

**AN INVESTIGATION IN THE CHALLENGES OF RESCUING,
REHABILITATING AND REINTEGRATING STREET CHILDREN: A
CASE STUDY OF REHABILITATION CENTRES WITHIN NAIROBI
COUNTY**

BY

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award of Masters of Arts Degree Sociology (Counseling) University of Nairobi**

DECLARATION

This project is my original work and has not been presented for a degree award in any other university.

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DEDICATION

To my grandmother Evelyn and grandfather Sebastian who were so supportive to me
when I was growing up in the slopes of Mt Kenya.

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TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vii
LIST OF FIGURES	viii
LIST OF ABBREVIATIONS	ix
ABSTRACT	x
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the study	1
1.2 Problem statement	4
1.3 Research questions	7
1.4 Objective of the study.....	7
1.4.1 Main Objective	7
1.4.2 Specific Objectives	8
1.5 Justification for the Study.....	8
1.6 Significance of the Study	8
1.7 Scope and Limitations of the Study	9
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK	10
Introduction	10
2.1 Literature Review	10
2.1.1 Factors that contribute to children running to the street	10
2.1.2 Understanding the Model of 3R and its challenges	16
2.1.3 The role of Kwetu Home of Peace Rehabilitation Centre in implementing the 3R model.....	26
2.2 Theoretical Framework	30
2.2.1 Social Reproduction and Social Capital Theories	31
2.2.2 Social Process and Self Control Theories.....	32
2.2.3 Social Learning and Labeling Theories	33
2.2.4. Erik Erikson’s psychosocial theory	34
2.3 Conceptual Framework	38
CHAPTER THREE: RESEARCH METHODOLOGY	40
3.1 Introduction	40
3.2 Site description	40
3.3 Research Design	41

3.4 Unit of Analysis and Unit of Observation.....	41
3.5 Target Population	41
3.6 Sample Size and Sampling Procedure.....	42
3.6.1 Sample Size.....	42
3.6.2 Sampling procedure	42
3.7 Data Collection.....	43
3.7.1 Sources of Data.....	43
3.7.2 Method of Collecting Quantitive Data.....	43
a) Administration of a structured questionnaire	43
3.7.3 Method of Collecting Qualitative Data.....	44
a) Key informant interview.....	44
b) In-depth interview guides	44
c) Direct Observation Schedules.....	45
d) Case Studies.....	45
3.8 Data Analysis	46
3.9 Challenges encountered during fieldwork.....	46

CHAPTER FOUR: DATA ANALYSIS PRESENTATION AND INTERPRETATION 48

4.0 Introduction	48
4.1 Institutions Summary Data.....	48
4.2 Social and Demographic background factors of street children.....	51
4.2.0 Introduction.....	51
4.2.1 Age distribution	51
4.2.2 Education Background.....	52
4.2.3 Parental family structure.....	53
4.2.4 Reasons for leaving home.....	55
4.2.5 Means of survival in the street.....	57
4.3 Difficulty situations experienced by children in the street.....	58
4.4. Rescue challenges of children from the street.....	59
4.5 Rehabilitation program.....	61
4.5.1. Relapse by children.....	62
4.6 Willingness to reintegrate with family and society	63
4.6 Level of follow-ups from the Rehabilitation Institutions.....	66

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS 68

5.0 Introduction	68
5.1 Summary	68
5.1.1 Stressful situations experienced by street children	69
5.1.2 Challenges which exist in rescuing the children from the street	69

5.1.3 Assessing the program to ensure full rehabilitation of street children	69
5.1.4 Extent of home preparedness in receiving the rehabilitated child	70
5.1.5 Assessing the methodology used by rehabilitation institution to make follow ups	70
5.2 Conclusion.....	71
5.3 Recommendations	72
5.4 Areas of Further Research	74
BIBLIOGRAPHY	75
Appendices	78
Appendix I Questionnaire.....	78
Appendix II key Informant Interview Guide.....	80
Appendix III In-depth Interview Guide for children in Rehabilitation Institution.	82
Appendix IV In-depth Interview Guide for children who have been reintegrated back to the society	84
Appendix V Observation Schedule	86
Appendix VI: Case Study	87

LIST OF TABLES

Table 1 A Summary Data of the Rehabilitation Institution studied.....	50
Table 2 Age of the interviewed children.....	52
Table 3 Education background	52
Table 4 characteristics of the parents to reintegrated formal street children	54
Table 5 Main cause of children being in the streets.....	56
Table 6 Main difficulty situation of children being in the street.....	59
Table 7 Main challenge of rescuing children from the street.....	61
Table 8 Distribution according to reasons for relapses	63
Table 9 main challenge of reintegrating children back to the society.....	66
Table 10 Level of follow-up from the rehabilitation institutions.....	67

LIST OF FIGURES

Figure 1 conceptual framework	38
Figure 2: Parental family type.....	53
Figure 3: Survival means in the street.....	57

LIST OF ABBREVIATIONS

AAC	Area Advisory Council
AIDS	Acquired Immune Deficiency Syndrome
ACCIK	Association of Charitable Children Institution in Kenya
ANPPCAN	African Network on Prevention and Protection against Child Abuse and Neglect
CBO	Community Based Organizations
DCO	District Child Officer
FBO	Faith Based Organization
FGM	Female Genital Mutilation
GOK	Government of Kenya
HIV	Human Immune Virus
KHP	Kwetu Home of Peace
KNEC	Kenya National Examination Council
NCBDA	Nairobi Central Business District Association
NGO's	Non Governmental Organization.
NYS	National Youth Service
OVC	Orphaned and Vulnerable Children
PEP	Parent Empowerment Program
SHG	Self Help Group
SPSS	Statistical Package of Social Sciences
STD	Sexually Transmitted Diseases
UNICEF	United Nations International Children's Education Fund
UN	United Nations
3R	Rescue, Rehabilitation and Reintegration

ABSTRACT

The purpose of the study was to investigate challenges which exist in the process of rescue, rehabilitation and reintegration of street children back to the society. The objectives were to identify different stressful situations experienced by street children, establish the challenges which exist in rescuing the children from the street, reexamine the rehabilitation program and investigate the level of home preparedness in readiness for reintegration process and lastly assess the methodology used by rehabilitation centres to make follow ups for the reintegrated children. The study was guided by crime and child development theories, which focused the role of the society in shaping a child personality.

The study adopted an exploratory ex-post-facto research design. Hundred children formed the population for interview, sixty from various rehabilitation institutions and forty children who had been reintegrated. Ten key informants involved in rehabilitation of street children in various organizations within Nairobi County and ten parents of the reintegrated children were also sampled to supplement information got from the children. The sample was selected using purposeful sampling procedure. Questionnaires and interview guides were used to collect relevant data on the challenges which exist in the process of rescuing, rehabilitating and reintegrating children back to the society. The data collected were coded and then analyzed. Data presentation was done using tables, pie charts and graphs. This was done in line with Statistical Package for Social Science (SPSS) program. The study was of great significance to policy makers, social workers, counselors, managers, donor world, and rehabilitation organizations. It was evident that challenges exist in all the levels of rescue, rehabilitation and reintegration and if these challenges are not well addressed in each level the whole process becomes a vicious cycle. Recommendations were made on what has to be done to overcome these challenges which require a paradigm shift from the government structures and rehabilitation institution themselves in addressing the menace of constant increase of children in the streets of Kenya.

