

**INFLUENCE OF PSYCHOSOCIAL SUPPORT SERVICES ON SOCIO
ECONOMIC STATUS OF REFUGEES FROM DEMOCRATIC REPUBLIC
OF CONGO IN KENYA: A CASE OF URBAN REFUGEE ASSISTANCE
PROGRAM IN NAIROBI COUNTY.**

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DECLARATION

This Research Project report is my original work and has not been presented for an award of a degree in any other university.

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DEDICATION

This research project is dedicated to my Parents; mother, Pamela Anyango Nyanjwa and late father Joseph Onyuka Nyanjwa who gave their best to enable me reach this far.

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LIST OF ABBREVIATIONS AND ACRONYMS

DRC	Democratic Republic of Congo
GO	Governmental Organization
HIAS	Hebrew Immigration Aid Society
IASC	Inter-Agency Standing Committee
INGO	International Non-Governmental Organization
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
PTSD	Post Traumatic Stress Disorder
SDGs	Standard Development Goals
SGBV	Sexual Gender Based Violence
SPSS	Statistical Package for Social Science
SVT	Survivors of Torture and Violence
UNDP	United Nation Development Programme
UNESCO	United Nations Education S
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

ABSTRACT

The purpose of this study was to investigate the influence of psychosocial support on socio economic status of refugees. The research objectives of the study were to investigate the influence of guidance and counseling services, examine influence of psychotherapy services, determine influence of capacity building services and to assess influence of integration services on the promotion of socioeconomic status of refugees from Democratic Republic of Congo. The research design was descriptive research design. The target populations of this study were refugees from Democratic Republic of Congo, Social workers and counseling psychologists. The targets of the study were refugees residing in Kayole and Kasarani. The Sample size of this study was determined using Krejcie and Morgan Table (1970), this was 351 refugees from Democratic Republic of Congo and 19 representatives from NGO. The study focused on two sampling procedures; stratified random sampling to select sample size in each stratum and purposive sampling based on a characteristic of the population and objective of the study. Pilot testing was conducted as a preliminary test of data collection tools and procedures that identified and eliminated challenges before the actual data collection process. Questionnaires were administered to refugees and Focus Group Discussions was conducted to social workers and counseling psychologist. Interpreters offered guidance to refugees who were illiterate. Questionnaire was developed using Likert scale format. Secondary data was obtained from published articles, journals, books, newspapers and organizational data. Data collected was analyzed using statistical package for social science (SPSS). Primary data collected was analyzed using qualitative and quantitative techniques and presented in frequencies, tabulation and percentages. The findings of the study on the influence of psychological guidance and counseling services on socio economic status of the respondents showed that only 67 (19.1%) of the respondents feels psychological guidance and counseling have not at all influence. The findings on the influence of psychotherapy services on socio economic status of the respondents showed only 42 (12%) of the respondents feel that psychotherapy services have not at all influence. The findings on the influence of capacity building services on socio economic status of refugees showed only 30 (8.5%) of the respondents feel that capacity building services have not at all influence. The findings on the Influence of integration services on socio and economic status of refugees showed that only 31 (8.8%) of the respondents feel integration services have not at all influence. The findings show that psychological guidance and counseling, psychotherapy, capacity building and integration services have positive influence to socio economic status of refugees. The study recommended work permit process should be eased for refugees, the number of social workers and counseling psychologists should be increased, refugees should be sensitized and educated on what psychotherapy services and their awareness to be raised, solutions proposed by refugees should be taken into account, and need for review of integration services. Suggestions of the study were to establish strategies used by humanitarian workers to implement psychosocial support services and also to investigate refugees' contribution to the economy of the country of asylum.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Major depression and Post-Traumatic Stress Disorder (PTSD) are prevalent and chronic among refugee and displaced populations. Post Traumatic Disorders resulted from conflict and violence is difficult to measure in proportional terms. These experiences are from ordeals of either physical acts, such as rape, witnessing the murder of others, sometimes close family members and neighbors, threat of violence whether acted upon or not, from the wrenching of closely held ideals and faith in a nation, an ideology. Gradations of conflict-related trauma do exist even if we have no benchmarks. The emphasis is on many problems faced by displaced populations relate directly to the poverty and unemployment created by displacement (Holtzman et al. 2004).

Mental health and psychosocial problems may have an effect on functioning in a variety of ways like individual experiencing symptoms of depression such as sleeplessness, lethargy and loneliness may be less likely to take part in development, even community activities and therefore determinations to promote livelihoods and self-reliance may be crippled if individuals and families are less likely to engage in such activities due to untreated mental health and psychosocial needs. Therefore, failure to address these mental health and psychosocial disorders from the affected populations that have experienced mass violence and trauma caused by conflict will most likely impede efforts to reduce poverty, improve social capital and human development (United Nations High Commission for Refugees, UNHCR 2010).

Psychosocial Support Services can be described as range of activities that are used to treat mental disorders and improve the well-being of individuals and communities in their conflict or disaster affected environments. The range of activities comprises approaches intended to concentrate on the psychological and social impacts of displacement and conflict (IASC guidelines 2007). It is very important to establish that there are interventions that can address the extensive range of psychological effects to the Nazi Holocaust in Germany on the survivors of mental health, which are indeed multifaceted. These interventions should be achievable in post-conflict settings thus will increase productivity of those who are treated. These interventions are cost-effective. Moreover, by dealing with depression, sense of helplessness and hopelessness and anger suffered by survivors of violence and insecurity using psychosocial support services may contribute to peace and reconciliation. Therefore, failure to address these mental health and psychosocial

disorders in populations of survivors who have experienced mass violence and trauma caused by conflict will cripple efforts to improve social capital, reduce poverty and promote human development. (Baingana2003).

Child Survivors of Japanese concentration camps in 1970s were discovered to have PTSD symptoms as late as 40 and 50 years following their traumatic experiences. There is no doubt that traumatic experiences cloaked those arriving at the camps. Most of these survivors kept silence to what they went through and for several years the truth was buried in their hearts and minds. The invisible wounds can leave a society vulnerable to recurrence of violence (Nagata et al. 1999).

A study on psychopathology was conducted in Netherlands. The study focused on Iraq asylum seekers who had stayed for more than 2 years in Netherlands and the ones who arrived as recent as 6 months. It was discovered that, those who stayed for more than 2 years had significant higher prevalence rates to mental disorders such as depressions, anxiety as compared to the ones who recently arrived in Netherlands. It was concluded that life challenges like unemployment, documentation processes were contributing factors (Laban et al. 2004).

Conflict arose in Democratic Republic of Congo (DRC) in 1998, and has been ongoing to date. During times of crisis, like the situation in the DRC, there is an exacerbated strain on mental health of the affected population. According to UNICEF, sexual violence can have numerous social and psychological consequences that not only affect survivors, but also their children, families, and the larger community. Survivors of sexual violence are often ostracized and face discrimination (Potryaj 2016).

Psychological consequences range from trauma and withdrawal, to self-blame, and feelings of isolation. A range of mental disorders, including depression, PTSD, suicidal ideation and other forms of self-harm are also common among survivors. Guilt, anger, anxiety and other similar emotions can influence future health-related decisions as well (Potryaj 2016). The various conflicts since 1990, in South-Central Somalia, Somaliland and Puntland decades of civil conflict and socio-political instability have affected the mental wellbeing of communities and depleted the social-cultural support pillars of the community. As a consequence, cases of mental break-down and psychological devastation amongst Somali communities continue to reach unprecedented levels with the prevalence of mental illness in the whole Somalia currently estimated as being one of the highest in the world (GRT 2015).

Ethiopia (1987) has resulted into forced displacement of people, destruction of properties, torture and massive abuse of human rights. The images of individuals, families and influx of crowds of people crossing borders leaving possessions, separating from family members to find safety, after having witnessed violence and destruction, have come to represent the human impact of conflict and disaster. Threats to well-being due to these experiences and subsequent challenges are increasingly understood (Shah, 2010).

Refugees flee to seek protection in the country of asylum; most of them prefer to settle in urban set up or a settlement rather than in a confined camp which limits them to better access to employment, education and living standards. It is evident in Nakivale and Kyangwali regions in Uganda shows economic interaction between refugees of different nationalities and their linkages between the settlements themselves and the wider national economy of Uganda outside their borders. These two settlements are situated in rural localities with soil rich for crop growing, which encourages the vast majority of refugees in both to engage in agriculture, primarily growing maize, beans, sorghum, cassava, and potatoes. Surpluses of these agricultural crops attracted settlement markets of hundreds of crop traders and Ugandan middlemen. This dynamic is demonstrated by the risen trade network around refugee-grown maize, one of the staple foods in Uganda (Alexandra et al., 2014).

According to UNHCR Kenya factsheet, as at January 2017, there are 67,267 registered refugees and asylum seekers in Nairobi (UNHCR, factsheet 2017). Most refugees and asylum seekers believe that urban set up provides them with better opportunities, they have been living with the host community in Nairobi and competing with the same resources. These refugees are not different from refugees and asylum seekers in camps, they have faced tragic experiences that have and are affecting them psychologically, the traumatic experiences as a result of war and conflicts are and have affected their productivity and social life. (United Nations High Commission for Refugee, UNHCR 2010)

Several studies have been carried on refugees in Nairobi: Economic effect of urban refugees on the host community. The findings demonstrated the presence of Somali refugees in Eastleigh compounds the already prevailing economic, environmental, social and, at times, political

difficulties in Nairobi (Abdi, 2013). Challenges faced by Ethiopian refugees and their coping mechanism (Evans, 2011). Refugee women experiences on local integration in Nairobi Kenya (Rosemary, 2009). Migrants and refugee integration in Global cities (Georgina, 2014) and psychosocial support strategies in promotion of mental health among refugees in dadaab refugee camp in Kenya (Sannoh, 2015).

It is clearly evident from these researches that mental health problems have been prevalent amongst refugees and asylum seekers in different countries. These researches conducted on refugees and asylum seekers have been limited to psychological support services improving mental health problems amongst refugees and asylum seekers. However, the question on psychosocial support services on promotion of socio economic status of refugees remains unanswered. Therefor this study seeks to fill this gap by focusing on achieving four objectives; the influence of guidance and counseling, psychotherapy, capacity building and integration services on promotion of socioeconomic status of DRC refugees in Kenya.

1.2 Statement of the problem

Existing literature provides evidence that the understanding and framing of mental health and psychosocial issues need to be improved. Many agencies have adopted and integrated psychosocial principles and activities within their core programs, however a lot needs to be done to improve understanding and more resources also need to be invested in structuring appropriate skills for such activities. The psychosocial interventions implemented in response to humanitarian situation are not sustainable in the changeover from the post-conflict to the development context (IASC Guidelines, 2007)

According to the UNHCR review methods to evaluate common Mental Health and Psychosocial Support Services interventions are still inadequate because these interventions are broad with several complementary components, and is thus difficult to evaluate indicators and methods to capture all of them, rather than focusing on a single activity (Sarah, 2013).

Health in humanitarian emergencies including among health interventions those focusing on mental and psychosocial health demonstrates that largely such interventions focus on PTSD. However, there are still gaps in terms of their effectiveness, their linkages to other interventions, feasibility of scaling-up and their assessment (Blanchet et al., 2013).

So many researches have been conducted in different countries including Kenya and specifically in Nairobi County. However, the question of whether psychosocial support has a significant influence on the promotion of socio economic status of refugees has remained a fundamental question without answers, thus a crucial respect to answering this question, the researcher is prompted to investigate the influence of psychosocial support services on promotion of socio economic status of DRC Refugees.

1.3 Purpose of the study

The purpose of the study was to investigate the influence of psychosocial support services on promotion of socio economic status of refugees in Nairobi County.

1.4 Research Objectives

The study was guided by the following objectives:

1. To investigate influence of guidance and counseling services on promotion of socio economic status of refugees living in Nairobi County.
2. To examine influence of psychotherapy services on promotion of socio economic status of refugees living in Nairobi county.
3. To determine influence of capacity building services on the promotion of socio economic status of refugees living in Nairobi county
4. To assess influence of integration services on the promotion of socio economic status of refugees living in Nairobi county

1.5 Research Questions

The study was guided by the following research questions:

1. How does guidance and counseling services influence the promotion of socio economic status of refugees living in Nairobi County?
2. How does a psychotherapy service influence the promotion of socio economic status of refugees living in Nairobi County?
3. To what extent does capacity building influence the promotion of socio economic status of refugees living in Nairobi County?
4. How do integration services influence the promotion of socio economic status of refugees living in Nairobi County?

