outreach program and street children who have graduated from the AfCiC rehabilitation program, stratified random sampling was identified as the best fit.

A sample size of 160 was selected in reference to Krejcie’s model provided in Appendix VI.

$$\text{Krejcie model } n = \frac{x^2 NP(1 - P)}{d^2(x - 1) - x^2P(1 - P)}$$

Where; N= Targeted population

P=Population proportion

d=Degree of accuracy expressed as (0.05)

$x^2 = 3.841$  At 95% confidence level

**Table 3.1: Table of Sample Size**

<b>Category of target population</b>	<b>Frequency</b>	<b>Sample Size</b>	<b>Sample Ratio</b>	<b>Percentage</b>
Stakeholders	120	90	0.75	
Beneficiaries	85	70	0.82	
<b>Total</b>	<b>205</b>	<b>160</b>		

Krejcie model for population size and sample-Appendix3

### **3.5 Methods of Data Collection**

#### **Questionnaires**

questionnaires were semi structured thus containing open and close ended questions. Open ended questions were used to get in-depth information as respondents were able to express themselves more freely in-terms of feeling, interests and opinions. Questionnaires were administered in hard copy only. The survey was meant to assess the participant's sentiments, knowledge, awareness and experiences of implementation of street children rehabilitation programs and assess existing gaps and mechanisms for redress.

#### **Interviews**

Face to Face interviews were done to obtain qualitative data and understand the existence, nature and extent of implementation of street children rehabilitation programs and assess existing gaps and mechanisms for redress. Interviews with key informants included; the social workers, volunteers, teachers and the parents, community members and children agencies near the study findings.

### **3.6 Pilot testing**

Mock interviews were conducted at Shauri Moyo street children rehabilitation centre in Nairobi County hence not part of the actual study sample. The questionnaires were administered personally by the researcher and were picked soon as they were ready. The researcher was also able to conduct semi structured interviews. Weakness of the instruments, such as generic setting of some of the questions which led to non-definitive answers were revised. After pre-testing of the instruments, the researcher was able to satisfy all the requirements to ensure full engagement of the respondents in the study.

### 3.7 Validity and Reliability Test

#### Validity

Validity is the ability of research instruments tools not only to provide just accurate information, but to achieve valid solutions which the research intended to achieve Peil (2003). This was done through frequent consistency checks, proof-reading and pre-testing the questionnaire for content validity prior to the actual administration with the respondents.

#### Reliability

Reliability refers to the extent to which assessments are consistent while validity is the ability of research instruments tools not only to provide just accurate information, but to achieve valid solutions which the research intended to achieve Kothari (2004). To test reliability, accuracy of the answers given by the respondents were counter checked against the main objective and specific objectives of the study to determine consistency and accuracy that was envisaged in the results. The reliability was determined by the degree to which each item on the scale correlates with each other, correlation analysis in this case was based on Pearson's product moment coefficient of correlation (Harper 1991) which was denoted by the following formula;

$$r = \frac{n(\sum xy) - (\sum x)\sum y}{\sqrt{(n\sum x^2 - (\sum x)^2)(n\sum y^2 - (\sum y)^2)}}$$

Where: r= coefficient of correlation

$x$  = Values of variable x

$y$  = Values of variable y

The outcome of the correlation was either positive, negative, perfect or zero correlation. The closer the r is to the positive the closer the relationship between variables, the closer the r is to the negative the less the close relationship. If the outcome between health and the implementation of street children rehabilitation program is positive then there is positive correlation and the reverse occurs if it is negative.

### 3.8 Operational definition of variables

The table below shows the variables in the study, how they are to be measured and data analysis techniques to be used.

**Table 3.2: Operationalization of variables**

<b>Objective</b>	<b>Type of variable</b>	<b>Indicators</b>	<b>How to Measure</b>	<b>Scale</b>	<b>Data collection</b>	<b>Data Analysis method</b>
To examine the factors influencing the rehabilitation of street children	Implementation of street children rehabilitation (Dependent) variable	Turnover reports in street children rehabilitation centres Transition to tertiary education institutions Employment	Numbers from turnover reports in the street children rehabilitation centres Number of street children that have transitioned to tertiary institutions Number transitioned to employment General performance/impact reports from the rehabilitation centres	Ordinal Nominal	Questionnaire Interviews Focus group discussions Observation Documents analysis	Descriptive statistics, Central tendency, frequency distribution
To examine the influence of Health on the implementation of street children rehabilitation	Health (Independent Variable)	Medical status Weight Physical activity	Medical exam reports Weight (Kgs) Rate of physical activity involvement	Nominal Ordinal	Questionnaire Interviews Focus group discussions Observation Documents analysis	Descriptive statistics, Central tendency, frequency distribution