CHAPTER ONE: INTRODUCTION

1.1 Background to the study

The problem of street children is universal (UNICEF, 2004). The UN has estimated the population of street children to be roughly 150 million with the number rising daily. This can be said to be a huge rise compared to the estimates of 2000 as Volp, (2002) had noted for the population to be around 100 million worldwide. The number has risen in recent decades because of wide spread recession, political turmoil, civil unrest, increasing family disintegration, urban and rural poverty, natural disaster and rapid industrialization (Mohamed, 2002).

Kenya has witnessed a sporadic increase of street children recently with an estimate to be as high as 250,000 countrywide while in Nairobi alone the estimate is 60,000 street children though this estimate is not based on practical survey (UNICEF, 2004). However, a survey conducted in 13 districts under Government of Kenya (UNICEF, 1996) programme of cooperation, estimated that, there were 109, 763 such children. The exact number of street children in Nairobi ranges between 10,000 and 30,000 (Kilbride, 2000).

There are over 351 registered children homes, and rehabilitation homes in Nairobi alone (NCBDA, 2001). These homes are sponsored by different intervention actors like the government, Non-governmental organizations (NGOs), Faith Based Organizations (FBOs), Community Based Organizations (CBOs) and privately owned organizations. These organizations engage in rescuing children, rehabilitating and reintegrating them back into the society. However, there are other organizations especially orphanages which stay with children until they are adults and can take care of themselves. Such centers get children who are abandoned from hospitals at tender age and nurture them. Other children are referred to them by the district children officer through the court in cases of child abuse or neglect or other factors which might not be conducive for the normal growth of the child. Our major focus in this study was on the street children who are in need of rescuing, rehabilitation and re-integration.

Each day the number of street children continues to grow especially in sub-Saharan countries due to economical crisis, political instability and breakdown of social ties due to modernity. Kenya has not been an exception of this disaster especially after the Post election violence many families were shattered and children became homeless. Other children became orphans and had no one to take care of them. The source of livelihood was taken away from their parents and these children had no one to turn to but the streets. Those families which were displaced and sought refuge in Nairobi city slums, their children could not cope hence ended up in streets due to poor environment surrounding the child. The leading cause of children being in the street is the breakdown of the structure of the family. This can be attributed to modernity and its consequences (Giddens 1991) and the subsequent forces of social economic change (Kilbride et al. 1990).

We started by defining a street child using the definition given by J.M Swart. He states that “a street child is any girl or boy who has not reached adulthood for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc) has become her or his habitual abode and or source of livelihood and who is inadequately protected, supervised, or directed by responsible adults” (Le Roux, Winter 1996). In East Africa and particularly here in Kenya the Swahili Word for a street child is, “*Chokora*,” meaning to pick or search through garbage, dustbins or dump sites for food or plastic bottles for selling.

There are various approaches into the typology of street children. The first, and often most common, of these variations is a group known as children on the streets. These children work on the streets but reside at home during the night hours. While many children are sent to the streets by their parents, there are some families who work on the streets as a unit. Known as street families, they often divide and work in different sections of a city, begging or vending, and then return at the end of each day to share their daily earnings. In addition, we can categorize also some children who live in slums with their parents in places like Kibera, Mathare, Mukuru, Mitumba just to mention a few to be under this category. These children are sent by some of their parents to go and beg for food and later return in the evening with what they were able to raise.

The second group is known as children of the streets. It is this group that calls the streets home. These children have hardly any ties with their family or relatives. Children of the street constitute the biggest percentage of the street children whom we have in Kenya and particular in Nairobi today. These children stay together as a gang in various corners of Nairobi in places they call in street language "Base". These Bases are located in dump sites, near sewages, outskirts of the city in bushy isolated land and under flyovers. The most renowned Bases are Muthurwa near country bus, Gikomba, Globe Cinema, Mutindwa and Mlango-Kubwa among other residential Bases around the city of Nairobi.

The third category of street children is those ones who have been abandoned. These children account for the smallest percentage of the street children. These children do not literally go to the street by themselves but are left in the streets by either the parents or relatives who reject them for various reasons. They are taken to big cities like Nairobi and deliberately left in bus station while the person who was accompanying them disappears mysteriously. There are even cases of people who are paid to drop such children in far towns where they will not be able to trace home and these children are left to survive on their own in the street. It is such a hard struggle especially when the child is less than eight years. As well, there are those children who just get lost unintentionally with their guardians while they were in town. These are often found in bus station crying or begging to be assisted to find their homes.

There are as many reasons which make children opt for street life as children themselves. However, there are some common reasons which cut across and have made children to end up in the streets. These may include, family breakdown, poverty, child abuse (sex abuse, physical abuse through beating or overworking, child neglect), peer pressure, orphaned by parents or relatives due to HIV/AIDS and uncondusive environment especially those children who live with parent who are selling drugs or local brews. It is worth to note a special group of street children who run away from home not because they lack anything but sheer curiosity to go to towns or cities such as Nairobi and experience the city life which is said to be 'fun and exciting' unlike the rural setup which is remote and undeveloped.

Street children are involved in various survival activities ranging from selling groundnuts on street corners, washing shoes and watching parked cars; to drug

peddling, petty theft and prostitution (Mitchell, 2003). Most of the street children in Nairobi depend on food scavenging from garbage bins and dumps, they beg for money (*Kuduru*) in street language and collecting scrap metals and plastic for selling in what they call in street language '*Kuchemba*'. They are also hired and used for cheap labour such as dumping leftovers from food kiosk, carrying luggage for people who are travelling, washing dishes, supplying water and working in garages.

These children are vulnerable to various forms of exploitation and abuse. They are deprived, not only of their rights as children, but also of their childhood. They live without guidance, concern, love, education and security. These children face an obscure future (UNICEF, 1996). Life on the streets belongs to individuals of both sexes. However, the bigger percentage of street children tends to be male. Girls are less likely to be abandoned or sent to the streets because they fulfill useful domestic roles such as cooking, cleaning, and caring for younger children. Those girls who turn to the streets often leave home in their mid to late teens and tend to resort to prostitution, which is known as survival sex, because they have no other way to support themselves. Such girls do not typically stay on the streets for extended periods of time, as many usually find some form of temporary accommodation.

Physically, the street children look dirty and unhealthy. They are often seen sniffing bottles of glue as they wonder around in tattered clothes which indicate poor background. They look weak, malnourished, and drowsy due to intoxication of the drugs they abuse and lack of proper shelter and feeding. In most cases they are seen as group playing cards, draft, warming themselves in open fire or just sleeping.

1.2 Problem statement

Street children face all kinds of challenges from the moment they land into the streets. First and foremost, they are separated from their families at a tender age to feed for themselves on the streets with no emotional support from their families or relatives. Every child looks up on somebody for security and love, street children have no one to turn to. As Agnelli (1986) observes, "they are thrown into deep end of life pre-maturely: street life eliminates childhood".