1.6 Significant of the study

The recommendation from the study brought the influence of psychosocial support services on promotion of socio economic status of refugees in urban. The recommendation from the study would provide insights on cross disciplinary knowledge to all humanitarian actors. The recommendation would contribute to designing sustainable programs for governmental organizations and non-governmental organizations. The recommendation of the study would also provide input to host organizations and donors on improving ways of designing programs and helps apply cross-disciplinary knowledge in providing integrated solutions for efficient and effective interventions

1.7 Delimitation of the study

The study was focused on refugees and asylum seekers from Democratic Republic Congo who are survivors of torture and violence and former child soldiers of the age between 16 to 30 years. They are refugees who benefited from non-governmental organizations that focus on refugees. The areas of study were Kasarani and Kayole in Nairobi County.

1.8 Limitation of the study

The limitations of the study were target respondents were from different nationalities, who did not speak Swahili or English, and those who understand the said languages were not fluent, therefore there was a challenge of language barrier. However, the researcher used professional interpreters working with Non-Governmental Organizations to interact and get relevant information. Traffic jam in Nairobi, was a challenge, accessing the two areas of studies was difficult within the same day. To address this, the researcher avoided travelling to the areas of studies during rush hours; most travelling to collect data was done during off peaks, when there was no traffic jam. The other limitation was the respondents' unwillingness to give information. To address this, the researcher assured respondents on privacy and confidentiality and explained clearly the purpose of the research.

1.9 Assumptions of the Study

The basic assumptions of the study were that respondents could give information with honesty and not to exaggerate the information.

1.10 Definition of Significant Terms as Used in the Study

Refugee : someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

Psychosocial Support Services: Psychosocial Support Service is described in this research proposal as any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder

Guidance and counseling: the service offered to the individual who is undergoing a psychological problem and needs professional help to overcome it.

Psychotherapy services: planned and structured, face-to-face treatment of a recipient's mental illness

Capacity building: is the process of strengthening an organization in order to increase its effectiveness and social impact, and achieve its goals and sustainability over time.

Integration: the bringing of different racial or ethnic groups into free and equal association

Socio economic status: is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation

1.11 Organization of the Study

This research project report contains five chapters. Chapter one provides an introduction that includes; the background of the study; statement of the problem; purpose of the study; the research objectives; research questions that guided the study; significance of the study; delimitations and limitations of the study; the basic assumptions of the study and finally definitions of significant terms used in the study. Chapter two is the literature review of relevant works done related to psychosocial support services objectives; guidance and counseling, psychotherapy, capacity building and integrations services. This section describes influence of the four objects of psychosocial support services. The chapter sought to identify the gaps in research in psychosocial support services objectives on promotion of socio economic status of refugees living in Nairobi County. This section also provided the theoretical and conceptual frameworks of the study. Chapter three is a description of the Research Methodology used to conduct the study. These

include research design, target population, the sample size and sampling procedures, validity and reliability, data collection procedures, data analysis techniques and ethical considerations. Chapter Four is data analysis, presentation and interpretations. Finally, Chapter five presented summary of the findings, discussion, conclusion, recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter entailed reviewed literature on mental health and psychosocial services and its influence on promotion of socio economic status of refugees. Mental Health and Psychosocial Support Services includes and not limited to; psychological guidance and counseling, therapy services, integration services and capacity building.

2.2 Concept on the dependent variable

This chapter examined the various dependent variables in this study, which include psychological guidance and counseling services, psychotherapy services, capacity building services and integration services and their influences on socio economic status of refugees living in Nairobi county. Socio economic status can be referred to as a measure of both social and economic status associated with better health (Baker 2014).

Psychological guidance and counseling can improve coping mechanisms and become reconciled to everyday life. This improves the social aspects of a person and also enables the person to interact well and engage in meaningful activities, as a result this influences their socio economic status. Psychotherapy helps treat people with depression or bipolar disorder and manic depression, such Mental health problems have evidently affected education performance and normal activities of human being, for instance patients cannot interact well with other people and they cannot engage in any income generating activities (Walter 2009). Psychotherapy services is important because when mental health problems are treated, then human beings will be able to interact well and engage in normal activities hence influencing their socio economic status.

Capacity building services entails empowerment, providing support systems and building capacity to enhance the skills and knowledge in searching for or create employment opportunities (UNHCR 2010). These services are key to improving socio economic status of human beings. Integration is means of, and reasons for, maintaining identity and belonging in multiple non-exclusive ways (UN 2009).

Integration services are therefore the enablers that ensures one maintains or belongs in multiple non-exclusive ways, for instance refugees who flee from their home country to a country of asylum, need to integrate well and feel they belong to a community. These services are important to improve acceptance and accommodation of refugees by the host community and fellow refugee community. It is evident that a person who has integrated well, relates well with both refugee and host community and understands different ways of meeting their needs, resulting to improving their socio economic status.

2.3 Psychological guidance and counseling services on promotion of socio economic status of DRC Refugees living in Nairobi County

Counselling is a relationship between a concerned person and a person with a need; this can either be person-to-person or involving more than two people. Counseling is intended to facilitate people in understanding and clarifying their views, learn how to reach their self-determined goals through meaningful, and through the resolution of interpersonal problems. The aim of counseling is to gain an insight into development of emotional difficulties, help alter maladjusted behavior, and provide person(s) with skills, awareness and knowledge, which will enable them to confront social inadequacy (UNESCO 2011). Guidance can be referred to as the process of helping people make important choices that affect their lives. Guidance focuses on helping individuals to choose what they value whereas counseling focuses on helping the same individuals make the changes (Gladding, 2000).

Guidance and counseling is therefore a process of helping people make important choices that affect their lives and facilitating the same people in understanding and clarifying their views, learn how to reach their self-determined goals through meaningful, and through the resolution of interpersonal problems. Psychological and social distress is prevalent among refugees and for most people, is as a result of ongoing displacement, violence and the difficult circumstances. It habitually manifests in a wide variety of emotional, cognitive, physical, behavioral and social problems. Symptoms that are related to past ordeals such as intrusive memories, nightmares, flashbacks, avoidance behavior and hyper arousal, have also been widely documented (WHO 2007).

Psychosocial support can be defined as the close relationship between the individual and the collective aspects of any social entity. Psychosocial supports assist communities and individuals to nurse back to health the psychological wounds and rebuild social structures after critical events and emergencies. The Psychosocial supports can also help transform people into active survivors rather than passive victims. Early and adequacies of these, can prevent distress and suffering to escalate to something more severe, improve coping mechanisms and become reconciled to everyday life. Early support and adaptation processes with respect to local customs in psychosocial healing allow affected population to cope better with a difficult situation (UNICEF 2011)

The economic analysis in Africa shows that, over and above the gains in health and quality of life, effective mental health promotion interventions can generate very significant economic benefits including savings in public expenditure (Knapp et al. 2011). Children as young as seven, who were forced to become child soldiers, commit unspeakable atrocities such as killing siblings and parents, assaulting villagers and torching the villages they once called home. Some are forcibly turned to sex slaves, while many are injected with drugs to curb their inhibitions against committing violence. Once peace has prevailed and peace treaties signed, these children's sorrows and invisible wounds persist. In Sierra Leone and elsewhere, former child soldiers suffer nightmares, intrusive thoughts, recurring violent images and intense sadness. Those who committed excessive acts of violence, or were its victims, suffer the most persistent severe mental health problems that need the most intensive care (Harvard School of Public Health 2011).

Several researches have been conducted on guidance and counseling services. According to Pezerovic, offering counseling services to refugee children is of importance. The social integration will be achieved for Syrian refugee children and their family when guidance and counseling are offered to them. According to the research, it was concluded that refugee children have unmet needs for empathy and emotional support, because their caregivers focus primarily on meeting the basic physical needs. (Pezerovic 2016).

According to Sannoh (2015), refugee mental health improvement was significantly being contributed by the counseling services being offered. The research however did not touch on guidance and counseling services in promotion of refugee socio economic status. According to Omwoyo (2015), impact of psychosocial support services on HIV/AIDs orphans in Nairobi County. The study confirmed that psychosocial support services are of great impact in life. The research was however limited to HIV/AIDs Orphan children and did not also focus on guidance and counseling services in promoting socio economic life aspects of human beings (Omwoyo 2015). So many researches have been conducted on guidance and counseling as a psychosocial support service as evident, however the question on influence of guidance and counseling services as psychosocial support service on promotion of socio economic status of refugees living in Nairobi remains unanswered. Therefore, this study sought to fill the gap.

2.4 Psychotherapy services on promotion of socio economic status of DRC Refugees in Nairobi County

Psychotherapy can be defined as a process whereby psychological problems are treated through communication and relationship factors between an individual and a trained mental health professional. It is usually a long-term process of amid 20-40 sessions over a six-month to two-year period. Traditionally it focused on more serious problems whereas modern psychotherapy is time-limited, focused, and usually occurs once a week for 45-50 minutes per session (Gladding, 2000)

Psychotherapy can also be referred to as talk therapy. This is an important part of treatment for depression or bipolar disorder and manic depression. The sole purpose is to help the patient, and therefore the therapist is there for the patient and expects nothing in return but payment for the time. Therapeutic relationship is different from all other relationships; a patient can tell a therapist thing without having to worry about the information leaking to others or affect family, relationships or his or her job (Hervok, 2011). The therapeutic alliance can be separated into three categories; bond, goals, and task. Bond between therapist and client includes trust and emotional closeness and includes shared goals, accepted recognition of the tasks each person is to perform, and a trusting bond between the two parties, an important contributing factor to change for the client. Task is the method that both therapist and client use to achieve their goals. In order for goals

and tasks to be accomplished, there must first be the relationship (bond) between therapist and client (Sharpley et al., 2006).

Interpersonal Therapy was originally developed to treat depression. However afterwards it was adopted for bipolar and other disorders. It focuses on what is happening current problem and attempts to help a person change, rather than just understand his or her actions and reactions. The aim is to help the patient review his or her symptoms and relate these symptoms to one of four things: conflicts with others, changes in life status such as changing jobs or isolation/ lack of social skills and grief over a loss. Cognitive-behavioral therapy (CBT) involves examining how thoughts affect emotions, and behavioral therapy, which involves changing a person's reactions to challenging situations. The aim of CBT is to help a person recognize the automatic thoughts or core beliefs that contribute to negative emotions. The person can then take actions that help him or her move closer to planned goals (Depression and Bipolar Support Alliance, 2016).

A study on the effectiveness of psychotherapy services to refugees and asylum seekers in Afghanistan. The study found out that majority of refugees and asylum seekers in Afghanistan, who received psychotherapy services showed positive effect and 85% of participants reported significant improvements. The results showed that even under difficult conditions, when working with asylum seekers and refugees, psychotherapy can be effective (Walter 2009). In a refugee camp with Cambodian survivors of the Khmer Rouge auto genocide, a research was conducted on impact of post migration environment on mental health of displaced populations. The study found out that half of respondents met threshold criteria for depression and 15% for PTSD. Exposure to torture and the total number of trauma events experienced emerged as the strongest predictors of mental health problems such as depressions and PTSDs. It also confirmed that mental health institutions were very few to offer psychotherapy services (Derrick 2017).

Another study on unaccompanied minors on education performance, concluded that trauma on mental health are prevalent to unaccompanied boys (Catherin 2012). The studies evidently show that psychotherapy services are of great importance to improve mental health problems of refugees and asylum seekers. Mental health problem is evident to have affected education performance and normal activities of human being. The studies, however are limited to psychotherapy services being limited or where there is existence, psychotherapy services improve mental health problems.

This shows a gap on answering how psychotherapy services as a psychosocial support service influences socio economic status of refugees living in Nairobi County.

2.5 Capacity Building services on promotion of socio economic status of Refugees

Capacity building is critical on socio economic status. Refugees fleeing for safety and seeking asylum in countries of asylum are perceived as dependent and hopeless. These refugees and asylum seekers can be empowered, supported and their capacity can be built to enhance the skills and knowledge in searching for or create employment opportunities (UNHCR 2010).