To examine the influence of Education on the implementation of street children rehabilitation	Education  (Independent Variable)	School enrolment/registration. Class participation Academic performance reports Class level transition	Number of school enrolments Rate of class participation(number of questions asked or answered) Rank/Grade from academic performance reports Number and rate of class level transitions	Nominal  Ordinal	Questionnaire Interviews Focus group discussions  Observation  Documents analysis	Descriptive statistics, Central tendency, frequency distribution
To examine the influence of Rehabilitation parties on the implementation of street children rehabilitation	Rehabilitation parties  (Independent variable)	Compliance with rules, regulations and requirements by the authorities. Availability of resources	Operation documents required by the law Number of qualified staff members and required equipment	Nominal  Ordinal	Questionnaire Interviews Focus group discussions  Observation  Documents analysis	Descriptive statistics, Central tendency, frequency distribution
To examine the influence of psychotherapeutic support on the implementation of street children rehabilitation	Psychotherapeutic support  (Independent variable)	Behaviour dominance  Family reconciliation/integration	Number of behaviour occurrences  Number of reconciled families  Number of counsellors in the rehabilitation institutions	Nominal  Ordinal	Questionnaire Interviews Focus group discussions  Observation  Documents analysis	Descriptive statistics, Central tendency, frequency distribution

### **3.9 Data Analysis Methods**

This study focused on factors influencing the implementation of rehabilitation of street children in Kenya. Independent variables were health, educational, psychotherapeutic support and the rehabilitation parties involved. They were identified and measured using a five-point scale of totally agree, agree, undecided, disagree and totally disagree. Quantitative data was collected using the structured questionnaires. Collected data from the field was processed through data cleaning/editing to detect and correct errors and omissions, outliers or missing values. SPSS (version19) was used for analysis. The results were presented as tables. Quantitative analysis of the results were further interpreted and discussed in descriptive form.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS OF FINDINGS

#### 4.1 Introduction

This chapter presents the results of the data collected from the study and further interprets the findings from the study as well as discuss its findings. Analysis is in form of quantitative and qualitative form in nature. The tables are used for presentation.

#### 4.2 Response Rate

This was to analyze the rate of response of the respondents of the study who responded by filling in the questionnaires.

Table 4.1 Response Rate

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Responsive	128	80%
Non-Responsive	32	20%
<b>Total</b>	<b>160</b>	<b>100</b>

According to the Response rate Table, Table 4.1, 80% of respondents responded by filing and returning questionnaires for analysis. Those did not responded by filling and returning the questionnaires for data analysis were 32% of the respondents. Peil (2003) states that for a research finding to achieve its objective and give accurate account or results of participants' views and expectations, at least (50%) of the questionnaires, informant interview guide or any other data collection tool used in data collection must be filled and incorporated or form part of the data analysis.

### 4.3 Gender of the Respondents

Gender as a variable was significant as it helped analyze contribution of men and women to this study.

**Table 4.2 Gender of the respondents**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Female	74	58%
Male	54	42%
<b>Total</b>	<b>128</b>	<b>100</b>

According to Table 4.2, women were 58% of respondents' represented in analyzed questionnaires. The other portions of 42% of respondents were men as represented in the analyzed questionnaires. Finding indicates that the study received a better response from more females than male

### 4.4 Age of the Respondents

The age bracket of the respondents was incorporated as variable to help in detail analysis of the response gathered from the field by degree or age bracket of the respondents. This was to ascertain whether all age bracket listed in the questionnaire responded to the study.

**Table 4.3 Age Analysis**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
10-25 years	35	27
26-33 years	29	23
34-41 years	19	15
42-49 years	32	25
Above 50 Years	13	10
<b>Total</b>	<b>128</b>	<b>100</b>

**Source: Field Data, 2014**

According to Table 4.3, majority of respondents were between 10-25 years of age at 27%. Respondents between the ages of 42-49 years were 25%. The age bracket between 26-33 years was 23% as represented by the questionnaires. The age bracket between 34-41 years and above 50 years were 15% and 10% respectively. The age brackets of the participants were incorporated as variable to help in detail analysis of the response gathered from the field. This helped to ascertain whether all age brackets listed in the questionnaire responded to the study which of course the finding indicates happened. It therefore follows that data gathered and analyzed reflected views and suggestions from respondents of all different age limits.

**4.5 Education level of the respondents**

The education level of the respondents was incorporated in the study as variable to help in detail analysis of stakeholders' level of education. This help to ascertain their level of reasoning and conceptualization on physical, emotional and psychological factors, rehabilitation programs or approaches to be used and how to tackle rehabilitation challenges faced in the rehabilitation of street children in Thika.

**Table 4.4 Education level of the respondents**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Certificate	52	41
Diploma	25	20
Degree	23	17
Post graduate	19	15
None	9	7
<b>Total</b>	<b>128</b>	<b>100</b>

According to Table 4.4, indicated that respondents with certificates holders were 41% respondents. Respondents of about 17% were graduates. Respondents with post graduate degree were 15% as respondents with qualifications diploma level were 20% and 7% made the percentage that had not acquired any form of education. Given diverse level of knowledge shown from the respondents, the researcher did not have problems in collection of data as the respondents were capable to write and read by themselves.

#### **4.6 Number of years involved in street children rehabilitation projects**

Number of years serving in rehabilitation issues was incorporated in the study to help Zascertain the degree of experience stakeholders have acquired in the rehabilitation of street children in Thika.

**Table 4.5 Number of years involved in rehabilitation projects**

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<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Less than 3 years	21	17
3-6 years	40	31
6-9 years	27	21
9-12 years	27	21
Over 12 years	13	10

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<b>Total</b>	<b>128</b>	<b>100</b>
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As per Table 4.5, 31% of respondents said had participated in rehabilitation of street children in Thika for a period of 3-6 years while 21% each said had participated in rehabilitation of street children in Thika for a period of 6-9 years and 10-12 years respectively. Those who said had participated in rehabilitation of street children in Thika for periods of less than 3 years were 17% while 10% said had participated in rehabilitation of street children in Thika for over 12 years. This showed that the respondents had participated in rehabilitation of street children in Thika for different periods of time.