Street life itself is a major threat to their lives because they experience all sorts of hardships and violence. Some of these challenges include increased crime rate,

immorality, prostitution, vagrancy and juvenile delinquency among others (Gichuru, 1993). Due to peer pressure, street children are influenced to start abusing drugs. They end up becoming addicts of drugs such as glue, benzene, petrol, bhang, cigarettes and paint thinners amongst other (Onyango, et al. 1991) consequently, these drugs affect the normal functioning of the body and lead the street children into committing crimes. Continuous usage of drugs and being exposed to crime, make the street children to graduate to hard drugs and serious crimes such as drug peddling. Suda (1997) observes that the number of street children suffering from HIV/AIDs is increasing due sexual exploitation and rape cases in the streets. Young girls on the street become pregnant and add the number of children to the streets. In other words, street families begin to show up and grow each and every day with the continuous stay of children in the streets without rescuing them. We would like to research on what has not been in place to rescue these children from the streets of Nairobi while there are several organization both Governmental and Non-Governmental and Faith Based organizations which are in involved with disadvantaged children.

It serves not only a short term impact but also a long term impact to rescue these children from the street and provide them with favorable environment where they have access to rehabilitation. The introduction of the Children's Act Cap 586, gave the Government, NGOs, FBOs the mandate and responsibility to protect all children especially those in difficult circumstances. These institutions have endeavored to devote all the means possible to provide rehabilitation for these children after they are rescued from the streets. They have set up programs which look into reforming and promoting the development aspects of the street children. Most importantly, the focus is on how to lead these children back to the main stream of social life, through proper education opportunities, reformation, care and rehabilitation (Mohamed, 2002).

This study ventured into searching on the gaps which exist in the process of rehabilitating street children, owing to the fact of high incidences of children relapsing from the rehabilitation programs and going back to the streets which mistreated them and leaving the comforts which they are provided with in rehabilitation centres. There is a possibility that the low sustainability of street children in rehabilitation centres for street children could be due to use of

inappropriate care-giving approaches and management styles. Furthermore, relapses from rehabilitation centres can be attributed to lack of enough social support from close relatives thus the children do not have ties with the care-givers or counselors in the rehabilitation centres, in other words they are not at home in the institutionalized homes.

Lastly, unlike orphanages which stay with children for long period, most rehabilitation centres have duration of one year to three years when the child is in the program. The idea is to place the child back to his or her family after rescue and rehabilitation. As we said earlier, children are better located in their homes unlike being in institutionalized centres. Reintegration makes more sense in African cultural setup where family ties are not broken and one can trace the extended family members.

There are various challenges when it comes to reintegration which were addressed in this study. One cannot be sure that the child will stay at home and not go back to the street in case nothing has changed much on the situation and conditions which contributed into that child going to the streets. Secondly, some children are not willing to go back to their families for fear that they will not get enough support to pursue their goals of life such as formal education and security, as they would if they remained in the rehabilitation program. This is often the case of children who are either from poor or broken homes or are orphans (Wainaina, 1977; Wainaina, 1981). There have been also cases of relatives not willing to receive their children back into the family especially when they feel that they will be forced to carry the burden of supporting the child in education when they cannot even be able to finance well their own families. Lastly, this study investigated the way forward in re-integrating children who are past the years of formal schooling since there are few non-formal schools in Kenya. In summary, the study ventured into searching and filling the gaps which had been identified in the attempt of trying to rescue, rehabilitate and reintegrate street children back to the society.

1.3 Research questions

- i. Which efforts are being made by different partners to rescue children from the street?
- ii. What rehabilitation tools and programs are in place to help the street children?
- iii. What are the indicators that can be used for home assessment for child who is due for reintegration?
- iv. What is the follow up plan used or is in place for children who have been reintegrated with their families in various street children rehabilitation centres?

1.4 Objective of the study

1.4.1 Main Objective

The main objective of the study was to find out how the street child undergoes the process of rescue, rehabilitation and reintegration looking on the challenges involved in these three stages.

1.4.2 Specific Objectives

The specific objectives of the study are:

- i. To identify different difficulty situations experienced by street children
- ii. To establish the challenges which exist in rescuing the children from the street
- iii. To reexamine the rehabilitation program and efforts which are employed to ensure that street children are fully rehabilitated.
- iv. To investigate the level of home preparedness in receiving the child after rehabilitation and the child's readiness for reintegration process.
- v. To assess the methodology used by rehabilitation centres to make follow ups for the reintegrated children concerning their progress.

1.5 Justification for the Study

The study was prompted by the influx of children in the street either surviving on their own or with their parents. The number is alarming despite the government effort and other partners to remove these children from the street. The constant relapses of children to the street triggered the research to know what could make a child leave all the amenities in rehabilitation centres and go to scavenge in dustbins. This research went an extra mile into accessing the successful ways in reintegrating of street children back to their families or with foster parents or networking them to orphanages where they can continue to enjoy the care they need. In other words the rescue and rehabilitation of street children was termed to be successful only when the child has been re-united with his/her relatives or is in safer 'home'.

1.6 Significance of the Study

The findings of this study was useful to children welfare programs, to government policy makers, non-governmental organization and all stakeholders who may see the need of coming up with appropriate and clear policies to guide rehabilitation institutions on rehabilitation process, training and empowering children to achieve their goals in life. The study was also of great help to the managers in finding the gaps which exist in rehabilitation institutions which prevent achievement of the

targeted objectives hence misuse of funds and resources and consequently poor outcome in the whole process of rescue, rehabilitation and reintegration. The social workers who recruit the children from the street, caretakers, counselors and other practitioners found this study relevant in understanding the dynamics which are involved in the 3R model towards helping the street children. The study was also of great help as a source of information and reference to the donor world and general public as well as all other bodies concerned with children welfare and in particular rehabilitation institutions on how they can chip in to help eradicate this menace.

1.7 Scope and Limitations of the Study

The study was conducted in Nairobi County and rehabilitations which were within this boundary were targeted. Only rehabilitation centres which deal purely with street children were studied, bearing in mind that there are street children who are in other institutions which help the disadvantaged children but the focus was on street children rehabilitation institutions. The study involved both boys and girls who were once in the street. Age limit for children was between four years to eighteen years. This means that children who were below four years were not sampled as well as street families which have adults of above eighteen years. The research ventured into establishing the difficulty situations street children pass through while they are in the street, the programs offered by the rehabilitation centres such as non-formal and formal education, vocational training offered as tools of rehabilitation, counseling methods in place to help the street children to overcome drug addiction and other life skills empowerment techniques to help the children cope with a changing world. Only a few rehabilitation homes were selected through sampling method to establish the challenges which may be a barrier towards a successful reintegration. Lastly, the study looked also at the different follow-ups methods used by rehabilitation centres to ensure that the reintegration was successful.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Introduction

This chapter reviews literature related to this study under the following sub-sections: Factors that contribute to children running to the street, Understanding the 3R model which encompasses Rescue, Rehabilitation and Reintegration, An exploration to the role of Kwetu Home of Peace in an attempt to implement the model of 3R, Theoretical explanations where relevant theories on the topic were examined in an attempt to formulate a conceptual framework.