Capacity Building entails human resource development, impacting individuals, family, society with knowledge, information and skills to empower them perform effectively (UNCED, 1992). The concept of refugee economies can be broadly translated as the resource allocation systems relating to a displaced population. There are a variety of creative and enterprising ways that refugees use as survival and livelihood strategies with research conducted in Dadaab (Alexandra et al. 2014).

Refugees must obtain a work permit to be formally employed in Kenya, which is a notoriously difficult process for any foreigner. For Convention Refugees, there is a specific class of work permit, M, which requires legal mandates and letters of approval from both the UNHCR and the DRA. There is no processing fee for a class M Permit (Kenya Regulation and Immigration Department 2014). A study by Sannoh (2015), on Dadaab Refugee camp, found out that capacity building had lowly frequent in promotion of mental health. The study focused on capacity building improving mental health status of refugees; however, it did not focus on capacity building improving socio economic status of refugees. Despite High rates of activity in the informal economy, the bulk of Eastleigh's Residents are categorized as economically 'poor', With 35 to 45% earning between 16,000 Kenya Shilling (ksh) and 20,000 ksh Per, or 'very poor' with 10 to 20% earning between 8,000 ksh to 9,500 ksh Per month (UNHCR & Danish Refugee Council, 2012).

Somali Refugees in Dadaab Refugee camp often get into conflict with the host community. This is due to the inherent, and in some cases slight, differences in economic status between the two groups. Self-reliance and resilience need to be strengthened among refugees and local communities. It is therefore important to sensitize the host community and the refugees about the common challenges they face and help them through identification and promotion of sustainable livelihoods and conflict management strategies. The rationale for capacity building and conflict management is to empower both the refugees and members of the host community through the exchange of information, promotion of knowledge and building of skills for improved livelihoods, and to enable them to deal with conflicts in a sustainable manner (UNHCR 2012). Several studies are evident that capacity building services are very important in building resilient and self-reliance. It is also evident that some refugees and asylum seekers make good profits in businesses and they are able to even employ the host communities. The studies however failed to show influence of capacity building services on promotion of socio economic status of refugees

2.6 Integration services on promotion of socio economic status of refugees in Nairobi County

Integration is means of, and reasons for, maintaining identity and belonging in multiple non-exclusive ways are not the core focus of this report. Integration is made more complex because it is not only something that happens to a passive individual over time, but is a process in which an individual may actively and selectively control certain aspects. Integration services in this study entails services such as community sensitization, dialogues and local advocacy services (UN 2009).

Community can be defined as a social, religious, occupational, or other group sharing common characteristics or interests and perceived or perceiving itself as distinct in some respect from the larger society within which it exists, the business community and the community of scholars. Sensitization is referred to as the attempt to make one self or others aware of and responsive to certain ideas, events, situation, or trend. Therefore, based on the two definitions community sensitization is a process by which a community is made aware of and responsive to certain ideas, events, situation or trends (Community dictionary 2017). Community sensitization is critical in integrating refugees and asylum seekers who are survivors of violence and torture and former child

soldiers to the community. This is because communities fear and hate the child soldiers who would be returning to the community and some communities tend to perceive survivors of violence and torture as traitors or moles (Zulu 2013).

In Nakivale and Kyangwali regions in Uganda shows economic interaction between refugees of different nationalities and their linkages between the settlements themselves and the wider national economy of Uganda outside their borders. These two settlements were given to refugees by Ugandan government, the refugees were allowed to farm. This encouraged the vast majority of refugees in both to engage in agriculture and the surpluses have attracted settlement markets of hundreds of crop traders and Ugandan middlemen (Alexandra et al., 2014).

In Nairobi, different agencies collaboratively conduct sensitization forums that attract over 300 urban refugees mostly from DR Congo and Burundi origin. These forums are geared towards addressing challenges faced by the refugees, integration services, answering specific questions and concerns of the refugees and highlighting the work carried out by the partner organizations in addressing refugee concerns in Kenya (Kituo Cha Sheria,org, April 2016). A study showed that Ethiopian refugees integrated well in Nairobi; however, securing employment was a challenge. It was found out that few elites managed to secure employment such as translation in institutions like High court while majority who are poor and illiterate face housing and food challenges and some result to prostitution (Evans 2013)

Another study by Abrey (2015), on Somali refugees in Nairobi showed that Somali refugees have integrated well in Eastleigh and have established businesses and some have even employed Kenyans. The study found out that Somali refugees experienced socioeconomic stress upon arrival and this undermined their relation with host community, however after sometimes their socio economic status improve. This is attributed by the integrations services either the new arrivals have acquired or the ones who had acquired in the past and transferred to them. Several studies conducted were focused refugees having integrated well and some either engaging in business, agriculture or employment. However, the question on whether the integration services as a psychosocial support service in influencing the promotion of socio economic status of refugees in Nairobi County also remains unanswered.

2.7 Theoretical Framework

This study was guided by Social Support theory by Lakey and Cohen (2000) which articulates the importance of social support. Social support theory puts emphasis on the importance of social support on mental health. The theory focuses on stress and coping perspective, social constructionist perspective and the relationship perspective. That emotional, instrumental or tangible, informational and appraisal or esteem support enhances coping mechanisms. The theory elaborates that with strong social support systems human beings can adopt new behaviors.

This study defined coping as an ongoing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. The definition can be simplified though with a loss of some information by saying merely that coping consists of cognitive and behavioral efforts to manage psychological stress. From a measurement and research standpoint, this type of formulation emphasizes that the coping effort is independent of the outcome so that its role in influencing adaptation outcomes can be independently assessed. Coping also changes from one time to another in any given stressful encounter. This is an empirical statement of what it means to talk about coping as process. Refugees have been exposed to conflict and war, as a result majority of them if not all have developed invisible wounds that silently torture them or disturb their normal life activities.

The quest for a safe environment and protection has had them develop mistrusts to anyone more so their own. The ongoing cognitive and behavioral efforts to cope differ from one person to another however the situational context for refugees is the conflict and war that has affected them. Refugees living in Nairobi are living in a different context which is safer as compared to the conflict areas they fled from. Their coping strategy is dependent on the security situation and the living conditions while in the country of asylum. This theory quenches the thirst on the four research objective in this study in relation to the variable promotion of socio economic status which are; capacity building, integration, guidance and counseling and psychotherapy. These provided guidelines to this study in that one explains the coping strategies that a person can employ basing on the situational context and the emotional, instrumental, informational and esteem support that enhances the coping strategy. This study acknowledged the social support theory that emphasizes on strong social support systems that influences human beings in adopting new behaviors and

coping theory which articulates coping mechanism to restore the dignity, self-worth and resilience of refugees in urban set up.

2.8 Conceptual framework

Conceptual framework is a product of qualitative processes of theorization. It is a network of interlinked concepts that together provide a comprehensive understanding of a phenomenon (Jabareen 2009). In this study, socio economic status (dependent variable) is conceptualized to independent variables on psychosocial support services like psychological guidance and counseling, psychotherapy, integration and capacity building. Government laws and policies like encampment policy 2010 and work permit policy in this study are moderating variables whereas extraneous variables in this study have been identified as community perception and host community reaction.

Independent variables

- Guidance and Counseling**
- Self-assistance
 - Personality development
 - Coping skills development
 - Change of perception

- Psychotherapy**
- Self-confident
 - Empowerment
 - Psychological condition
 - Self-awareness

- Capacity building**
- No. of trainings sessions
 - Management skills
 - Social development skills
 - Advocacy skills

- Integration**
- Sensitization
 - No. of tracing
 - Reunification
 - Social interaction

Moderating variable

- Government laws and policies

Dependent Variable

- Promotion of Socio Economic Status**
- Livelihoods engagement
 - Resilience
 - Improved social interaction
 - Improved living standards

- Community perception
- Host community reaction

Extraneous variables

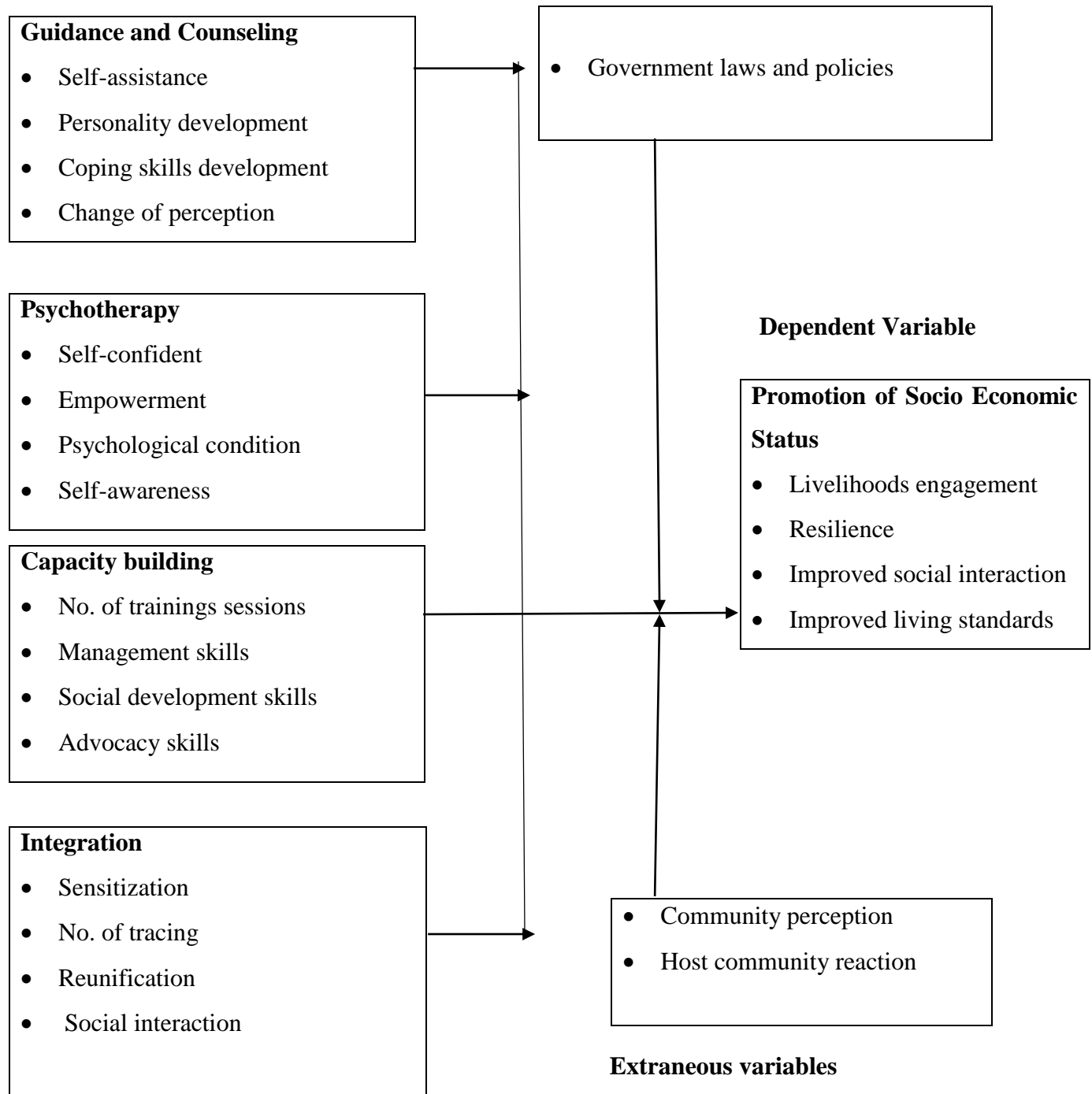


Figure 2.1: Conceptual Framework

In this study dependent variable promotion of socio economic status is conceptualized to be dependent on psychosocial support services such as guidance and counseling, psychotherapy services, capacity building and integration services. In this study moderating variables were Government laws and policies at the national and county levels which also have influence on promotion of socio economic status. Extraneous variables in this study were community perception and host community reaction; they also have influence on promotion socio economic status.

2.9 Knowledge Gap

A considerable number of researches have been done, Table 2.1 shows some of the researches conducted and the knowledge gap identified that this study sought to address.