#### **4.7 Influence of health, Education, Rehabilitation parties involved and Psychotherapy on the implementation of rehabilitation of street children in Kenya**

Analysis of the health, education, psychotherapy and rehabilitation parties involved was important to determine how significant they are in the implementation of the street children rehabilitation program.

**Table 4.6 Influence of health, Education, Rehabilitation parties involved and Psychotherapy on the implementation of rehabilitation of street children in Kenya**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	61	48
Agree	38	29
Undecided	19	15
Disagree	10	8
Strongly disagree	0	0
<b>Total</b>	<b>128</b>	<b>100</b>

**Source: Field Data, 2014**

In Table 4.6, 48% rated the extent to which Influence of health, Education, Rehabilitation parties involved and Psychotherapy's significance to the implementation of rehabilitation of street children in Kenya as strongly agree while those who rated the extent to which Influence of health, Education, Rehabilitation parties involved and Psychotherapy's significance to the implementation of rehabilitation of street children as agree were 29%. Those who rated the extent to which health, Education, Rehabilitation parties involved and Psychotherapy's significance to the implementation of the rehabilitation of street children as undecided ,disagree and strongly disagree were 15% 8% and 0% respectively.



#### 4.8 Medical situation analysis enables effective diagnosis and treatment of health problems faced by the street children.

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	68	53
Agree	19	15
Undecided	17	13
Disagree	13	10
Strongly disagree	11	9
<b>Total</b>	<b>128</b>	<b>100</b>

**Source: Field Data, 2014**

As per Table 4.7, 53% rated that carrying out a medical situational analysis enables effective diagnosis and treatment of health problems faced by the street children as strongly agree. 15% rated that carrying out a medical situational analysis enables effective diagnosis and treatment of health problems faced by the street children as agree.13% rated that carrying out a medical situational analysis enables effective diagnosis and treatment of health problems faced by the street children as undecided.10% rated that carrying out a medical situational analysis enables effective diagnosis and treatment of health problems faced by the street children as disagree.9% rated that carrying out a medical situational analysis enables effective diagnosis and treatment of health problems faced by the street children as disagree.

#### 4.9 Provision of medical services enables the street children to be medically fit and in a proper condition to undergo the other rehabilitation stages.

**Table 4.8**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	61	48
Agree	38	29
Undecided	19	15
Disagree	10	8
Strongly disagree	0	0
<b>Total</b>	<b>128</b>	<b>100</b>

As per Table 4.8, 48% rated the extent to which provision of medical services enables the street children to be medically fit and in a proper condition to undergo the other rehabilitation stages as strongly agree. 29% rated the extent to which provision of medical services enables the street children to be medically fit and in a proper condition to undergo the other rehabilitation stages as agree. 15% rated the extent to which provision of medical services enables the street children to be medically fit and in a proper condition to undergo the other rehabilitation stages as undecided. 8% rated the extent to which provision of medical services enables the street children to be medically fit and in a proper condition to undergo the other rehabilitation stages as disagree and 0% as strongly disagree. It was therefore established from this analysis that when enrolled from the outreach program, the street children should go through a medical checkup before progressing to the other stages of the rehabilitation program. As illustrated by Fabio, street children in most cases have been exposed to drugs adversely affects their brain and they could be suffering from anxiety, lack of concentration and even in extreme cases, brain damage and hence would be in no condition to be put in a classroom for instance. This therefore drives the point that it is very important that they

go through a thorough medical screening to treat them and clear them to progress to the other rehabilitation stages.

#### **4.10 Through Education, the street children are able to acquire knowledge and skills useful and applicable in their lives.**

**Table 4.9**

An analysis to determine the usefulness of the knowledge and skills acquired through education and training in the implementation of the rehabilitation of street children.

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	90	70
Agree	32	25
Undecided	5	4
Disagree	1	1
Strongly disagree	0	0
<b>Total</b>	<b>128</b>	<b>100</b>

**Source: Field Data, 2014**

As per Table 4.9, 70% rated offering education to the street children enables them to acquire knowledge and skills useful and applicable in their lives as strongly agree. 25% rated offering education to the street children enables them to acquire knowledge and skills useful and applicable in their lives as agree. 4% rated offering education to the street children enables them to acquire knowledge and skills useful and applicable in their lives as undecided. 1% rated offering education to the street children enables them to acquire knowledge and skills useful and applicable in their lives as disagree and 0% as strongly disagree.

**4.11 Education is also directed towards behavioural change through providing a form of structure through which the street children acquire and improve on discipline and portray overall improved behaviour.**

Analysis of the relationship between education and the behaviour of the street children was significant as it helped determine how education is significant in the implementation of the rehabilitation of street children.