2.1 Literature Review

2.1.1 Factors that contribute to children running to the street

There are various reasons why children leave home and go to the street. Some of these may include family breakdown, poverty, and abuse such as sexual abuse, physical abuse through beating or overworking and child neglect. Other children are influenced by their peers to go to street. While other children it is due to death of parents hence they become orphans and have no relatives to assist them. More so, some children go into the street because of the poor surrounding environment which does not foster proper socialization like in the case of children whose parent are selling drugs or local brews. There are other children who also go to street due to personal factors such as curiosity of enjoying city life.

Understanding what exactly drives a child to the streets is perhaps more important than understanding what that child does once he or she is in the street (Le Roux, Summer 1996). This can be of great help in solving future incidences of children running into the street. In deed there will be no street children or street families if we can be able to solve the causes of children running away from home to the streets of cities and towns. To address better the causes which drive children into the streets, we shall divide them into two categories, the push and pull factors.

Common pull factors are the excitement of city life, the hope to improve one's own life, and the idea of independence and autonomy. These pull factors entice children to leave home for the streets. On the other hand, there are also push factors that push the children to the streets, often unwillingly. Though pull factors do exist, it is most often the push factors that lead children to a life on the streets. This study will highlight briefly the personal related factors which are the pull factors and focus more on the push factors which are the main reason of children running into the street. These pull factors include family related factors, school related factors and environmental related factors.

a) Family related factors

Giddens (2001:170) defines the family as, "a group of persons directly linked by kin connections, the adult members of which assume responsibility for caring for children". The break-down of the family is correlated with poverty and also a key factor that pushed children to the street. In Kenya, most of street children come from broken homes. These children simply have no family to remain with, while another group of children lived in a poor family (Le Roux, Summer 1996). Modernization has affected the family through the influences of foreign cultures, norms, and systems. In traditional Kenya, children belonged to everyone. The idea of kinship and support systems were integral aspects within most of the Kenyan society. If a child was unfortunate enough to not be provided for in his or her family, or he or she was an orphan or born out of wedlock, a system of fostering was used to place him or her in a suitable home.

As the community structure disintegrated, so did the institution of marriage. Many women either do not marry or are divorced, while others are widowed, leaving their children without a present biological father. Most of the children are of single parents or parents lived separately due to divorce or lack of marriage. In some cases, children have been blamed as being the source of family breakdown and consequently single parenthood (Gichuru, 1993). Study has shown that a presence of a male figure who is not the biological father but rather a boyfriend or new husband of the mother, is two times as common among street children (Rosa, et. al, 1992). It is also evident that most of the street children do not know their biological father

(Suda 1997). This absence of the father often pressures children, especially males, to the streets.

As can be seen many Kenyan families are run by single parents, making it increasingly difficult to provide for children (Wambayi, 1984). Even for those families in which two parents are still involved, the father is often forced to leave, often to great distances, in search for work, essentially leaving the mother to raise the children single handedly. In addition, many parents do not have formal jobs and instead performs irregular small tasks or trades, receiving an average monthly income (Suda, 1997). In such circumstances, parents spend more time working to support the family, and therefore do not have enough time to devote to the affection and support of their children. This, in turn, inhibits the social and emotional development of the child.

Many children in Kenyan face abuse at home, ranging from abandonment, torture, burning, neglect, beating, and confinement (Suda, 1997). This is very common especially in families where children live with step-parents who mistreat them and overwork them with house chores. When the children are unable to meet the demands of their step-parents they are crudely tortured in an inhuman way. To avoid such bitter experiences, children run away to the streets for solace. Furthermore, sexual abuse by parents or older siblings, relatives or a neighbor has been found to be a contributing factor of children running to the streets. Those children whose parents engage in promiscuity such as prostitution yet they are sharing the same room with that parent doing such activities, the children are greatly traumatized especially if the child is a boy and the mother is the one who is doing prostitution business (Wainaina, 1981). Therefore, children run away from home to escape from abuse and violence melted against them by their parents, caretakers and relative (Makokha, 1992: 125).

b) School related factors

Children who are from poor background lack school fees and other requirement needed for formal learning such as books. Some parents despite of free primary education cannot afford to buy books and school uniforms (Suda 1997: 200). In schools where pupils have to carry their own lunch, children from poor background

have no meals hence they cannot endure the struggle of academic with empty stomach. Therefore, most of the time they are outside the learning institutions and since they have nothing to do they are idle and most of them end up in the street to search for means of survival.

Some children have an academic challenge that is, they cannot learn at the same rate with other children yet parents and teachers demand so much from them. These children cannot endure the pressure from school especially those children who are slow learners definitely have challenges in doing assignments and examinations. These children would opt to run away from school and from their homes because nobody understands or cares about their limitations in academic (Mathenge, 1996).

Peer pressure in school plays also a key role in children running to the street because of the friends whom they interact with at school. Peer influence is very common in our social lives especially in institutions such as schools. In high school if your friends take math courses, you probably do too (Crosnoe et al. 2008). The vice versa is true especially when the behaviors violate social norms. Such youth form a rebellious group in school which is ever found in mistakes and punishment. These children become labeled as deviants and hard nuts to crack. As Giddens, (2001:519) puts it, weak commitment to school and delinquency accounts for students being excluded from schools. Such children find school a hard place to be and since their freedom is limited by the institution, they seek freedom and autonomy in the streets.

We cannot rule out cases of child abuse in school by teachers. Children who have been abused physically through caning and beating, find school a horrible place to be and no matter how much parents can push them to go to school, they will always find away to escape from school (Ved, 1973: 46). The worse thing is when children are abused sexually by their teachers especially girls. Instead of teachers playing the role of parents in school owing to the fact they spend most of the time with children than the time which children have with their real parents at home, these teachers become monsters who molest young girls and consequently make them pregnant or infect them with sexually transmitted diseases. Then children become traumatized and since they cannot explain to their parents what happened they decide to run away from school and consequently run away from home. The abode they find is the

street without knowing that there are more dangers in the street than where they are coming from.

In reality, work is more productive for poor families in the short term than education. Thus children who are from poor background are led to the street by their parents to help them in small scale business such as hawking groundnuts for them to supplement in the family income. Children are told to work for their school requirements by joining their parents in hawking different items in the city streets (Zani, 1993: 102). In the process the children find meaning in work and street life where they can make quick money than being in school. With time their attention is diverted completely from home and schooling to full time street activities. This is how they later become street children engaging in all sorts of trade.

c) Environmental related factors

Environment plays a very big role in socialization of the children into either being well mannered or deviants. Children from poor neighborhoods are more likely to get in trouble with the law, to become pregnant, drop out of school and even to have worse mental health (Levanthal, et al., 2000). Natural disaster such as land crashes, civil wars, floods or famine can contribute in creating unfavorable environment for proper development of children. However, to narrow our scope to the factors which lead children to be in the street especially in Nairobi would be poor surrounding such as slums. Children who are likely to end in the street come mostly from slums or poor backgrounds where the environment is not favorable for their well being. These children lack basic needs and other amenities such as good toilets, beds, enough food or proper housing (Rosa, et. al., 1992).