Table 2.1 Knowledge Gap

AUTHOR	FINDINGS OF THE STUDY	KNOWLEDGE GAP	Addressing the gap
Sarah 2013	Discovered that there is a lack of strong assessment of Psychosocial Support Service needs, and monitoring and evaluation of Psychosocial Support Services interventions in the humanitarian sector	Lack of documentation of the influence of psychosocial support services	This study sought to determine the influence of psychosocial support services on socio economic status of refugees and document the findings
Holtzman 2004	Conflict-related trauma is prevalent amongst displaced persons. Psychological factors inevitably do have a differential impact on the daily lives of all Displaced Persons	Existence of Psychosocial Support Services interventions and its impact to the daily lives of Displaced Persons	Assessing the influence of Psychosocial Support Services on the daily lives of Displaced persons suffering from conflict-related trauma
Sannoh 2015	There was a significant improvement of mental health status of refugees after Psychosocial Support Services	Psychosocial Support Services influence on socio economic status	The study sought to find out the influence of Psychosocial Support

AUTHOR	FINDINGS OF THE STUDY	KNOWLEDGE GAP	Addressing the gap
	was offered in Dadaab refugee camp to refugees with mental health problems		Services on promotion of socio economic status
Abey 2013	Somali refugees as the study population integrated well in the community and established businesses in Eastleigh. The study however noted that Somali refugees experienced socioeconomic stress upon arrival and this undermined their relation with host community	Psychosocial Support Services improving the socioeconomic stress which will also improve in relating with the host community	The study sought to determine the influence of Psychosocial Support Services on promotion of socio economic status and fill the gap.
Evans 2013	Ethiopian refugees as the study population; It was found out that few elites managed to secure employment such as translation in institutions like High court while majority who are poor and illiterate face housing and food challenges and some result to prostitution.	Influence of integration services to improve socio economic status	This study sought to determine the influence of integration services in promotion of socio economic status

2.10 Summary of Literature Review

Psychosocial support helps individual and communities to heal from psychological wounds and rebuild social structures after an emergency or critical event. It can help change people into active survivors rather than passive victims. Early and adequate psychosocial support can; prevent distress and suffering developing into something more severe, help people cope better and become reconciled to everyday life, help beneficiaries to resume to their normal live and meet community-identified needs. The issue of humanitarian aid on handout is not sustainable and hence not the

best approach. Community sensitization is critical in integrating refugees and asylum seekers. Literature has shown that the four objectives of the study; guidance and counseling, psychotherapy, capacity building and integration are critical in promotion of socio economic status. However, very little has been documented to assess their effectiveness and qualitative measurements.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology employed in order to achieve the purpose of the study. It entails; research design, target population, sample and sampling technique, research instrument, validity and reliability, data collection procedures, data analysis techniques, ethical considerations and operationalization of variables.

3.2 Research Design

Ogula (2005), described research design: as a plan, structure and strategy of investigation to obtain answers to research questions and control variance. This study adopted a descriptive research design. Mugenda and Mugenda (2003) noted that descriptive research is used to describe specific behavior as it occurs in the environment, it determines and reports on how things are and also attempts to describe such things as possible behaviors, attitudes, values and character. Based on this definition, the purpose of this descriptive research design is to gather in depth information about the study and program evaluation.

3.3 Target Population

Ogula (2005), defined population: as any group of institutions, people or objects that have common characteristic. This study target population was urban refugees from DRC, living in Kasarani and Kayole areas, and also who have benefited directly and or indirectly from Non-Governmental Organization, social workers and counseling psychologists

Table 3.1 Refugee Population in Nairobi County

Country of Origin	Refugee Location in Nairobi as at Jan 2017
Somalia	30,054
South Sudan	2,304
Democratic Republic of Congo	19,358
Ethiopia	9,500
Sudan	170
Burundi	2,168
Uganda	749
Rwanda	1,115
Eritrea	1,527
Other	322
Total Refugee Population in Nairobi	67,267

Source: Kenya Operation Factsheet (January 2017)

3.4 Sample Size and Sampling Procedures

This study derived sample size and used different sampling procedures as follows:

3.4.1 Sample size

According to Kumar (2011), sample size can be defined as a subset of the population that represents the entire population. The sample size should neither be excessively large, nor too small. It should be optimum. An optimum sample is one which fulfills the requirements of efficiency, representativeness, reliability and flexibility. This study used Krejcie and Morgan formula (1970). According to statistics from Hebrew Immigrant Aid Society (HIAS) Non-governmental organization, on refugees who have benefited in 2015 to 2017 are 836.

The sample size derived from Krejcie and Morgan table (1970) is 351. The total population of project staff was 20 and therefore the sample size of the social workers and counseling psychologists was also derived from Krejcie and Morgan table (1970) which was 19. Refer to appendix III.

3.4.2 Sampling Procedures

Ogula (2005) noted sampling procedure is a process or technique of choosing a sub-group from a population to participate in a study. Therefore, based on this definition, sampling can be interpreted as a process of selecting a number of individuals, samples that represents a population or a large group. This study adopted two sampling procedures, stratified random sampling to select sample size in each stratum and purposive sampling based on a characteristic of the population and objective of the study.

According to Steven (2012) stratified random sampling is a population that is partitioned into regions or strata, and a sample is selected by some design within each stratum is random sampling. Refugees in Kenya are from different nationalities like DR Congo, Rwanda, Burundi, South Sudan, and Somali which in this case are strata.

The study focuses on DR Congo refugees as the stratum. Steven (2012), also defined purposive sampling as a sampling technique in which researcher relies on his or her own judgment when choosing members of population to participate in the study. The relevance is to select a specific characteristic which in this case is refugees from DR Congo who are survivors of torture and violence.

3.5 Pilot Study

Mugenda (2008) described pilot testing as conducting a preliminary test of data collection tools and procedures in order to identify and eliminate challenges thus reliable and valid. This study adopted 1% of the target population as a sample size for pilot testing, Mugenda & Mugenda (2003). Stratified random sampling adopted to choose different strata which were constituted in the sample size of the pilot study. Questionnaire was administered to the respondents and the information collected, analyzed and used to revise the research instruments to ensure that it clearly captures the variables under study allowing generalization to the entire population. The sample chosen did not form part of the target population.

3.6 Research Instruments

The study administered questionnaire to refugees and focus group discussions was conducted to social workers and counseling psychologists. The questionnaire used Likert scale. A Likert scale is defined as a psychometric response scale primarily used in questionnaires to obtain participant's preferences or degree of agreement with a statement or set of statements (Dane 2016). The researcher used both open ended and closed ended questionnaire; this minimized biasness on the side of the researcher and respondent (Kombo and Tromp, 2006).

Mellenbergh (2008), elaborated on it by saying questionnaire helped to collect information that could not be observed with naked eyes. It inquired about feelings, motivations, attitudes, accomplishments as well as experiences of individuals. (Herd 2016) defined Focus group discussion can be defined as gathering people from similar backgrounds or experiences together to discuss a specific topic of Interest and the questions asked can be about their perceptions attitudes, beliefs, opinion or ideas.

3.7 Validity and Reliability of Research Instruments

3.7.1 Validity

Heffner (2014), defined validity as the degree in which the test administered or other measuring instruments truly measure what is intended to measure. Kumar (2000) noted that researchers should use logic and statistical evidence in order to establish the validity in a research, thus, this study was validated in terms of content and face validity. The content related technique measures the degree to which the questions items reflected the specific areas covered. The content validity was tested by the opinion of the expert who is the research supervisor. Pilot testing with a stratified random sampling of selected sample size of 40 was administered in order to test the validity of the research instrument.

3.7.2 Reliability

According to Riet and Durheim (2008), reliability is a degree to which the results are repeatable and consistent. Based on this definition, the study measured the reliability of the questionnaire to determine its consistency in testing what they are intended to measure by use of test re test technique, which was used to estimate the reliability of the instruments. This involved

administering the same test twice to the same group of respondents who have been identified for this purpose. The two result scores were correlated using Karl Pearson Product Moment Correlation to acquire reliability coefficient (Bet and Khan 2006).

The study adopted a coefficient of 0.80 or more to imply that there is a high degree of reliability of data (Mugenda et al 2003).

$$r_{xy} = \frac{n\sum XY - \sum X \sum Y}{\sqrt{(n\sum X^2 - (\sum X)^2)(n\sum Y^2 - (\sum Y)^2)}}$$

r = reliability

Where:

N= No. of respondents

X= results of the 1st test

Y=results of the 2nd test

3.8 Data Collection Procedures

The study by Polit and Beck (2004) explained data collection as the process of gathering information needed to address a research problem. Data collection instruments was designed and pretested for validity and reliability. The researcher sought a research permit from the National Commission for Science Technology and Innovation in order to be allowed to collect data. The researcher obtained all the necessary documents, including an introductory letter from the University of Nairobi. The researcher sought permission from Hebrew Immigrant Aids Society (HIAS) organization respectively to administer the questionnaires to the respondents. The questionnaire was administered personally by the researcher and the information collected was treated with utmost confidentiality. The study used professional interpreters to translate to refugees respondents who could not understand English

3.9 Data Analysis Procedures

The researcher used both quantitative and qualitative approach to analyze data. In quantitative approach, the questionnaire of descriptive statistics was coded and analyzed using Statistical Package for Social Science (SPSS) to analyze the data. Descriptive statistics such as frequency, tabulation and percentages was used to present quantitative data. In qualitative approach, the researcher coded and analyzed the question based on themes in relation to the research objectives and reports a narration along with quantitative analysis.

3.10 Operational Definition of Variables

The following Table 3.1, shows operational definition of variables of this study.

Table 3.2 Operational Definition of Variables

	Objectives	Types of variables	Indicators	Data Collection Tools	Measurements Scale	Tools of analysis
1.	To investigate influence of guidance and counseling services on promotion of socio economic status of refugees living in Nairobi county.	Independent variables Guidance and Counseling	No. of individuals received guidance and counseling Mental health status	Questionnaire Focus group discussion	Nominal	Frequencies Percentages
2.	To examine influence of psychotherapy services on promotion of socio economic status of refugees living in Nairobi county.	Independent variables Psychotherapy services	No. of individuals received psychotherapy Aftermath effects	Questionnaire Focus Group Discussion	Nominal	Frequencies Percentages
3.	To determine influence of capacity building services on the promotion of socio economic status of	Independent variables Capacity building	No. of trainees with relevant skills	Questionnaire Focus Group Discussion	Nominal	Frequencies Percentages

	refugees living in Nairobi county		Awareness of mental health condition			
4.	To assess influence of integration services on the promotion of socio economic status of refugees living in Nairobi county	Independent variables Integration services	No. of sensitization and integration conducted Change is support systems in the community	Questionnaire Focus Group Discussion	Nominal	Frequencies Percentages
	Promotion of socio economic status	Dependent variables Improved Socio Economic status	Change in the socio economic activity	Questionnaire Focus Group Discussion	Nominal	Frequencies Percentages

3.11 Ethical Considerations

Singer (2008) noted the breach of confidentiality and loss of privacy are most serious risks of harm. This study was therefore assured of privacy and confidentiality and participants were informed that the study was voluntary and that they could withdraw anytime during the phase of the study or decline not to participate at all. The respondents were made to understand clearly that the study was solely for academic purposes only. The respondents had informed consent to make a choice of whether to take part in the study or not.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATIONS, AND INTERPRETATIONS

4.1 Introduction

This chapter presents the findings of the study on influence of psychosocial support services on promotion of socio economic status of refugees from democratic republic of Congo in Kenya: a case of urban refugee assistance program in Nairobi County. The researcher made use of frequency tables and percentages to present data. According to Babbie (2002), a response rate of 50% and above is adequate for data analysis.

4.2 Demographic Characteristics

The study sought to get demographic information about the age of the respondents, age range and level of education of the respondents. The following are the findings discussed

4.2.1 Showing Gender of the respondents

To further demonstrate the gender distribution of the respondents and determine whether there was a gender disparity.

Table 4.1: Distribution of the respondents by Gender

Gender	Frequency	Percentage
Male	167	47.6
Female	184	52.4
Total	351	100.0

The results in the Table 4.1 show that 47.6% of respondents were male and 52.4% of the respondents were female. Therefore, this shows female respondents were able to give information under study more than male respondents.

4.2.2 Age brackets of the respondents

The study sought to find out the age brackets of the respondents.

Table 4.2: Distribution of the respondents by Age

Age	Frequency	Percentage
14-19 years	106	30.2
20-25 years	102	29.1
26-31 years	75	21.3
32-37 years	68	19.4
Total	351	100.0

The Table 4.2 displays age brackets of the respondents 14-19 years 106 (30.2%), 20-25 years 102 (29.1%), 26-31 years 75 (21.3%), and 32-37 years 68 (19.4%). This implies that the more the respondents' age brackets increases the less they seek psychosocial support services.