**Table 4.10**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	42	33
Agree	38	30
Undecided	13	10
Disagree	16	12
Strongly disagree	19	15
<b>Total</b>	<b>128</b>	<b>100</b>

33% rated education being directed towards behavioral change through providing a form of structure through which the street children acquire and improve on discipline and portray overall improved behavior as strongly agree. 30% rated education being directed towards behavioral change through providing a form of structure through which the street children acquire and improve on discipline and portray overall improved behavior as agree. 10% rated education being directed towards behavioral change through providing a form of structure through which the street children acquire and improve on discipline and portray overall improved behavior as undecided. 12% rated education being directed towards behavioral change through providing a form of structure through which the street children acquire and improve on discipline and portray overall improved behavior as disagree and 15% rated as strongly disagree.

#### **4.12 Rehabilitation parties should adhere to requirements by law, before commencing operations.**

This was an analysis to determine the significance of rehabilitation parties' compliance to the law requirements in the implementation of rehabilitation of street children.

**Table 4.11**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	84	65
Agree	25	20
Undecided	19	15
Disagree	0	0
Strongly disagree	0	0
<b>Total</b>	<b>128</b>	<b>100</b>

**Source: Field Data, 2014**

As per Table 4.11, 65% rated that the rehabilitation parties should adhere to requirements by law before commencing operations as strongly agree. 20% rated that the rehabilitation parties should adhere to requirements by law, before commencing operations as agree. 15% rated that the rehabilitation parties should adhere to requirements by law, before commencing operations as undecided. There ratings for disagree and strongly disagree were both 0%. Majority of the respondents strongly supported the parties complying with the law and regulations and made up a huge percentage in strongly agree and agree.

#### **4.13 Adequate resources in a rehabilitation facility enhances efficiency of the rehabilitation process.**

An analysis of the rehabilitation parties' facility and whether having adequate resources in the facility enhances the rehabilitation process in the implementation of the rehabilitation of street children.

**Table 4.12**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	78	60
Agree	25	20
Undecided	25	20
Disagree	0	0
Strongly disagree	0	0
<b>Total</b>	<b>128</b>	<b>100</b>

According to Table 4.12, 60%, 20%, 20% and 0% of respondents rated the extent to which adequate resources in a rehabilitation facility enhances efficiency of the rehabilitation process in the implementation of the rehabilitation of street children as strongly agree, agree, undecided and disagree respectively.

This finding confirms literature position and Narayan (2012) findings that having rehabilitation parties that have adequate resources has significant impact on rehabilitation of street children. Having adequate resources in rehabilitation facilities is very significant and should therefore be used as part of implementation of rehabilitation of street children in Kenya for the initiative to be successful.

#### **4.14 Psychotherapy leads to the improvement of the emotional and mental state of the street children in the rehabilitation centre.**

An analysis of the psychotherapy treatment and the implementation of rehabilitation of street children.

**Table 4.13**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	100	78
Agree	28	22
Undecided	0	0
Disagree	0	0
Strongly disagree	0	0
<b>Total</b>	<b>128</b>	<b>100</b>

**Source: Field Data, 2014**

According to Table 4.13, 78% and 22% of respondents rated Psychotherapy leading to the improvement of the emotional and mental state of the street children in the rehabilitation centre as strongly agree and agree. This finding confirms literature review position that provision of mental rehabilitation had significant impact on implementation of rehabilitation of street children in Kenya.

#### **4.15 Psychotherapy facilitates the reintegration process of rehabilitation in the implementation of the rehabilitation of street children in Kenya.**

This was an analysis of psychotherapy on the reintegration process in the implementation of street children rehabilitation.

**Table 4:14**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	100	56
Agree	28	30
Undecided	0	12
Disagree	0	2
Strongly disagree	0	0
<b>Total</b>	<b>128</b>	<b>100</b>

According to Table 4.14, 56%, 30%, 12%, and 2% of respondents rated the extent to which psychotherapy facilitates the reintegration process in the rehabilitation of street children as strongly agree, agree, undecided, disagree and strongly disagree respectively. This finding confirms literature review position that provision of psychotherapeutic treatments enables the street children to have improved emotional and mental state and they are more aware of their feelings and emotions which progresses to family/guardians' inclusion in the sessions which facilitates in the reintegration of the street children back to the society.



#### **4.16 Psychotherapy leads to the improvement of behaviour in the rehabilitation of street children.**

Analysis of psychotherapy and its influence on the behaviour of street children in the implementation of the rehabilitation of street children.

**Table 4.15**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly Agree	58	45
Agree	26	20
Undecided	19	15
Disagree	15	12
Strongly disagree	10	8
<b>Total</b>	<b>128</b>	<b>100</b>

According to Table 4.15, 45%, 20%, 15%, 12% and 8% of respondents rated the extent of which psychotherapy influences improvement of behaviour in the rehabilitation of street children as strongly agree, agree, undecided, disagree and strongly disagree respectively. This finding is similar to Narayan (2012) that indicate that operant conditioning is offered mainly to alter problematic behaviour of the street children.