The environment which exists between the school and the home where children come from is also very crucial. The journey to and from school in an unsafe environment, possess threat to young children who can be enticed by drug peddlers into drugs. It is much more risky for girls when they are given some handouts by strangers in form of money, make-ups, dresses, school fees or books and other school requirements (Dallape, 1987: 15). Since such children from poor background lack such things they exchange them with sexual activities and this has great

contribution to children running away from home to the street which seem to offer a better life.

In some extremes children are reared by uncaring parents in an unsafe environment (ANPPCAN, 1995:29). Some parents engage in drug business while other brew and sell alcohol drinks in slums. There are also parents who are addicted into drugs and engage their children in the whole process of drug and alcohol trade. In the process children interact with all sorts of addicts using different kinds of drugs and through this interaction, children learn how to use and abuse drugs. Even children who are from affluent families, they observe their parent using drugs and learn how to abuse drugs too (Wainaina, 1981). In an environment where children feel unsafe especially when the father is drunk and threaten to beat the mother or the children, they run away to the streets if there are no relatives to turn to.

d) Personal related factors

As we highlighted briefly during the introduction, there are other factors which might not be external causes of the children going to the street but personal choices and disillusionment of the children to go into streets because of the perception they might have of the excitement of city life, such as casinos, dance halls, computer games, movies and other extravagant life which rural children assume exists in cities. Many children while growing up have always the ambition to go to the capital city of Kenya which is Nairobi and when there are no possibilities to reach to Nairobi through school trips or outing with parents to visit relatives in Nairobi, these children jump into buses leaving the rural areas to Nairobi city and hide under the chairs until they reach their destination. In their mind it is an adventurer's journey and experience to be in the city.

Adolescent run away from home to achieve a sense of power and independence, in other words they are in that critical stage of development and often they tend to behave contrarily to the expectation of the parents, teachers and guardians (Richard, 1976: 205). They have a lot of energy which if not channeled well it can lead to deviance behaviors which are against social norms. If adolescent are not close to their parents who can listen and advice them well, the adolescent learn to solve their

own problems by exercising power on their own and have for liberty from their parents.

2.1.2 Understanding the Model of 3R and its challenges

a) Rescuing

Rescuing in according to oxford dictionary is saving or being saved from danger or difficulty. The longer a child is on the streets, the more difficult rehabilitation intervention becomes. City life can leave permanent marks on an individual, as he or she adapts to the ways and demands of the street. Rescuing children from the street will prevent dangers such as drug abuse, physical and sexual abuse, crime, diseases such as pneumonia, malnourishment, infection of HIV/AIDS and other STD. While children are on the street they have no access to education, medication or parental care (Agnelli, 1986), their life is full of misery and destitution. Thus rescuing them from these dangers is very important and of great and long term impact in their lives and to the society in general.

Rescuing children from the street involves going on the ground and building rapport with them. This is by talking to them, trying to understand them and the situation which they are going through. Nairobi city council has a different methodology of removing street children from the city. They ambush them at awkward hours, catch (round-ups) them and drop them at rehabilitation centre (NCBDA, 2001). Other partners who participate in rescuing children from the street such as Kwetu Home of Peace, Rescue Dada, Undugu Society of Kenya, Don Bosco Utume just to name a few, have a different approach of first talking to the children in the street and encouraging them to abandon street life for a better life in a rehabilitation centre. We shall later analyze the approach of rescue which is used by Kwetu Home of Peace in the process of rescuing children from the street.

There are several challenges which are encountered by partners in the process of rescuing children from the street. We shall briefly discuss them as they have been experienced. To start with is the challenge of age and sex. Children who do not fit age as stipulated in the policy of interested rehabilitation institutes are not assisted properly, this too applies to their sex. The children may be over the age limit or

below the age limit of the organization or if the organization deals with boys only and they encounter a street girl sometimes it becomes a challenge to assist this child.

Re-location of children from 'bases,' is another challenge in rescuing street children. These children are ever mobile and they keep changing their residential 'bases'. If an organization had prepared some children for admission at a rehabilitation program in a particular 'base' one may not find them in that place when you reach at them on the day of admission because they have moved to another location making rescue process tedious and hectic.

Competing parties at the field has been noted also as hindering the process of rescuing children from the street. This is because there are so many organizations which are out to help the street children and each organization has different objective though the target group is the same. There are some organizations who give tokens and handouts such as food, blankets to children to alleviate their suffering temporally. The general public contributes in keeping children in the street by giving money which they use to buy drugs instead of food (Dallape, 1987). While other organization try counseling method first by talking to children and showing them the importance of leaving street life. They prefer children to make informed choices on why they should undergo rehabilitation. Children sometimes may fail to make good decisions and instead of opting for a more long term program of rehabilitation they would prefer to remain in the street where they are getting attention from so many philanthropists who visit them to give tokens. This usually impend rescue process.

The organizations which have embarked in rescuing children from the street, their social workers and counselors experience various kind of dangers and threats from the street, especially from older street children and 'base leaders' who seem to have full control of younger children who are the target for rescue. This is attributed to the timing of street visits which are done at awkward hours of the day like at night when the children are gathered in 'bases' or early morning before the children begin loitering in the city. There are cases when social workers and counselors had their phones, wallets, watches stolen or got injured while conducting field work in the street. Sometimes social workers have been mistaken to be a drug peddler by the police and got harassed before identifying themselves. This would explain why

many organizations do not venture into dealing with street children but other needy children.

b) Rehabilitation

The American Heritage Dictionary (2009) defines rehabilitation as the means, “to restore to useful life, as through therapy and education or to restore to good condition, operation, or capacity”. Calhoun describes rehabilitation as an intensive, insidious and deliberate strategy intended to equip anyone undergoing rehabilitation program with new skills to cope with rapid changes in the world (Calhoun et. al. 1995: 121- 122). In other words, rehabilitation is a form of Resocialization where people learn new norms, values, attitudes, and behaviors to match their new situation in life. Resocialization occurs by learning something contrary to our previous experience (James M. 2013:84). In Kenya there are several rehabilitation centres and counseling centres which have been established to help people who have undergone crisis or are undergoing crisis to get help they need.

The program which is offered in institutions which deal with rehabilitation centres for street children rehabilitation centres is quite different and unique compared to adult rehabilitation centres for drug addicts. The main reason is that children are still growing and they need much help and assistance in various ways in order to catch up with what they have undergone through especially the loss they have had of not having a family, dignity, self esteem, formal learning just to mention a few. Thus, the rehabilitation centres for street children are structured in a way that they provide an opportunity for children to have access to those needs.