4.2.3 Level of Education of the respondents

The study sought to establish the levels of education of the respondents.

Table 4.3: Showing level of education of the respondents

Education level	Frequency	Percentage
Primary	140	39.8
Secondary	22	6.3
Technical	8	2.3
College	3	0.9
None	178	50.7
Total	351	100.0

The findings demonstrate that respondents who have never gone to school were 178 (50.7%). The respondents who reached primary level were 140 (39.8%). The respondents who reached secondary level of education were 22 (6.3%). The respondents who reached technical level of education were 2.3% and the respondents who reached college level of education were 3 (0.9%).

This implies that majority of refugees due to the conflict and instability in their home country, do not access education easily. It is likely that joining country of asylum's education curriculum would mean beginning from the lowest level which majority would not be willing.

4.3 Psychological guidance and counseling services on promotion of socio economic status of DRC Refugees

This study sought to find out the influence of psychological guidance and counseling services on the promotion of the socio economic status of Congolese refugees.

4.3.1 The knowledge of the respondents on psychological guidance and counseling services

The study sought to find out, the extent of knowledge by the respondents on psychological guidance and counseling. A Likert scale of 1-5 (5=Very good, 4=Good, 3= Somewhat good,2=Quite good,1=Not at all) was used.

Table 4.4: Showing knowledge of psychological guidance and counseling by the respondents

	Frequency	Percentage
Very good	47	13.4
Good	89	25.4
Somewhat good	106	30.2
Quite good	101	28.8
Not at all	8	2.3
Total	351	100.0

The findings in Table 4.4 shows that 47 (13.4%) of the respondents had very good knowledge on guidance and counseling services. 89 (25.4%) of the respondents had good knowledge on guidance and counseling services. 106 (30.2%) of the respondents somewhat had knowledge on guidance and counseling services. 101 (28.8%) of the respondents had quite good knowledge on guidance and counseling services.

8 (2.3%) of the respondents not at all had knowledge on guidance and counseling services. This shows that the respondents appreciate guidance and counseling because of the psychological torture they had gone through.

4.3.2 The Frequency of respondents receiving guidance and counseling services

This study sought to find out how frequent respondents have received from guidance and counseling services. Likert scale used was 1-5 (5=very frequent 4=much frequent, 3=somewhat frequent, 2=quite frequent, 1=not at all)

Table 4.5: Showing the Frequency of respondents receipt of psychological guidance and counseling services

	Frequency	Percentage
Very frequent	36	10.3
Much frequent	50	14.2
Somehow frequent	122	34.7
Quite frequent	115	32.8
Not at all	28	8.0
Total	351	100.0

The findings on Table 4.5, shows that 36 (10.3%) of the respondents received guidance and counseling services very frequent, 50 (14.2%) of the respondents received guidance and counseling services much frequent, 122 (34.7%) of the respondents received guidance and counseling services somehow frequently, 115 (32.8%) of the respondents received guidance and counseling services quite frequently, 28 (8.0%) of the respondents received no guidance and counseling. The findings show that slightly above average of the respondents have received guidance and counseling. Therefore, slightly above average of the respondents have knowledge and have sought guidance and counseling

4.3.3 Influence of psychological guidance and counseling services on promotion of socio economic status of the respondents

The study sought to find out the influence of guidance and counseling services on promotion of socio economic status of the respondents. Likert scale used was 1-5 (5=very good influence, 4=good influence, 3=somehow good influence, 2=quite good influence, 1=not at all influence)

Table 4.6: Showing the influence of psychological guidance and counseling services on promotion of socio economic status of the respondents

	Frequency	Percentage
Very good influence	36	10.3
Good influence	90	25.7
Somehow good influence	95	27.0
Quite good influence	63	17.9
Not at all influence	67	19.1
Total	351	100.0

The results in Table 4.6 show that 36 (10.3%) of the respondents' feel psychological guidance and counseling services have very good influence on their socio economic status, 90 (25.7%) of the respondents feels psychological guidance and counseling services have good influence on their socio economic status, 95 (27.0%) of the respondents feels psychological guidance and counseling have somehow good influence on their socio economic status, 63 (17.9%) of the respondents feels psychological guidance and counseling have quite good influence on their socio economic status, 67 (19.1%) of the respondents feels psychological guidance and counseling have not at all influence on their socio economic status.

Focus group discussions with social workers and counseling psychologists revealed that majority of refugees they have interacted with suffer from psychological problem. Counseling psychologist raised concerns of basic needs challenges for refugees is a big factor that influence the effectiveness of refugees. Social workers on the other hand noted that refugees are referred for guidance and counseling, but some have material expectations when receiving guidance and counseling.

Focus group discussions with social workers and counseling psychologists revealed that majority of refugees who attend guidance and counseling sessions, respond really well and come out with better coping skills. The only problem is that, most refugees face challenges of meeting basic needs, and therefore some face difficulties to get transport to come and access guidance and counseling, and some also fail to complete all the sessions because they are forced to go and search for casual jobs to meet their basic needs.

Additionally, it was noted by social workers that refugees who have received guidance and counseling sessions, appreciate the service very much because feel better and majority engage in casual jobs to meet their needs and that of their family while others' improve their social life and interact well with fellow refugees.

4.4 Influence of psychotherapy services on promotion of socio economic status of refugees living in Nairobi County

The study sought to find out whether refugees are conversant with psychotherapy services, how often refugees receive psychotherapy services and the influence of psychotherapy services on promotion of socio economic status of refugees living in Nairobi County.

4.4.1 Responses on frequency of psychotherapy services of the respondents

The study sought to find out how often respondents have received psychotherapy services. Likert scale used was 1-5 (5=very often, 4=much often, 3=often, 2=quite often, 1=not at all)

Table 4.7: Showing the frequency of the provision of psychotherapy services

	Frequency	Percentage
Very often	12	3.4
Much often	89	25.4
Often	111	31.6
Quite often	94	26.8
Not at all	45	12.8
Total	351	100.0

The results in Table 4.7 show that 12 (3.4%) of the respondents' have very often received psychotherapy service, 89 (25.4%) of the respondents' have much often received psychotherapy services, 111 (31.6%) of the respondents' have often received psychotherapy services, 94 (26.8%) of respondents have quite good receipt of psychotherapy services and 45 (12.8%) of the respondents not at all received psychotherapy services. The findings show that a good number of refugees appreciate psychotherapy services and have sought the service

4.4.2 Knowledge rating of psychotherapy services of the respondents

This study sought to find out the respondents' knowledge on psychotherapy services. The Likert scale used 1-5 (1=not at all knowledgeable, 2=quite knowledgeable, 3=somewhat knowledgeable, 4=well knowledgeable, 5=very well knowledgeable).

Table 4.8: Showing respondents knowledge on psychotherapy services

	Frequency	Percentage
Very well knowledgeable	27	7.7
Well knowledgeable	125	35.6
Somewhat knowledgeable	115	32.7
Quite knowledgeable	49	14.0
Not at all knowledgeable	35	10.0
Total	351	100.0

The result in Table 4.8 show that 27 (7.7%) of the respondents were very well knowledgeable on psychotherapy services, 125 (35.6%) of the respondents' were well knowledgeable on psychotherapy services, 115 (32.7%) of the respondents' were somewhat knowledgeable on psychotherapy services, 49 (14%) of the respondents' quite knowledgeable on psychotherapy services, and 35 (10%) of the respondents' were not at all knowledgeable on psychotherapy services were quite good. The findings show that a significant percentage of refugees are educated about psychotherapy services.

4.5 Influence of psychotherapy services on promotion of socio economic status of respondents

The study sought to establish the psychotherapy services on promotion of socio economic status of respondents. Likert scale used was 1-5 (5=very good influence, 4=good influence, 3=somehow influence, 2=quite influence, 1=not at all influence)

Table 4.9: Showing the influence of psychotherapy services on promotion of socio economic status of the respondents

	Frequency	Percentage
Very good influence	32	9.1
Good influence	40	11.4
Somehow influence	114	32.5
Quite influence	123	35.0
Not at all	42	12.0
Total	351	100.0

The results in Table 4.9 show that 32 (9.1%) of the respondents feel that psychotherapy services have very good influence on promotion of socio economic status of refugees, 40 (11.4%) of the respondents feel that psychotherapy services good influence on promotion of socio economic status of refugees, 114 (32.5%) of the respondents feel that psychotherapy services somehow influence on promotion of socio economic status of refugees, 123 (35%) of the respondents feel that psychotherapy services quite influence on promotion of socio economic status of refugees. 42 (12%) of the respondents feel that psychotherapy services not at all influence on promotion of socio economic status of refugees.

Focus group discussions with social workers and counseling psychologists revealed that psychotherapy session are conducted to a group of maximum of 10 persons. Majority of refugees who attended the psychotherapy sessions noted great improvement. Most of them came to the realization that they are not alone, that other members also suffer the same or even worse mental health conditions than them.

Focus group discussions with social workers and counseling psychologists revealed that refugees at first sessions find it hard to express themselves, but as the sessions advances majority break down, they reveal their inner emotional fears and bitterness and members share different positive coping mechanisms. The psychotherapy sessions are of great impact to refugees lives because majority who complete the sessions are able to engage in livelihood activities.

It was noted by social workers and counseling psychologists that psychotherapy services have had positive influence to improving refugees socio economic status, since majority start psychotherapy sessions when they are very traumatized, suffer from different mental health problems, and this limits them from engaging in casual jobs or even interact with neighbors and other fellow refugees, but a notable number of refugees after receiving psychotherapy services show improvement in their socio economic status, as some continue with the group as savings group, while others freely interact with each other and other refugees very well and others engage in livelihoods activities.

4.6 Capacity Building services on promotion of socio economic status of Refugees

The study sought to find out the knowledge of respondents on capacity building and the influence of capacity building on promotion of socio economic status of refugees. Capacity building services in the study included all kinds of trainings, workshops, forums, scholarships, mentorship programs.

4.6.1 Showing the knowledge of respondents on capacity building on promotion of socio economic status of refugees

Further the study sought to determine the knowledge of respondents on capacity building services. The Likert scale used was 1 to 5 (5-Very much knowledgeable, 4-Much knowledgeable, 3-Somewhat knowledgeable, 2-Quite knowledgeable, 1-No knowledge)

Table 4.10: Showing the knowledge of respondents on capacity building services

	Frequency	Percentage
Very much knowledgeable	38	10.8
Much knowledgeable	90	25.6
Somewhat knowledgeable	108	30.8
Quite knowledgeable	109	31.1
No knowledge	6	1.7
Total	351	100.0

The results in the Table 4.10 show that 38 (10.8%) of the respondents were very much knowledgeable, 90 (25.6%) of the respondents were much knowledgeable on capacity building, 108 (30.8%) of the respondents were somehow knowledgeable, 109 (31.1%) of the respondents were quite knowledgeable and 6 (1.7%) of the respondents had no knowledge on capacity building services. The findings show that a good percentage of refugees are knowledgeable on the capacity building services.

4.6.2 Responses on influence of capacity building services on promotion of socio economic status of refugees

The study sought to find out the influence of capacity building services on promotion of socio economic status of refugees. Likert scale used was 1-5 (5=very good influence, 4=good influence, 3=somewhat influence, 2=quite influential, 1=not at all influence)

Table 4.11: influence of capacity building services on promotion of socio economic status of refugees

	Frequency	Percentage
Very good influence	29	8.3
Good influence	122	34.8
Somehow influential	126	35.9
Quite influential	44	12.5
Not at all influential	30	8.5
Total	351	100.0

The results in Table 4.11 show that 29 (8.3%) of the respondents feel that capacity building services have very good influence on promotion of socio economic status of refugees, 122 (34.8%) of the respondents feel that capacity building services have good influence on promotion of socio economic status of refugees, 126 (35.9%) of the respondents feel that capacity building services have somehow influence on promotion of socio economic status of refugees, 44 (12.5%) of the respondents feel that capacity building services have quite influence on promotion of socio economic status of refugees, 30 (8.5%) of the respondents feel that capacity building services have not at all influence on promotion of socio economic status of refugees.