#### **4.17 Discussion of the results**

The response rate was of 80% which was of 128 respondents out of the 160. The response of (50%) was therefore an affirmation that this study received above the average standard as per (Peil, 2003). This was vital for objective and accurate findings for this study. The study also received significant contributions thus representation from both genders which implied that the information gathered and analyzed covered views, recommendations and suggestions of both genders which were vital for the study to understand different perspectives on factors influencing implementation of street rehabilitation in Kenya. Diploma holders made up 20% of the respondents, quite a number of the diploma holders were social workers and field officers as well as the regional coordinators of the rehabilitation centre. Majority of the respondents were certificate holders, this was at 41%. The certificate holders greatly comprised of two groups; one group was made up of the former street children who were able to graduate from the primary and secondary education and thus earned their certificates. The other group of certificate holders was made up of respondents who had been involved in the rehabilitation of street children for over 9 years which made up the 21% and 10% in the table 4.5 Thus the study revealed a connection whereby most of the respondents holding positions as supervisors and had been involved in the rehabilitation projects for a long period i.e. 9 or more years held certificates. Which brought a concerning question regarding personal improvement plans when it comes to education progression and also to the general capacity building as an addition to the level of experience for persons holding such crucial positions so as to enhance the effectiveness of the rehabilitation program. Majority of the respondents, 48% strongly agreed and 29% agreed with health, education, rehabilitation parties and psychotherapeutic support being significant in the rehabilitation process. It was established that health, Education, Rehabilitation parties involved and Psychotherapy are highly significant to the implementation of rehabilitation of street children in Thika. Similar findings were recorded in Mulwa (2009) findings. This finding is also similar to literature review that explains that these four factors are imperative in countering the core challenge of most rehabilitation programs' failure to adequately equip the street children enabling them to adapt to the ways and life of the society hence leading to quite a huge turn over in this facilities where street children abandon the programs or even after going through it, still prefer the streets. It was established that carrying out a medical situational analysis is very important so as to identify any medical conditions that the street children may be suffering from

and treat them before their condition worsens. This was supported by a huge percentage of the respondents, where we had 53% who strongly agreed and 15% who agreed. From the literature review, it was ascertained that due to the environment in the streets, the health condition of street children deteriorates really fast and that communicable diseases are the cause of illness(Myers 1997)Thus provision of medical services is vital and should be prioritized when enrolling the street child into the rehabilitation program.

Just as documented by Nussbaum (2010) education and a vast selection of learning activities takes away street children from the streets and the street child gets to spend time engaging in learning activities, this active engagement instills a sense of importance, confidence and hope to a child where their curiosity and aspirations awaken and the desires to pursue certain professional paths. It also directly significantly contributes towards streamlining the behavior of the street children through environmental conditioning. Thus the education offered whether formal, informal or vocational training is dire in the personal growth and development of the street children. Majority of respondents were of the opinion that for optimum operation, there had to be provision of adequate resources which confirms the literature position and Narayan (2012) findings that having rehabilitation parties that have adequate resources has significant impact on rehabilitation of street children. Having adequate resources in rehabilitation facilities is very significant and should therefore be used as part of implementation of rehabilitation of street children in Kenya for the initiative to be successful. Most of the respondents rated psychotherapeutic support was extremely essential towards the emotional healing of the street children given the traumatic situation undergone through the street life experience. This is mostly due to the high level of psychological disorders, stress and trauma diagnosed in street children and great demand for treatment Thus psychotherapy facilitates behavior change, family reconciliation and emotional healing in the rehabilitation process of the street children Keller (2011).

Majority of the respondents targeted in the outreach programme were born within the environs of Thika town in places such as Kiambu, Murang'a and Kirinyaga. They stated their parents lived with them in such places. The children stated that they came in the street due to neglect by the parents, lack of basic needs and care from the parents. The children said they had been in the streets for a period of nine months seven years. Study established that quite a number of these

children had been taken in children centres before, specifically meant for children living in the streets. Other children talked about individuals who have offered help but in exchange of labour in most cases. Other talked about seeking help from churches in the benevolent department. Some children had been to as many as five centres before going into AfCiC. Most of them have not voluntarily gone into the centres but were forcefully taken there by the police. This seemed to not settle very well with them as they would also always feel the need to rebel and would result to running away from the centres, they also stated finding it difficult to cope with the rules and regulations in the centres. Individuals who offered help in most cases were not genuine about their offer and would take gross advantage of the children either by over working them in tasks, taking sexual advantage of them or involving them in illegal activities. Children who had gone back home said their parents were not welcoming at all and felt that they were too harsh hence opted to go back to the streets.

The study established quite a pattern in the movement of the children in the streets; they mostly move around between the streets, their homes, their relatives, churches, rehabilitation centres consciously or unconsciously seeking to better their lives from the streets but when it seems difficult for them, they then resign and decide to call the streets home. Here is where they are exposed to drugs, sex, violence, crime, STIs, an illusion of freedom and independence, forced or tortured labour and eventually death.

The children talked about the cruel encounters they have gone through or have witnessed in the streets, they were remorseful about their life choices and stated that if given a chance, they would like to make a turn around.

Participants stated they joined AfCiC through the AfCiC recruitment network. They said that what was most appealing at first glance was to get food, shelter and treatment for any ailments. Study established that children had stayed at AfCiC for a period of one month to five years. Children expressed confidence in education, life skills education they related to issues such as sexuality, reproductive health, HIV/AIDS among others. They also expressed gratitude on technical skills offered and expressed their enjoyment in provision of basic needs, education, psychotherapy ,medical care offered and the resources available in the rehabilitation facilities that were available for them in AfCiC. Infact, the children express high dreams of being doctors, engineers', lawyers and other major profession in this country.