Basically what the rehabilitation centre does to children from the street is to provide them with a ‘home’ where the child can be re-directed back to the norms of the society and to help them to achieve their dreams in life. In other words, rehabilitation is achieved through de-socialization where the individual unlearn inappropriate behavior and through re-socialization an individual acquires new and appropriate cultural norms, skills, value, roles and self image that were quite different from the previous ones (Preston, et al, 1989: 111). The rehabilitation centre creates a safe environment which provides adequate diet, shelter, basic sanitation, hygiene and clothing to street children (Dallape, 1987: 36), and creating an

environment which is free of dangers such as violence, drug abuse and other sorts of crimes and this helps the child to unlearn all the behaviors which he/she had learnt while he/she was in the street. Thus, rehabilitation centres for children are located in places which are ideal for child development and empowerment.

A good team that assists in the rehabilitation is well selected so that children will have proper reorientation to the societal values. A good combination consists of counselors, caretakers, and social workers. These people have qualification especially in dealing with children and more so skills of handling children from the street. Caretakers who spend almost fulltime with the children, are very significant in recreating a family for the children otherwise they will feel isolated, misplaced and in a wrong place. The rehabilitation team focuses on helping the child regain back the dignity which was stripped from him or her, by giving love and equipping the child with life skills to cope with future challenges. These people dealing with rehabilitation have to be understanding and tolerant because education and rehabilitation is gradual, the rehabilitation team plays the role of being facilitators rather than instructors in the recovery process (Brink 2001).

Role models and motivational speakers play a great role in helping to rehabilitate street children. In most cases, a street child is more likely to speak with and listen to another individual who has experienced the same challenges and hardships in the street and underwent rehabilitation and is now recovered and well fitted in the society. Therefore, a rehabilitation centre which has existed for sometime has success stories of former street children who have achieved in academic or career life, these people need to be invited to talk to children and motivate them that they can as well make it with perseverance and effort. Therefore it becomes essential for rehabilitation centres to keep a database where they are able to trace and monitor the children whom they rehabilitated and reintegrated back to the society how they are performing outside there because these individuals can be a great resource to tap for rehabilitation program.

A well rounded rehabilitation program for street children cuts across several factors such as; medical care for children, training on health and hygiene such as cooking, laundry just to mention a few, counseling at individual level and group therapies, recreational activities such as playing games both indoor and outdoor, dancing,

singing, drama or role playing, non-formal or formal education, vocational training and other empowering life skills. In counseling play therapy, role playing (Chaturvedi, 2008) has been known to help in rehabilitating children because first and foremost children love fun and through interaction with them in games and extra curriculum activities, one can get to know them well and as well it helps to enhance cohesion between the rehabilitees themselves and the team which is assisting in the rehabilitation program. Thus, recreation aids in the physical, social, and emotional development of the children

As we have already highlighted, education is a good rehabilitation tool for street children. By offering this opportunity to learn literature and numeracy, they get empowered to fit in the changing society where education is the gauge for employment opportunity. However, there are some things which one should put into consideration while planning their education. Street children have poor concentration due to the drugs they have abused hence one has to consider introducing to them non- formal classes before placing them to formal classes. Non-formal classes involves use of cultivating methods of teaching such as painting, coloring, modeling, listening to audio tapes, watching educational movies, storytelling, poetry, singing, or drama. These activities are carried out in short sessions and children are given long breaks to play. This is because street children have been found to respond poorly to overly structured programs and get bored easily which can contribute to them resisting the rehabilitation (ANPPCAN, 1995: 26).

Lastly, rehabilitation program should include vocational training. It plays an important role especially to children who are not able to pursue formal classes. In other words, not all children have the capacity of formal schooling yet they can be gifted in other fields such as mechanic, carpentry, tailoring or welding. Such training can equip children with skills which can help them to earn jobs in the society after reintegration. One should put into consideration the talent of the child while enrolling them for vocational training and the job market available in the society. Other training such as keeping ledger books, marketing skills and communication skills should be taught alongside vocational training because they will help the trainees to be able to sustain their careers in the society after reintegration (Dallape, 1987: 36).

There are several challenges in rehabilitation of street children. The problem of street children relapsing from the rehabilitation centre and going back to the street is adamant in many institutions. This is commonly attributed to drug addiction which makes them run away back to the street to get drugs since they had become addicted to them. Addiction is something children keep struggling with and any small challenge they encounter in the rehabilitation centre, due to lack of coping skills, the first thing to solve their problems they think of is drugs they were abusing while in the street. Usually they run to the 'base' where they were living before rescue and it is possible to go and get them back to the rehabilitation process again though some children are clever and opt to relocate to another 'base' especially if they do not want anymore to go back to the rehabilitation program where they were. One can look for those children in many bases while they are locked in police stations. It is preferable for police to take children back to rehabilitation centres after relapsing to the streets, rather than locking them up in Police custody (ANPPCAN, 1995: 26).

Earlier we noted that children who have deformities or other impairment fail to be accepted at home and consequently run to the streets. It is not easy for example, to have a rehabilitation program strictly for street children with hearing impairment and have been in the street abusing drugs, because such children might not be many in the street. Thus, many organizations dealing with children with physical disability take children with all sorts of impairment and handicapped from the street into one rehabilitation centre to assist them first in, recovering the addiction to drug and then implementing rehabilitation plan to each individual child according to his or her special needs (Angela et al. 1997:3-11). This is not an easy task and often there is a tendency to assume that all children are the same and should have the same rehabilitation plan, without considering the fact that each child ran away from home because of a specific issue which is different from one child to another that is, every child experience is unique from another child hence different rehabilitation plan. The generalization syndrome in attending to children in rehabilitation centres the same way hinders fully recovery to children and fully rehabilitation. Attention given to every child helps them to develop self worth and confidence (Jill, 1997).

Poor planning and setting goals and objectives in many rehabilitation centres hinder the whole rehabilitation process. For instance, when there is no policy which is guiding when rescues should be done, who to do it, how often, the type and age of

children to be rescued, will affect the rehabilitation plan for each child. The institution will be rehabilitating wrong clients and it will not have achieved the objective or goal for which it was started for. At the rehabilitation centre itself if there is no well set program focusing on the what should be done at a specific time and who is to do it, and for what purpose, children who are in the rehabilitation centre will be confused and most likely they will get bored and run back to the street.

The ratio of staff to children sometimes in rehabilitation centres is worrying. It can either be understaffing which means the children will not get enough attention since they are many or it is overstaffing whereby the employees are more than needed and resources which should be used to fund rehabilitation program are being used to cater for employees' allowances. The issue of hiring unqualified staff is also common in several rehabilitation centres. This is because the organization cannot afford to pay salaries for trained and qualified employees (Dallape, 1987: 93). The problem of hiring unqualified personnel in a rehabilitation is that children will not be helped instead they will just roll through the rehabilitation process and later be reintegrated to their families when in real sense they have not been assisted eventually these children return to the street after reintegration.

Corruption and mismanagement of funds has been noted in rehabilitation centres where the money is misused for personal interest while it was meant by the donor to fund the rehabilitation process. There have been incidences when local donors brought cloths, food, and other items to a rehabilitation centre with the aim of subsidizing the needs of the institution but the items were used by the managers, caretakers and storekeepers for their own personal needs and they did not help the beneficiaries. Corruption is also rampant in some rehabilitation centres especially in sourcing and allocation of funds to the needy children. There is misappropriation which happens for example in diverting sponsorship funds to the children who are not in the rehabilitation program to other children who are from able families.