Focus group discussions with social workers and counseling psychologists revealed that majority of refugees have received different capacity building services such as vocational trainings, workshops, educative forums, and support groups sessions. A notable number of refugees who received capacity building services have been able to use the skills to get employment, as some work in saloons, while others have opened different businesses.

Focus group discussions with social workers and counseling psychologists revealed that a big challenge for refugees is work permit. Because of this challenge, majority of refugees who have academic qualifications and different skills cannot access employment opportunities and thus majority of them search for casual jobs in construction sites and washing for people clothes. Efforts have been made to offer capacity building services to refugees and some refugees who received services engage in small businesses that do not require work permit. Some try to search for jobs in small businesses in slum areas where they are not required to get work permit.

It was noted that capacity building services are evidently impacting on the socio economic status of refugees. However, unless the process of work permit is eased and refugees are able to acquire work permits, most refugees with good educational background and skills will continue to resort to casual jobs or small businesses and therefore they will continue to struggle to fend for themselves and their families.

4.7 Influence of integration services on the promotion of socio economic status of refugees living in Nairobi County

This study sought to find out the influence of integration services on promotion of socio economic status of refugees living in Nairobi County. Integration services in the study entailed community dialogues, community sensitization, advocacy, alternative care arrangement, community identification and linkage, community placements. The following are the findings.

4.7.1 Responses of extent of integration services on refugees

This study sought to find out to what extent refugees have integrated in the community. Likert scale used was 1-5 (5=very well integrated, 4=well integrated, 3=somehow integrated, 2=quite integrated, 1=not at all integrated).

Table 4.12 Responses on extent of integration of refugees to the community

Extent of integration of refugees to the community	Frequency	Percentage
Very well integrated	8	2.3
Well integrated	106	30.2
Somehow integrated	113	32.2
Quite integrated	89	25.4
Not at all integrated	35	9.9
Total	351	100.0

The results in Table 4.12, show that 8 (2.3%) of the respondents have very well integrated in the community, 106 (30.2%) of the respondents have integrated well in the community, 113 (32.2%) of the respondents stated that they had somehow integrated into the community, 89 (25.4%) of the respondents noted that they had quite integrated into the community, and 35 (9.9%) of the respondents have not at all integrated in the community. The findings show that refugees have integrated well in the community.

4.7.2 Knowledge of integration services

This study sought to find out the knowledge rate of respondents on integrations services on promotion of socio economic status of refugees. Likert scale used was 1-5 (5=very good knowledge, 4=good knowledge, 3=somehow knowledge, 2=quite knowledge, 1=not at all knowledge).

Table 4.13 Rating respondents knowledge of integration services on promotion of socio economic status of refugees

	Frequency	Percentage
Very good knowledge	9	2.6
Good knowledge	97	27.6
Somehow knowledge	122	34.8
Quite knowledge	85	24.2
Not at all knowledge	38	10.8
Total	351	100.0

The results in Table 4.13 show that 9 (2.6%) of the respondents had very good knowledge, 97 (27.6%) of the respondents had good knowledge, 122 (34.8%) of the respondents had somehow knowledge, 85 (24.2%) of the respondents had quite knowledge, and 38(10.8%) of the respondents had not at all knowledge on integrations services. The findings show that refugees have good knowledge about integration services being offered to them by organizations.

4.7.3 Responses on participation of refugees in integration services

This study sought to find out the participation rate of refugees on integration services on promotion of socio economic status. Likert scale used was 1-5 (5=very good, 4=good, 3=somehow good, 2=quite bad,1=not at all)

Table 4.14: Responses on participation of refugees in integration services

Responses on participation of refugees in integration services	Frequency	Percentage
Very good	31	2.6
Good	43	27.6
somehow good	126	34.8
Quite bad	123	24.2
Not at all	28	10.8
Total	351	100.0

The results in Table 4.14 show that 31 (2.6%) of the respondents had very good participation, 43 (27.6%) of the respondents had good participation, 126 (34.8%) of the respondents had somehow good participation, 123 (24.2%) had quite bad participation, 28 (10.8%) had no participation on integration services. This implies that refugees appreciate integration services and frequently participate in them.

4.7.4 Influence of integration services on promotion of socio and economic status of refugees

This study sought to find out the level of influence of integration services on promotion of socio economic status of refugees living in Nairobi County. Likert scale used was 1-5 (5=very good, 4=good, 3= somehow good, 2=quite bad, 1=not at all)

Table 4.15 Influence of integration services on promotion of socio and economic status of refugees living in Nairobi County

	Frequency	Percentage
Very good	33	9.4
Good	50	14.2
Somehow good	117	33.3
Quite bad	120	34.3
Not at all	31	8.8
Total	351	100.0

The findings in Table 4.15 show that 33 (9.4%) of the respondents feel integration services have very good influence, 50 (14.2%) of the respondents feel integration services have good influence, 117 (33.3%) of the respondents feel integration services have somehow good influence, 120 (34.3%) of the respondents feel integration services have quite bad influence, and 31 (8.8%) of the respondents feel integration services have not at all influence on promotion of socio economic status of refugees This implies that slightly above average refugees feel positive that integration services influence their socio economic status.

From Focus Group Discussions by social workers and counseling psychologist, it was noted refugees have integrated really well with the Kenyan communities and majority have learnt the native languages. Different integration services such as advocacy, provision of settlements, alternative care arrangements, community forums and sensitization have improved acceptance of refugee communities who were hesitant to accommodate some refugees who faced different forms of torture and have improved their socio economic status of refugees.

4.8 Challenges faced by refugees living in Nairobi

General challenges refugees face from the findings were lack of employment and as a result some engage in menial jobs while others engage in survival sex work for a living. Arbitrary arrests and policemen extort them, poverty, discrimination from host community, some service providers who do not understand about refugees, education challenges, very few counselors and social workers to offer psychotherapy and guidance and counseling, some are educated but lack academic papers, language barrier and insecurity challenges.

Two most problems that were raised by majority of refugees living in Nairobi was lack of proper employment and arbitrary arrest and being forced to go to the camp.

From focus group discussion by social workers and counseling psychologist, it was revealed that the number of refugees who are suffering from trauma and other mental health challenges was very high. This was a challenge to them because they are few and could not attend to all the refugees.

Focus group discussions with social workers and counseling psychologists revealed that some refugees engage in survival sex work for a living, some do casual jobs and in the process they are sexually exploited by their employer. Sexual gender based violence cases are highly reported by refugees. As social workers we try to intervene urgently and work in collaboration with other partners to ensure the survivors receive holistic interventions, however still resources are limited and some we could not intervene because either our resources were depleted or some developed severe medical conditions that are beyond our scope.” (Social worker)

4.9 Solutions to the challenges

Majority of the respondents proposed that that they wish to go back to their home country but they could not because of war and insecurity. They proposed resettlement to a third country where they could acquire citizenship and live a normal life. Some of the respondents proposed more scholarships for them and their children specially to get education on technical skills. They feel that if they had vocational skills like mechanic, carpentry, saloon, crafts skills, and then the skills will help them start employment or get their own employment.

Majority of respondents proposed more counseling space and professional staff increase. They noted that majority of them do not trust fellow community members to offer counseling to them, because some amongst them are agents of rebels who were the results of them fleeing while some could not keep secrets. It was revealed that they suffer from mental health problems but whenever they accessed service, not all of them get the service because the workers are few, or some are given appointments. Majority of respondents proposed that service providers to organize more meetings and sensitization with host communities and local authorities. This will help them integrate well in the community without being arbitrary arrested or host community not accepting them. From the focus group discussion, social workers and counseling psychologists proposed that the government of Kenya should ease the process of acquiring work permit for refugees. This will help them secure employment opportunities and be able to sustain themselves and their families.

It was also proposed that more resources to be put on capacity building services, this will empower refugees. They noted that one factor that cause mental health problem to reoccur is the living conditions and frustrations refugees face in the country of asylum. Therefore, increase capacity building services would help the ones whose mental health problem have improved, would be able to improve their socio economic status and would more like not experience recurrence of mental health problems.

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND
RECOMMENDATIONS

5.1 Introduction

This research was determining influence of psychosocial support services on promotion of socio economic status of refugees from democratic republic of Congo in Kenya: a case of urban refugee assistance program in Nairobi county This chapter presents the conclusions from the research and recommendations aimed at improvement of psycho-social support services in promotion of socio economic status of refugees in Kenya.

5.2 Summary of Findings

The results on Gender distribution of the respondents showed that 47.6% of respondents were male and 52.4% of the respondents were female. This implied that majority of the respondents were female.

The results of the Age of the respondents displayed age brackets of the respondents 14-19 years 106 (30.2%), 20-25 years 102 (29.1%), 26-31 years 75 (21.3%), and 32-37 years 68 (19.4%). This implies that the more the respondents' age out increases the less they seek psychosocial support services.

The findings on level of education of the respondents demonstrated that respondents who have never gone to school were 178 (50.7%). The respondents who reached primary level were 140 (39.8%). The respondents who reached secondary level of education were 22 (6.3%). The respondents who reached technical level of education were 2.3% and the respondents who reached college level of education were 3 (0.9%). This implies that majority of refugees due to the conflict and instability in their home country, do not access education easily. It is likely that joining country of asylum's education curriculum would mean beginning from the lowest level which majority would not be willing. To bring the questions home and make the respondents understand the questionnaire administered to them, this research used professional translators who were fluent in Swahili, English and their native language. This helped to communicate effectively and enable respondents fill questionnaire effectively.

The findings on Awareness on guidance and counseling by the respondents showed that 47 (13.4%) of the respondents had very good knowledge on guidance and counseling services. 89 (25.4%) of the respondents had good knowledge on guidance and counseling services. 106 (30.2%) of the respondents somewhat had knowledge on guidance and counseling services. 101 (28.8%) of the respondents had quite good knowledge on guidance and counseling services. 8 (2.3%) of the respondents not at all had knowledge on guidance and counseling services. This implies that the respondents appreciate guidance and counseling because of the psychological torture they had gone through.

The findings on the Frequency of respondents receipt of psychological guidance and counseling services, showed that 36 (10.3%) of the respondents received guidance and counseling services very frequent, 50 (14.2%) of the respondents received guidance and counseling services much frequent, 122 (34.7%) of the respondents received guidance and counseling services somehow frequently, 115 (32.8%) of the respondents received guidance and counseling services quite frequently, 28 (8.0%) of the respondents received no guidance and counseling. The findings showed that slightly above average of the respondents received guidance and counseling. Therefore, slightly above average of the respondents appreciate and have sought guidance and counseling

The findings on the influence of psychological guidance and counseling services on socio economic status of the respondents showed that 36 (10.3%) of the respondents' feel psychological guidance and counseling services have very good influence on their socio economic status, 90 (25.7%) of the respondents feels psychological guidance and counseling services have good influence on their socio economic status, 95 (27.0%) of the respondents feels psychological guidance and counseling have somehow good influence on their socio economic status, 63 (17.9%) of the respondents feels psychological guidance and counseling have quite good influence on their socio economic status, 67 (19.1%) of the respondents feels psychological guidance and counseling have not at all influence on their socio economic status. This implies that a significant percentage of refugees feel guidance and counseling services influence their socio economic status.

Focus group discussions with social workers and counseling psychologists revealed that majority of refugees they have interacted with suffer from psychological problem. Counseling psychologist raised concerns of basic needs challenges for refugees is a big factor that influences the effectiveness of refugees. Social workers on the other hand noted that refugees are referred for guidance and counseling, but some have material expectations when receiving guidance and counseling. Additionally, it was noted by social workers that refugees who have received guidance and counseling sessions, appreciate the service very much because feel better and majority engage in casual jobs to meet their needs and that of their family while others' improve their social life and interact well with fellow refugees.

The findings on the frequency of the provision of psychotherapy services showed 12 (3.4%) of the respondents' have very often received psychotherapy service, 89 (25.4%) of the respondents' have much often received psychotherapy services, 111 (31.6%) of the respondents' have often received psychotherapy services, 94 (26.8%) of respondents have quite good receipt of psychotherapy services and 45 (12.8%) of the respondents not at all received psychotherapy services. The findings show that a good percentage of refugees appreciate psychotherapy services and have sought the service

The findings on respondents knowledge on psychotherapy services show 27 (7.7%) of the respondents were very well knowledgeable on psychotherapy services, 125 (35.6%) of the respondents' were well knowledgeable on psychotherapy services, 115 (32.7%) of the respondents' were somehow knowledgeable on psychotherapy services, 49 (14%) of the respondents' quite knowledgeable on psychotherapy services, and 35 (10%) of the respondents' were not at all knowledgeable on psychotherapy services were quite good. This implies that a significant percentage of refugees are educated about psychotherapy services.