The street children who had undergone the whole process of rehabilitation expressed that they had gone to the street due to lack of necessities, improper care from the parents or care givers, violent parents and an uncondusive/unstable environment at home. This made it much more difficult to even think of going back to their families. But through the psychotherapy program, AfCiC was able to reach out to the parents and took an intervening role in trying to resolve the background issues faced by the family and fostering reconnection and mutual trust and respect between the two parties. This greatly facilitated reintegration back to the society.

They greatly appreciated education offered and most of them are now at the tertiary level of education. Most of them talked about reconciliation to their families being the hardest part of the rehabilitation due to mistrust, bitterness and not knowing what to expect. Thus psychotherapy was really highlighted as a strong approach used to intercept this challenge.

The managers and coordinators of the rehabilitation centre expressed challenges in liaison with the authorities especially during enrolment whereby police would roughly handle the street children and forcefully take them in the centres which would in most cases cause the street children to run away because of the unpleasant entry experience. There were also cases of referral from the children offices where different children cases are referred to the centres without regards of the centre capacity and resources available. They felt that a lot could be done for improvement especially when it came to policies, training and provision of resources adequate to support the street children in the centres.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter aims at summarizing the findings of the data analyzed. In summary, this chapter includes the title of the chapter, introduction of the chapter, summary of the findings, conclusions and recommendations.

#### **5.2 Summary of the Findings**

According to the analysis, out of 1 questionnaire issued, majority (80%) responded by filing and returning questionnaires for analysis. This showed majority responded to the study and therefore enough information was recorded for analysis. The study received response from all gender but more female (58%) rather than men responded to the study. Majority of respondents were between 10-25 years of age. However, data gathered reflected views from respondents of different age limits. As per the analysis, majority of the respondents (41%) were certificate holders. Given diverse level of knowledge shown from the respondents, the researcher did not have problems in collection of data as the respondents were capable to read and write by themselves. Study established that the respondents had participated in rehabilitation of street children in Thika for different periods of time.

It was established that Education, medical care, rehabilitation parties involved and psychotherapeutic sessions offered in the rehabilitation of street children were highly significant. The data reflected a huge percent 53% of the strong opinion that offering a medical situation analysis enables effective diagnosis and treatment of health problems faced by the street children with a high majority supporting that provision of medical services enables the street children to be medically fit and in a proper condition to undergo the other rehabilitation stages and should therefore be given a high priority as soon as enrollment has occurred so as also to prevent any infections or spread of any contagious diseases. Treatment includes the treatment of drug addiction as well which tends to intoxicate the body thus procedures of detox are imperative.

The study established that education offered knowledge and skills highly useful to the street children and a 33% which was also a majority that education had a positive impact on the behavior of the street children.

On the rehabilitation parties, the majority as well was of the opinion that there should be adherence to the requirements by law before establishment of such a sensitive facility. It was interesting to note however that the undecided lot was also quite significant with 15% which represents 19 respondents deliberating whether these establishments should be exclusively the state's initiative hence felt like this particular question didn't have a conclusive response.

The study revealed that the psychotherapy approach is highly appreciated. 100% which represented the entire population held the opinion that psychotherapy led to the improvement of the emotional and mental state of the street children with strongly agree holding 78% and 22% holding agree in the Likert scale.

56% which represented 100 respondents therefore the majority held the opinion that psychotherapy facilitates the reintegration process of rehabilitation in the implementation of the rehabilitation of street children in Kenya and the majority as well of 45% viewed that psychotherapy in addition to education, also greatly contributed to improvement of behaviour in the street children rehabilitation implementation.

The study also revealed that although a new concept, provision of psychotherapeutic treatments had significant impact on implementation of rehabilitation of street children in Kenya and has now is quickly becoming a popular form of treatment. Also referred to as psychological rehabilitation, it greatly tackles trauma, stress, depression, withdrawal and many other psychological issues that root from the conditions in the streets.

Some of the challenges the study established that affected rehabilitation of street children in Kenya were Minimal to no government support, inadequate funding, lack of facilities/centres, lack of expertise, lapses in development of rehabilitation policies, stakeholders' commitment in rehabilitation of street children in Kenya and high drug supply.

The street children who had undergone the whole process of rehabilitation expressed that they had gone to the street due to lack of necessities, improper care from the parents or care givers, violent parents and an uncondusive/unstable environment at home. This made it much more difficult to even think of going back to their families.

It is not enough to only have the street children to solely go through the remedial therapy treatments but highly recommended that the family is involved as well since this are the people

the street child will go back to and it is important that they are in alignment with the treatment offered and in know of how to be supportive and enhance recovery and resettlement of the street child back home (Rememnyi, 2011).

Through the psychotherapy program, AfCiC was able to reach out to the parents and took an intervening role in trying to resolve the background issues faced by the family and fostering reconnection and mutual trust and respect between the two parties. This greatly facilitated reintegration back to the society.

### **5.3 Conclusion**

The streets harbouring numerous health risks and being the habitat of street children, offering health/medical care is essential with the goal of ensuring that the street children are void of any infectious especially any contagious conditions that would put others at risk, it also renders the street children in a fit medical state to proceed to the other rehabilitation stages. Which makes health an essential stage of the rehabilitation process and should be an initial step of the process. Education's influence on the implementation of street children rehabilitation is also very significant because it provides useful knowledge and skills and also provides structure through the different schedules which cultivates routine and discipline in the implementation of street children rehabilitation.