Poor networking has been noted among the institutions which deal with street children. It would have been very effective if the organizations which deal with children were organized in one umbrella whereby from time to time they have meetings to discuss on issues affecting the 3R model, how referral cases can be

made, and exchange ideas on the procedures which are involved since each institution has its own policies which guide their rehabilitation. The only umbrella organization which exists is the Association of Charitable Children Institution in Kenya (ACCIK), which is a countrywide association for all the homes without excluding Rehabilitation centres for street children. The other umbrella which exist is at the district level which is the Area Advisory Council (AAC) chaired by the District Child Officer (D.C.O) which again covers all the homes for disadvantaged children without any exclusion for Rehabilitation centres for street children. If there was an Association which is an umbrella for Rehabilitation centres for street children, networking and sharing of ideas would be possible. There was a suggestion for the government to set up a co-coordinating body to put in place a network for all agencies and institution dealing with street children (ANPPCAN, 1995: 20)

Funding in rehabilitation organization is very challenging owing to the fact that there are so many children in the street and limited resources yet rehabilitation institution operate on fixed budgets (Onyango et al. 1991). The limitation of resources determines the willing organization to help street children to have a specific number of children whom they would like to rehabilitate at a specified period. There are also cases when donors untimely withdrew their aid to rehabilitation centres which adversely affected the rehabilitation program. To curb such incidences, rehabilitation centres should have a budget which is realistic and investing on the money on project to make them be self sufficient and be detached from the donor aid (Dallape, 1987:90).

c) Reintegration

The process of reintegration involves the child who is due for reintegration and the family which will be receiving back their child after rehabilitation. There are several activities which should be done before a child is reintegrated to ensure his or her safety and sustainability at home otherwise the child will not stay at home and will eventually go back to the street even after spending time and resources rehabilitating him or her. The first and foremost is conducting home assessment to find out the condition of the home where the child will be reintegrated to ensure that the environment is safe and habitable for the continuous normal development of the child (Dallape, 1987: 41).

The next step is to stimulate or develop the interest of children to go back to their families (Dallape, 1987: 47). Then follows empowering the child with coping skills which he or she need to use when he feel like running away from home after reintegration. This process involves counseling the child and preparing him psychologically about the new environment which he or she will be going to settle after rehabilitation and the importance of being with his or her family instead of being institutionalized. The child has to have conviction that he will be safe at home and will continue to access what he or she was getting in a rehabilitation institution.

The other important factor to consider doing is empowering the family or the parent to cater for their children needs after reintegration. Parents are empowered through counseling to change their behaviors especially those parents who are alcoholic. As well parents are equipped with skills on how to be responsible and how to handle children to avoid child abuse. Those parents who are in poor state are given incentives on how they can save, borrow loans and start up small businesses such as soap making, selling vegetables just to mention a few. The goal is to ensure that such parents will have money to pay school fees, provide food and clothing to their children to ensure continuity from rehabilitation centre.

There are several challenges which rehabilitation centres experience in the attempt of reintegrating children back to their families. In most cases challenges for reintegration are similar to factors which contribute to children running away from home to the street but we would like to point out in a clearer way what can hinder successful reintegration of a child back to the community after undergoing rehabilitation. In this light, we shall look at challenges which accrue to the children themselves, challenges related to the family and lastly challenges which revolve around the child's environment of stay after rehabilitation period.

Child related challenges include, dependency syndrome where child get the notion that they have always to be helped by other people apart from their real parents or guardians. It is a perception they have internalized that their parent cannot be able to take care of them fully and only other people can help them especially while they are institutionalized. There is also the fear of the unknown whereby children are not sure of their sustainability at home after reintegration especially when nothing much has changed at home. Poor child preparations before reintegration make children resist

going back to their families especially when reconciliation with parents or guardians did not take place effectively. If children perceived that they were not needed and appreciated back at home, they will resist reintegration and even when they accept to be reintegrated most likely they will go back to the streets.

Family related challenges can be a big barrier towards a successful reintegration. They may include irresponsible parents and guardian who abuse their children physically by not providing for their basic needs and education. Such parents overwork their children in domestic chores or engage them in hawking activities to subsidize the family income. This is more in families where parents and guardians live in absolute poverty (Wainaina, 1977; Wainaina, 1981). A family which is experiencing poverty issues will be hard to reintegrate a child there and expect him or her to settle. As well, broken homes and bereaved homes poses great challenge in reintegrating a child. This is worsened by refusal of extended family to accept the child after rehabilitation for fear of taking responsibility. Children whose parents are a street family are hard to reintegrate because it is like telling the child to go back to the street.

Environmental related challenges include insecure environments particularly when the parents live in places which are drug and alcohol zones. This may be more critical when the parent or relatives are involved in drug selling or alcohol brewing (Wainaina, 1981). In addition, if the peers of the child have not been rehabilitated and are using drugs and involved in other deviant behaviors, the child will be influenced to join the peers. Slums which sometimes are insecure, crowded and have poor sanitation threatens the well being of the child if he or she is integrated in such an environment. The neighborhood of the child's home can hinder reintegration especially if the community abuses children by offering cheap labour opportunities such car wash, hotel chores, or illegal businesses such as drug-trafficking. Therefore, we can conclude that it is a big challenge to reintegrate children back to the community when the environment is not favorable to sustain them after rehabilitation.

2.1.3 The role of Kwetu Home of Peace Rehabilitation Centre in implementing the 3R model

Kwetu Home of Peace (KHP) is a community-based organization for rehabilitation of former street children aged eight to fourteen years. KHP is located around 10km from Nairobi city along Ole Sangale road. The home was started in 1993 in response to the large numbers of orphaned or vulnerable children who lived or spent most of their time on the streets of Nairobi city. In order to intervene effectively in the plight of these young ones, the Home runs a fully residential rehabilitation with capacity of 150 children and divided into two phases. The first phase begins at the Drop-In located in Madaraka where children are admitted three times in a year and undergo intensive rehabilitation for a period of three to four months. The boys are later transferred to the second phase at the Main Centre located in Ruai where the boys continue with rehabilitation for a period of around two years. Later, the boys are reintegrated back to the community. We shall in this subtopic look at how KHP approaches the model of 3R and the challenges they undergo in achieving the goal of giving the street children dignity and making them potential members of the society which is their vision and mission (Kwetu Operational Manual, 2013).

To achieve this goal KHP has various departments which coordinate with each other to rescue, rehabilitate and reintegrating boys to the community. Among these departments are the Rehabilitation department and the Parent Empowerment Programme. The rehabilitation department consists of the social workers, caretakers and the counselor who work as a team to ensure that the children are rescued and rehabilitated.

Rescue process begins with identification of the boys for admission by the social workers through street work to establish contacts and develop rapport with the boys to enable them to make a decision to join the center. In every street visit conducted there is a street visit form that must be filled for every boy that has been encountered. For a street boy to qualify for admission to KHP for rehabilitation, he must have three forms filled. He must also show the willingness to undergo rehabilitation and reform his behavior (Kwetu Operational Manual, 2013).