The findings on the influence of psychotherapy services on promotion of socio economic status of the respondents show 32 (9.1%) of the respondents feel that psychotherapy services have very good influence on promotion of socio economic status of refugees, 40 (11.4%) of the respondents feel that psychotherapy services good influence on socio economic status of refugees, 114 (32.5%) of the respondents feel that psychotherapy services somehow influence on promotion of socio

economic status of refugees, 123 (35%) of the respondents feel that psychotherapy services quite influence on promotion of socio economic status of refugees. 42 (12%) of the respondents feel that psychotherapy services not at all influence on promotion of socio economic status of refugees. Slightly above average refugees feel psychotherapy services influence their promotion of socio economic status.

Focus group discussions with social workers and counseling psychologists revealed that psychotherapy session are conducted to a group of maximum of 10 persons. Majority of refugees who attended the psychotherapy sessions noted great improvement. Most of them came to the realization that they are not alone, that other members also suffer the same or even worse mental health conditions than them.

It was noted by social workers and counseling psychologists that psychotherapy services have had positive influence to improving refugees socio economic status, since majority start psychotherapy sessions when they are very traumatized, suffer from different mental health problems, and this limits them from engaging in casual jobs or even interact with neighbors and other fellow refugees, but a notable number of refugees after receiving psychotherapy services show improvement in their socio economic status, as some continue with the group as savings group, while others freely interact with each other and other refugees very well and others engage in livelihoods activities. The findings on the knowledge of respondents on capacity building services show that 38 (10.8%) of the respondents were very much knowledgeable, 90 (25.6%) of the respondents were much knowledgeable on capacity building, 108 (30.8%) of the respondents were somehow knowledgeable, 109 (31.1%) of the respondents were quite knowledgeable and 6 (1.7%) of the respondents had no knowledge on capacity building services. This implies that a good percentage of refugees are knowledgeable on the capacity building services.

The findings on the influence of capacity building services on promotion of socio economic status of refugees show 29 (8.3%) of the respondents feel that capacity building services have very good influence on socio economic status of refugees, 122 (34.8%) of the respondents feel that capacity building services have good influence on promotion of socio economic status of refugees, 126 (35.9%) of the respondents feel that capacity building services have somehow influence on

promotion of socio economic status of refugees, 44 (12.5%) of the respondents feel that capacity building services have quite influence on promotion of socio economic status of refugees, 30 (8.5%) of the respondents feel that capacity building services have not at all influence on promotion of socio economic status of refugees. This implies that a significant percentage of refugees' feel capacity building services influence their promotion of socio economic status.

Focus group discussions with social workers and counseling psychologists revealed that majority of refugees have received different capacity building services such as vocational trainings, workshops, educative forums, and support groups sessions. A notable number of refugees who received capacity building services have been able to use the skills to get employment, as some work in saloons, while others have opened different businesses. It was noted that capacity building services are evidently impacting on the socio economic status of refugees. However, unless the process of work permit is eased and refugees are able to acquire work permits, most refugees with good educational background and skills will continue to resort to casual jobs or small businesses and therefore they will continue to struggle to fend for themselves and their families.

The findings on the Responses on extent of integration of refugees to the community, show that 8 (2.3%) of the respondents have very well integrated in the community, 106 (30.2%) of the respondents have integrated well in the community, 113 (32.2%) of the respondents stated that they had somehow integrated into the community, 89 (25.4%) of the respondents noted that they had quite integrated into the community, and 35 (9.9%) of the respondents have not at all integrated in the community. This implies refugees have integrated well in the community.

The findings on the Rating respondents' knowledge of integration services on promotion of socio economic status of refugees show that 9 (2.6%) of the respondents had very good knowledge, 97 (27.6%) of the respondents had good knowledge, 122 (34.8%) of the respondents had somehow knowledge, 85 (24.2%) of the respondents had quite knowledge, and 38(10.8%) of the respondents had not at all knowledge on integrations services. This implies that refugees have good knowledge about integration services being offered to them by organizations.

The findings on the Responses on participation of refugees in integration services show that 31 (2.6%) of the respondents had very good participation, 43 (27.6%) of the respondents had good participation, 126 (34.8%) of the respondents had somehow good participation, 123 (24.2%) had quite bad participation, 28 (10.8%) had no participation on integration services. This implies that refugees appreciate integration services and frequently participate in them.

The findings on the Influence of integration services on socio and economic status of refugees living in Nairobi County show that 33 (9.4%) of the respondents feel integration services have very good influence, 50 (14.2%) of the respondents feel integration services have good influence, 117 (33.3%) of the respondents feel integration services have somehow good influence, 120 (34.3%) of the respondents feel integration services have quite bad influence, and 31 (8.8%) of the respondents feel integration services have not at all influence on promotion of socio economic status of refugees This implies that slightly above average refugees feel positive that integration services influence their socio economic status.

From Focus Group Discussions by social workers and counseling psychologist, it was noted refugees have integrated really well with the Kenyan communities and majority have learnt the native languages. Different integration services such as advocacy, provision of settlements, alternative care arrangements, community forums and sensitization have improved acceptance of refugee communities who were hesitant to accommodate some refugees who faced different forms of torture and have improved their socio economic status of refugees.

General challenges refugees face from the findings were lack of employment and as a result some engage in menial jobs while others engage in survival sex work for a living. Arbitrary arrests and policemen extort them, poverty, discrimination from host community, some service providers who do not understand about refugees, education challenges, very few counselors and social workers to offer psychotherapy and guidance and counseling, some are educated but lack academic papers, language barrier and insecurity challenges. Two most problems that were raised by majority of refugees living in Nairobi was lack of proper employment and arbitrary arrest and being forced to go to the camp.

From focus group discussion by social workers and counseling psychologist, it was revealed that the number of refugees who are suffering from trauma and other mental health challenges was very high. This was a challenge to them because they are few and could not attend to all the refugees. Majority of the respondents proposed that they wish to go back to their home country but they could not because of war and insecurity. They proposed resettlement to a third country where they could acquire citizenship and live a normal life. Some of the respondents proposed more scholarships for them and their children especially to get education on technical skills. They feel that if they had vocational skills like mechanic, carpentry, saloon, crafts skills, and then the skills will help them start employment or get their own employment.

Majority of respondents proposed more counseling space and professional staff increase. They noted that majority of them do not trust fellow community members to offer counseling to them, because some amongst them are agents of rebels who were the results of them fleeing while some could not keep secrets. It was revealed that they suffer from mental health problems but whenever they accessed service, not all of them get the service because the workers are few, or some are given appointments. Majority of respondents proposed that service providers to organize more meetings and sensitization with host communities and local authorities. This will help them integrate well in the community without being arbitrary arrested or host community not accepting them

From the focus group discussion, social workers and counseling psychologists proposed that the government of Kenya should ease the process of acquiring work permit for refugees. This will help them secure employment opportunities and be able to sustain themselves and their families. It was also proposed that more resources to be put on capacity building services, this will empower refugees. They noted that one factor that cause mental health problem to reoccur is the living conditions and frustrations refugees face in the country of asylum. Therefore, increase capacity building services would help the ones whose mental health problem have improved, would be able to improve their socio economic status and would more like not experience recurrence of mental health problems.

5.3 Discussions of the study

The discussions of the study include the following:

5.3.1 Guidance and counseling services promotion of socio economic status of refugees, living in Nairobi County.

The study found out that 36 (10.3%) of the respondents' feel psychological guidance and counseling services has very good influence on their socio economic status, 90 (25.7%) of the respondents feels psychological guidance and counseling services have good influence on their socio economic status, 95 (27.0%) of the respondents feels psychological guidance and counseling have somewhat good influence on their socio economic status, 63 (17.9%) of the respondents feels psychological guidance and counseling have quite good influence on their socio economic status, Only 67 (19.1%) of the respondents feels psychological guidance and counseling have not at all influence on their socio economic status. This implies that majority of refugees feel positively that guidance and counseling has significant influence on socio economic status of refugees. This agrees with the research done by Knapp et al. (2011) on the economic analysis in Africa showed that, effective mental health promotion interventions generated very significant economic benefits including savings in public expenditure. Focus group discussions with social workers and counseling psychologists found out that majority of refugees they have interacted with suffer from psychological problem. This seems to agree with earlier research by Sannoh (2013) that over 90% of respondents noted that many refugees suffer from psychological problems.

Focus group discussions found out that guidance and counseling enable refugees develop coping mechanisms that help them to improve their mental health problems and as a result improved their social and economic status. That majority of refugees appreciate the service very much because they feel better and majority after receiving guidance and counseling engage in casual jobs to meet their needs and that of their family while others' interact well with fellow refugees. This agrees with research done by Sannoh (2013) that found out that refugee mental health improvement was significantly being contributed by the counseling services being offered.

5.3.2 Psychotherapy services on promotion of socio economic status of refugees living in Nairobi County.

The study found out that 32 (9.1%) of the respondents feel that psychotherapy services have very good influence on promotion of socio economic status of refugees, 40 (11.4%) of the respondents feel that psychotherapy services good influence on promotion of socio economic status of refugees, 114 (32.5%) of the respondents feel that psychotherapy services fairly influence on promotion of socio economic status of refugees, 123 (35%) of the respondents feel that psychotherapy services quite influence on promotion of socio economic status of refugees. Only 42 (12%) of the respondents, feel that psychotherapy services not at all influence on promotion of socio economic status of refugees. Focus group discussions with social workers and counseling psychologists revealed that psychotherapy sessions have proven to have positive influence on the improvement of social and economic status of refugees. It was noted that majority of refugees who attended psychotherapy sessions noted great improvement. Most of them came to the realization that they are not alone, that other members also suffer the same or even worse mental health conditions than them. A notable number of refugees after receiving psychotherapy services showed improvement in their socio economic status, as some continue with the group as savings group, while others freely interact with each other and other refugees very well and others engage in livelihoods activities. This agrees with a research done by Walter (2009) that found that majority of refugees and asylum seekers in Afghanistan, who received psychotherapy services showed positive effect and 85% of participants reported significant improvements. The results showed that even under difficult conditions, when working with asylum seekers and refugees, psychotherapy can be effective.

5.3.3 Capacity building services on the promotion of socio economic status of refugees living in Nairobi County

The study found that 29 (8.3%) of the respondents feel that capacity building services have very good influence on promotion of socio economic status of refugees, 122 (34.8%) of the respondents feel that capacity building services have good influence on promotion of socio economic status of refugees, 126 (35.9%) of the respondents feel that capacity building services have somewhat influence on promotion of socio economic status of refugees, 44 (12.5%) of the respondents feel that capacity building services have quite influence on promotion of socio economic status of

refugees, only 30 (8.5%) of the respondents, feel that capacity building services have not at all influence on promotion of socio economic status of refugees. Focus group discussions with social workers and counseling psychologists revealed that majority of refugees have received different capacity building services such as vocational trainings, workshops, educative forums. A notable number of refugees who received capacity building services have been able to use the skills to get employment, as some work in saloons, while others have opened different businesses. This agrees with a research done by UNHCR & Danish Refugee Council (2012) that found out that despite high rates of activity in the informal economy, the bulk of Eastleigh's residents are categorized as economically 'poor', with 35 to 45% of refugees engage in different business and casual jobs and earn between 16,000 Kenya Shilling (ksh) and 20,000 ksh Per, or 'very poor' with 10 to 20% earning between 8,000 ksh to 9,500 ksh Per month.

5.3.4 Integration services on the promotion of socio economic status of refugees living in Nairobi County

The study found out that 33 (9.4%) of the respondents feel integration services have very good influence, 50 (14.2%) of the respondents feel integration services have good influence, 117 (33.3%) of the respondents feel integration services have somewhat good influence, 120 (34.3%) of the respondents feel integration services have quite bad influence, and 31 (8.8%) of the respondents feel integration services have not at all influence on promotion of socio economic status of refugees This implies that slightly above average refugees feel positive that integration services influence their socio economic status.