The rehabilitation parties should be well vetted so as to eliminate parties with false or ill intentions and they should adhere with the law requirements so as to smoothly operate to the maximum benefit of the street children. They should also bear adequate resources for instance have personnel with the necessary expertise for the implementation of street children rehabilitation.

The psychotherapy sessions offered are invaluable because they tap into the root problem of why there is quite a high turnover in rehabilitation centres and it is apparent that it is due to the inconclusiveness of the rehabilitation process whereby the street child may still be disturbed and traumatized by experiences in the street that that do not feel like they fit into the "normal" society and series of life activities and events or because of background difficulties that make the resistance to reintegration back to family and the community hence those just being key examples of the popular situations, psychological rehabilitation provides a sensitive approach to



revealing concealed fears and experiences to light and also issues that can be resolved and has become highly invaluable to the implementation of rehabilitation of street children.

Based on the gaps above, the following were some of the recommended actions in the implementation of rehabilitation of street children.

#### **5.4 Recommendations**

1. It is recommended that the rehabilitation approaches such as education, provision of health/medical services, rehabilitative parties and provision of psychotherapeutic treatments be scaled up to improve number of street children rehabilitated in the rehabilitation centres.
2. It is recommended that the government should have supportive initiatives for the rehabilitation programs such as trainings, equipment, forums on program impact so as to ensure that rehabilitation facilities run effectively and are of full benefit to the street children.
3. It is recommended that the community should be more aware of the street children challenge in Kenya and to cease being enablers by not acting to eliminate the challenge or by directly contributing towards the problem for instance by providing labour and compensation yet they are underage and should be encouraged to other useful activities e.g. education, going back home .
4. Community is sensitized on the issue of street children and in what ways they can also participate to counter these issues and contribute on implementation of rehabilitation of street children in Kenya.
5. It is recommended that government and other stakeholders develop rehabilitation policies to guide the implementation process of rehabilitating street children. The policies should also guide registration and establishment of the rehabilitation centres so as to ensure that the services rendered are legitimate and avoid mediocrity so as to fully deal with the street children challenge.

6. It was also recommended that psychotherapy being very core to the effectiveness of rehabilitation, should be further explored and training (of rehabilitation personnel) should be carried out so as to fill the gaps that are evidently there in the implementation of the rehabilitation of street children.
7. Due to the sensitive street children outreach process, it is recommended that there should be an effective collaboration between the law enforcers and rehabilitation parties to facilitate enrolment of street children into the rehabilitation centres.
8. It was also recommended that further research should be carried out on this area so as to continuously make improvements and develop the street children rehabilitation programs.

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**APPENDIX 1**  
**TRANSMITTAL LETTER**

Maureen Wangui Karanja  
P.O BOX 306 Nairobi, Kenya  
L50/71023/2011  
Mobile: 0723 656 935

**Dear Participant,**

My name is Maureen Wangui Karanja, I am a final year Master of Arts student in Project Planning and Management at the University of Nairobi. As part of the requirements for the course, I am undertaking a study on factors influencing the rehabilitation of street children in Thika, Kenya. You have been nominated to participate in this ongoing research. Your participation is purely voluntary and will help inform future decision on street children rehabilitation.

I humbly submit my request for your time while being attended to respond to a set of questions concerning the rehabilitation of street children. As a confidentiality measure, your name will not be required.

Thank you in advance.

Signed,

Maureen Wangui Karanja.

**APPENDIX II**  
**QUESTIONNAIRE FOR STAKEHOLDERS**

**Section A: General Information**

1. Gender:    Male                    Female
2. Age group in years:  10-25            26-33        34-41        42-49        50+
3. Highest level of education:  Certificate    Diploma    Degree    Post degree
4. Number of years serving in rehabilitation issues:  <2    2-5    6-10    10+

**SECTION B: Views on Independent Factors on Rehabilitation of Street Children**

5. Rank the following statements by ticking the corresponding box of the appropriate rank.

	Totally agree	Agree	Undecided	Disagree	Totally disagree
<p><b>A. Health/Educational/ Psychotherapeutic and Rehabilitation parties involved</b></p> <p>a) Health is important in the implementation of the implementation of street children.</p> <p>b) Education is important in the implementation of the rehabilitation of street children.</p> <p>c) Psychotherapy sessions are crucial in the implementation of the rehabilitation of street children.</p> <p>d) Rehabilitation parties involved are crucial in the implementation of the rehabilitation of street children.</p>					

<p>e) Carrying out a medical situation analysis enables prompt diagnosis and treatment of health conditions and problems</p> <p>f) Offering medical attention ensures that the street child is medically fit to undergo the other rehabilitation stages</p> <p>g) Education offers knowledge and skills useful and applicable in their lives</p> <p>h) Education is also directed towards behavioural change through providing a form of structure through which the street children acquire and improve on discipline.</p>					
<p><b>B. Rehabilitation Challenges Faced</b></p> <p>a) Rehabilitation parties should adhere to requirements by law, before commencing operations.</p> <p>b) Adequate resources in a rehabilitation facility enhances efficiency of the rehabilitation process.</p> <p>c) Psychotherapy leads to the improvement of the emotional and mental state of the street children in the rehabilitation centre.</p> <p>d) Psychotherapy facilitates the reintegration process of rehabilitation in the implementation of the rehabilitation of street children in Kenya.</p> <p>e) Psychotherapy leads to the improvement of</p>					



behaviour in the rehabilitation of street children.					
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**Section C: General Information**

6. Please give your opinion on how you would want the physical, emotional and psychological factors leading to adoption of street children to be solved to improve implementation of rehabilitation of street children in Kenya.

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 .....  
 .....

7. Are there rehabilitation programs that have not been used that you would want or recommend to be adopted by stakeholders in charge of implementation of rehabilitation of street children? (Please highlight)

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

8. What challenges would you say are faced in the implementation of rehabilitation of street children in Kenya?

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

How can the challenges in question 8 above be countered to improve implementation of rehabilitation of street children in Kenya?

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

**Thank you for participating in this survey!**

### **APPENDIX III**

#### **INFORMAT INTERVIEW GUIDE FOR OUTREACH PROGRAMME**

1. Where were you born?
2. Where do your parents live?
3. Why did you come into the streets?
4. How long have you been in the streets?
5. What do you find hard to cope or adapt with in the streets?
6. Please describe your worst encounter in the streets
7. Have you gone to a street children rehabilitation centre before?
8. If so, what was your experience there like?
9. Have you ever gone back home since you came to the streets?
10. What was the response from your family?
11. Have you ever been to school?
12. If so, would you like to go back? If not, would you like to start?
13. What kind of help do you think you need?

**APPENDIX IV**  
**INFORMAT INTERVIEW GUIDE FOR ENROLLED IN THE AFCIC**  
**REHABILITATION CENTER**

1. How did you get to come to AfCiC?
2. How long have you stayed in the AfCiC Center?
3. How would you describe your experience so far?
4. Are there particular activities that you enjoy here?
5. If so, please state them and why do you enjoy them?
6. What don't you like or enjoy here?
7. Do you like being in class?
8. What are your favorite subjects?
9. What do you think of the teachers here?
10. What would you like to be when you grow up?

**APPENDIX V**  
**INFORMAT INTERVIEW GUIDE FOR REFORMED CHILDREN (INTEGRATED**  
**BACK TO THE SOCIETY)**

1. Why had you gone to the streets?
2. How long were you in the rehabilitation program?
3. Do you ever miss life in the streets, would you go back?
4. What would you say was the hardest thing during your period at the AfCiC centre?
5. What do you think was most helpful at the AfCiC center and enabled you to change from your ways of street life?
6. Have you gone back to school or enrolled in a course?
7. Do you enjoy the studies?
8. What are your short term goals?
9. What are your long term goals?
10. What do you think can be done to stop/reduce the challenge of street children?

**APPENDIX VI**

**TABLE 4.17 SAMPLE SIZE DETERMINATION TABLE FROM GIVEN POPULATION**

S	N	S	N	S	N	S	N	S
10	100	80	280	162	800	260	2800	338
14	110	86	290	165	850	265	3000	341
19	120	92	300	169	900	269	3500	246
24	130	97	320	175	950	274	4000	351
28	140	103	340	181	1000	278	4500	351
32	150	108	360	186	1100	285	5000	357
36	160	113	380	181	1200	291	6000	361
40	170	118	400	196	1300	297	7000	364
44	180	123	420	201	1400	302	8000	367
48	190	127	440	205	1500	306	9000	368
52	200	132	460	210	1600	310	10000	373
56	210	136	480	214	1700	313	15000	375
59	220	140	500	217	1800	317	20000	377
63	230	144	550	225	1900	320	30000	379
66	240	148	600	234	2000	322	40000	380
70	240	152	650	242	2200	327	50000	381
73	260	155	700	248	2400	331	75000	382
76	270	159	750	256	2600	335	100000	384

Where N is the Population size and S is the Sample size


National Commission for Science, Technology and Innovation National Commission for Science, Technology and Innovation National Commission for Science, Technology and Innovation National Commission for Science, Technology and Innovation

**THIS IS TO CERTIFY THAT:**  
**MISS. MAUREEN WANGUI KARANJA**  
**of the UNIVERSITY OF NAIROBI, 306-23**  
**GILGIL, has been permitted to conduct**  
**research in Nairobi County**

**on the topic: FACTORS INFLUENCING**  
**THE SUCCESS OF THE REHABILITATION**  
**OF THE STREET CHILDREN IN KENYA**

**for the period ending:**  
**30th December, 2015**

**Permit No : NACOSTI/P/15/6527/7536**  
**Date Of Issue : 12th August, 2015**  
**Fee Received :Ksh 1,000**



*(Signature)*  
**Director General**  
**National Commission for Science,**  
**Technology & Innovation**

*(Signature)*  
**Applicant's**  
**Signature**

National Commission for Science, Technology and Innovation National Commission for Science, Technology and Innovation National Commission for Science, Technology and Innovation National Commission for Science, Technology and Innovation

**CONDITIONS**

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
- 2. Government Officers will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.**

**REPUBLIC OF KENYA**



**NACOSTI**



**National Commission for Science,**  
**Technology and Innovation**

**RESEARCH CLEARANCE**  
**PERMIT**

**Serial No. A 6147**

**CONDITIONS: see back page**