From Focus Group Discussions by social workers and counseling psychologist, it was noted refugees have integrated really well with the Kenyan communities and majority have learnt the native languages. Different integration services such as advocacy, provision of settlements, alternative care arrangements, community forums and sensitization have improved acceptance of refugee communities who were hesitant to accommodate some refugees who faced different forms of torture and have improved their socio economic status of refugees. This agrees with a research done by Alexandra et al., (2014) that found out that Ugandan government provided settlement to refugees in Nakivale and Kyangwali regions in Uganda. This encouraged the vast majority of refugees in both to engage in agriculture and the surpluses have attracted settlement markets of

hundreds of crop traders and Ugandan middlemen shows economic interaction between refugees of different nationalities and their linkages between the settlements themselves and the wider national economy of Uganda outside their borders. From Focus Group Discussions by social workers and counseling psychologist, it was found that refugees have integrated really well with the Kenyan communities and majority have learnt the native languages, this agrees with a research done by Abey (2013) found out that Somali refugees as the study population integrated well in the community and established businesses in Eastleigh.

5.4 Conclusion of the study

The study sought to examine on the influence of psychosocial support services on promotion of socio economic status of DRC Refugees: A Case of urban refugee assistance program. It was guided by four objectives:

The study concluded that guidance and counseling has a significance influence in promotion of socio economic status of Refugees. A good number of refugees received guidance and counseling and the study show that this service has had a significant influence on improving their social and economic status.

The study concluded that psychotherapy services slightly above average influence in promotion of socio economic status of refugees. Therefore, there is need to increase the service through awareness creation and resources to reach out to refugees with mental health illnesses.

The study concluded that capacity building has a significant influence in promotion of socio economic status of refugees and integration services. Majority of refugees have received capacity building services and a significant percentage of those who received capacity building services noted improvement on their social and economic status.

Finally, integration services have influence on socio economic status of refugees. The study found out that majority of refugees have integrated well, however a lot needs to be done on advocacy for government to provide friendly policies that could allow refugees to get work permits without difficulties and engage in different economic activities.

5.5 Recommendations

Based on the research findings the following are the recommendations of the study:

1. The study recommends increase in social workers and counseling psychologists to offer guidance and counseling and psychotherapy services and also counseling spaces should be increased
2. Beneficiaries should be sensitized and educated on what Psychotherapy services entail and their awareness to be raised. This will help them understand more and approach Non-Governmental organizations to get psychotherapy services.
3. Solutions proposed by refugees should be taken into account. This will help design sustainable projects.
4. Review of integration services should be done and more awareness creation forums and community engagements should be done. A lot needs to be done for the government to provide friendly policies to refugees.

5.5 Suggestions for further studies

Taking the limitations and delimitation of the study, the researcher makes the following recommendations for future study;

1. A study should be carried out to establish strategies used by humanitarian workers to implement psychosocial support services
2. A study should be carried out to investigate refugees' contribution to the economy of the country of asylum.

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APPENDICES

Appendix I: Questionnaire for Refugees

Dear Respondent,

I am James Adek Nyanjwa, postgraduate student at the University of Nairobi. I am carrying out research on Influence of Psychosocial Support Services on Promotion of Socio Economic Status of Refugees in Africa. A case of Refugees from Democratic Republic of Congo living in Kasarani and Kayole, Nairobi County. The research is for academic purpose and all the information provided will be treated with utmost confidentiality.

Instructions

Do not write your name anywhere in this document.

SECTION A: DEMOGRAPHIC INFORMATION

Please complete this section by checking the correct answer and seek clarification where necessary before giving the required response.

1. Gender? Male Female Other

2. What is your age bracket? Check the correct answer.

14-19 20-25

26-31 32-37

3. Level of education

None Secondary School

Primary School Technical school

College University

SECTION B: INFLUENCE OF GUIDANCE AND COUNSELING

4. On a scale of 1-5 (1=Very good, 2= Good, 3=Somewhat good, 4= Quite good 5=Not at all) rate the following statement on guidance and counseling.

a. Aware of the guidance and counseling (tick the box for correct answer)

5=Very good 4=Good 3= somewhat good

2=Quite good 1=Not at all

5. How frequent have you received guidance and counseling services?

- 5=very frequent 4=much frequent 3=somewhat frequent
 2=quite frequent 1=not at all

6. Kindly rate the influence of guidance and counseling services on improving your social and economic status?

- 5=very good influence 4=good influence 3=somewhat good influence
 2=quite good influence 1=not at all influence

SECTION C: PSYCHOTHERAPY SERVICES

7. How often have you received psychotherapy services?

- 1=Not at all 2= Quite often 3=somewhat often
 4= Much often 5=Very much often

8. Kindly rate from 1 to 5(1=not at all knowledgeable, 2=quite knowledgeable, 3=somewhat knowledgeable, 4=well knowledgeable, 5=very well knowledgeable) your knowledge on psychotherapy services? (tick the box of your choice)

- 1 2 3 4 5

9. Kindly rate from 1 to 5 (, 4=good influence, 3=somewhat influence, 2=quite influence, 1=not at all influence) the influence of psychotherapy services on promotion of socio economic status of respondents?

- 1 2 3 4 5

SECTION D: CAPACITY BUILDING

10. Kindly rate from 1 to 5 (5-Very much knowledgeable, 4-Much knowledgeable, 3-Somewhat knowledgeable, 2-Quite knowledgeable, 1-No knowledge) your knowledge on capacity building services?

- Not at all knowledgeable Quite knowledgeable somewhat knowledgeable
 Much Knowledgeable Very much knowledgeable

11. Kindly rate from 1 to 5 (5=very good influence, 4=good influence, 3=somewhat influence, 2=quite influence, 1=not at all influence) the influence of capacity building services on socio economic status of refugees?

- 1 2 3 4 5

SECTION E: INTEGRATION SERVICES

12. How well have you integrated to the community after receiving various integration services?

- Not at all quite well integrated somewhat integrated
- well integrated Very well integrated

13. Rate from 1-5 (5=very good knowledge, 4=good knowledge, 3=somewhat knowledge, 2=quite knowledge, 1=not at all knowledge) your knowledge of integrations services such as community sensitization /dialogues /advocacy/ settlement provision?

- 1=not at all knowledge 2=quite knowledge 3=somewhat knowledge
- 4=good knowledge 5=very good knowledge

14. Rate from 1-5 (5=very good, 4=good, 3=somewhat good, 2=quite bad, 1=not at you're your participation in community sensitization/dialogues/advocacy/ settlement provisions?

- Not at all Quite bad Somewhat good
- Good Very good

15. Kindly rate from 1-5 (5=very good, 4=good, 3= somewhat good, 2=quite bad, 1=not at all) the influence of integration services on promotion of your social and economic status?

- 1=not at all 2=quite bad 3= somewhat good
- 4=good 5=very good

SECTION F: CHALLENGES FACED BY REFUGEES LIVING IN NAIROBI COUNTY

What are some of the challenges faced by refugees living in Nairobi County?

.....

Name two most problems faced by majority of refugees living in Nairobi?

.....

SECTION G: SOLUTIONS TO THESE CHALLENGES

In your belief, what are the best solutions to these challenges you are facing? Please explain

.....\

THANK YOU

Appendix II: Focus Group Discussions for Social Workers and Counseling Psychologists

Dear Respondent,

I am James Adek Nyanjwa, postgraduate student at the University of Nairobi. I am carrying out research on Influence of Psychosocial Support Services on Promotion of Socio Economic Status of Refugees in Africa. A case of Refugees from Democratic Republic of Congo living in Kasarani and Kayole, Nairobi County. The research is for academic purpose and all the information provided will be treated with utmost confidentiality.

Instructions

Do not write your name anywhere in this document.

SECTION A: INFLUENCE OF GUIDANCE AND COUNSELING

16. Awareness of refugees on guidance and counseling
17. How frequent refugees received guidance and counseling services?
18. Influence of guidance and counseling services on improving your social and economic status?

SECTION C: PSYCHOTHERAPY SERVICES

19. How often refugees receive psychotherapy services?
20. What is the knowledge of refugees on psychotherapy services?
21. The influence of psychotherapy services on promotion of socio economic status of respondents?

SECTION D: CAPACITY BUILDING

22. Knowledge of refugees on capacity building services?
23. What is the influence of capacity building services on socio economic status of refugees?

SECTION E: INTEGRATION SERVICES

24. How well have refugees integrated to the community after receiving various integration services?

- 25. What is the knowledge of integrations services such as community sensitization /dialogues /advocacy/ settlement provision?
- 26. How is the participation of refugees in community sensitization/dialogues/advocacy/ settlement provisions?
- 27. What is the influence of integration services on promotion of your social and economic status?

SECTION F: CHALLENGES FACED BY REFUGEES LIVING IN NAIROBI COUNTY

What are some of the challenges faced by refugees living in Nairobi County?

.....

Name two most problems faced by majority of refugees living in Nairobi?

.....

SECTION G: SOLUTIONS TO THESE CHALLENGES

In your belief, what are the best solutions to these challenges you are facing? Please explain

THANK YOU

Appendix III: Krejcie and Morgan Table

**Table for determining Sample Size for Research Activities By ROBERT V. KREJCIE and
DARYLE W. MORGAN**

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note. — N is population size. S is sample size.

Appendix IV: Letter Of Confirmation



UNIVERSITY OF NAIROBI
OPEN, DISTANCE AND e-LEARNING CAMPUS
SCHOOL OF OPEN AND DISTANCE LEARNING
DEPARTMENT OF OPEN LEARNING
NAIROBI LEARNING CAMPUS

Your Ref:

Our Ref:

Telephone: 318262 Ext. 120

REF: UON/ODeL/NLC/27/17

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
NAIROBI

23rd November 2017

TO WHOM IT MAY CONCERN

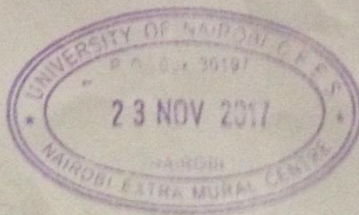
RE: JAMES ADEK NYANJWA - REG NO L50/82482/2015

This is to confirm that the above named is a student at the University of Nairobi, Open Distance and e-Learning Campus, School of Open and Distance Learning, Department of Open Learning pursuing Masters of Art in Project Planning and Management.

He is proceeding for research entitled "Influence of Psychosocial Support Services on Promotion of Socio Economic Status of Refugees from Democratic of Congo in Kenya: A case of Urban Refugee Assistance Program in Nairobi County."

Any assistance given to him will be highly appreciated.

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI LEARNING CENTRE



Appendix V: Research Permit

THIS IS TO CERTIFY THAT:
MR. JAMES ADEK NYANJWA
of **UNIVERSITY OF NAIROBI**, 58129-200
Nairobi, has been permitted to conduct
research in *Nairobi County*

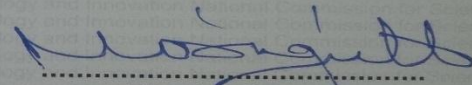
Permit No : NACOSTI/P/18/10243/21696
Date Of Issue : 28th March, 2018
Fee Received : Ksh 1000

on the topic: **INFLUENCE OF
PSYCHOSOCIAL SUPPORT SERVICES ON
PROMOTION OF SOCIO ECONOMIC
STATUS OF REFUGEES FROM
DEMOCRATIC REPUBLIC OF CONGO IN
KENYA: A CASE OF URBAN REFUGEE
ASSISTANCE PROGRAM IN NAIROBI
COUNTY.**



for the period ending:
28th March, 2019


.....
Applicant's
Signature


.....
Director General
National Commission for Science,
Technology & Innovation

CONDITIONS

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REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

**RESEARCH CLEARANCE
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Serial No.A 18084

CONDITIONS: see back page

Appendix VI: Letter of Authorization



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
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When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/10243/21696**

Date: **28th March, 2018**

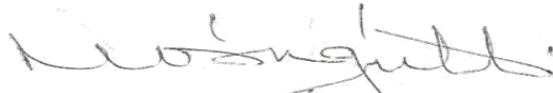
James Adek Nyanjwa
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Influence of psychosocial support services on promotion of socio economic status of refugees from Democratic Republic of Congo in Kenya: A case of urban refugee assistance program in Nairobi County,”* I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **28th March, 2019**.

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

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



DR. M.K. RUGUTT, PhD, OGW
DIRECTOR GENERAL

Copy to:

The County Commissioner
Nairobi County.

The County Director of Education
Nairobi County.