At the Drop-in, boys undergo rehabilitation which involves Non-Formal classes which start immediately after the orientation program of three weeks is done. The boys attend classes three times in a week for a period of four hours with breaks of thirty minutes in between. The aim is to prepare boys for formal classes at Main Centre and to identify boys who have challenges in academic to have them undertake vocational training. Non-formal classes are designed in a way that the children learn basic numeracy, literacy, socialization skills, hygiene, and some training on moral values (ANPPCAN, 1995: 24). Long breaks are designed to prevent the boys from getting bored and to make sure that the boys do intensive exercise which helps them to sweat and thirst for water hence helping in de-intoxicating the body system off drugs. Water is known to be very good in cleaning the body system, thus KHP encourage the boys to drink water frequently throughout the day (Rafael, 2005:84).

At the Main centre in Ruai, the boys are involved in formal schooling in public schools around the home to ensure that the boys get chance to interact other children. Those boys who have challenges in academic are involved in practical learning such as baking scones, preparing sausages, chips, beadwork, tailoring, barbering, drawing and painting, shoe making and for those children who have other talents and interest which are not available at KHP, they are referred to other networks such as Mwangaza Rehabilitation Centre. Vocational training helps street children to eventually play an economic and social role in the society (ANPPCAN, 1995: 25).

Generally all the boys undergo counseling both at individual level and group therapies and focused group discussions. In addition, there is mentorship programme which has been put in place to ensure that each staff is attached to some boys whom he or she should guide them in rehabilitation. KHP partners with Universities such as USIU and Strathmore who send their students as volunteers to the home to give motivation talk to the boys and to be role models of successful youths. The old boys who have passed through KHP and are successful members of the society come often to inspire the boys to persevere and work hard and be like them in developing their talents and careers (Kwetu Operational Manual, 2013). Main goal of counseling at KHP is to solve issues which children have undergone while in the

street and to equip them with coping skills on how to deal with future problems when they encounter them.

The institution trains the boys to be responsible, develop talents, identify their careers, be hardworking, recreate, learn how to follow instruction, to make the boys busy, fit, and cultivating other virtues through initiatives such as rabbit keeping, poultry keeping, gardening and extracurricular activities such as Karate, acrobatics, brass band, dances, narratives, folk songs, scouting, drama, football, rugby and clubs such as debate club. In addition to extracurricular activities, the home also introduces boys to Spirituality which is one of the core values of KHP, thus boys are instructed and helped to know God and how to relate to others through Bible stories, Bible sharing, praise and worship and for the boys who are Catholics they undergo catechesis which leads them to baptism in catholic faith. This is done out of free will of the child in collaboration with the family (Kwetu Operational Manual, 2013).

During the stay at KHP, home visits are made with the aim of home identification, to introduce the parent of the boy to the KHP family and to get the consent forms signed by the parent/guardian for the child to undergo rehabilitation at KHP. Home visits are also done with the aim of home assessment to see whether it is possible to reintegrate the child back to the community after rehabilitation. Thus, the department of Parent Empowerment Programme which is responsible for reintegration of the boys to the community works closely with the social workers in achieving this end.

The Parents Empowerment Program (PEP) focuses in giving socio-economic support to the boys' parents/guardians, and enabling them to take care of their children and thereby preventing cases of relapse of boys to the streets after reintegration (ANPPCAN, 1995: 19). This department as well helps in empowering other parents whose children are at risk of going to the street. The empowerment is achieved through the Self Help Group (SHG) concept where members in the community with a common objective of working together for their economic and social development and empowerment come together to form a group of 15-20 members. These members reside in slums such Dandora, Kibera, Mukuru, Mathare, Huruma and Korogocho. Once a group is formed the Parents Empowerment Programme organizes for them some training such as SHG concept, Saving, loans

and Credit Management, Communication skills, Leadership, Conflict resolution, Business skills, family and reproductive health, those who need counseling they are linked with other networks where they can be assisted. KHP values family counseling and through PEP, parent/guardians are prepared adequately to receive back their children. Undugu Society of Kenya has such programs of empowering the community especially in slums (Dallape: 1987: 111).

In conclusion, KHP encourages reintegration of children back to the society because a child belongs to the whole community and therefore local communities retain a traditional ownership over the child and as well reintegration prevents long-term of institutionalization of children (Kwetu Operational Manual, 2013). After-Care follow up for a period not less than two years is done which involves visitation to the families of reintegrated children. It entails interviewing the child, family and significant others, meeting school teachers, observing health and hygiene conditions. It also involves doing assessment on the child and family adjustments to address any arising dysfunctional behaviors by the child, parents, or care giver. There is a form which must be filled during the after-care visits.

In implementing this model of 3R, KHP faces various challenges such relapses of children from the centre, financial issues especially in providing food and school fees for such a big number of children. In attempt to reintegrate the children, some boys resist going home and it is very difficult to get networks to place them. In addition, some parents are not ready to receive their children and keep relocating from one slum to another and other parents change their telephone contacts cutting the link between the child, KHP and the parent.

To address financial issues, KHP has established sustainability projects such as carpentry which facilitates training of the old boys and an income generating activity. The bakery helps in subsidizing the cost of buying bread for the children while the farm based in Ruai sustains the home in terms of food security thus cutting down the cost of feeding the children to some percentage. The community around, helps in giving donations in terms of cloths, foodstuffs and sponsoring boys to schools. To reduce relapses the centre has come up with action plan which it is implementing (KHP Action Plan, 2014). Those parent who refuse to cooperate in the

process of preparation for the child's reintegration, are summoned to the D.C.O office through the chief to be accountable and responsible of their children.

2.2 Theoretical Framework

In the analysis of the Erik Erikson theory of child development we will attempt to evaluate the eight stages of child development. An effort will be made to tackle the sociological theories with much emphasis laid on the drug and substance abuse. We will not go into the details of effects of various kinds of drugs in the human body but instead we will look from sociological perspective theories which examine the challenges which contribute to children being on the street, how they get into crime and deviant especially in abusing drugs. Therefore we shall look on various theories which have been put forward to examine the relationship between drugs and individuals in the society.

Sociologists tend to focus more on the social meaning of drugs, norms and patterns regarding their consumption in certain settings, and consequences. Sociological theories understand substance abuse as a societal phenomenon, having largely cultural, social, and economic origins or ties. Such causes are often external to the individual. These theories direct our attention away from individuals to both the immediate and more distant social worlds around them. Sociological theories looks at how other social problems such as poverty, inequality, social disorganization, explain the prevalence of drug use and abuse in society.

However, it is worth to note that, many theories used to explain drug use are more general theories of crime and deviance. Thus, they do not theorize drug use or alcohol use or abuse as independent phenomena worthy of separate explanation. They consider it as a form of deviance that can be explained and understood by a more general deviance theory. Here deviance would refer to that conduct that a considerable number of people in society regard as reprehensible and beyond the limits of tolerance (Mushanga 1976). The first few theories we review adopt this general deviance approach in understanding substance abuse. We shall examine the theory of social reproduction and social capital, social disorganization, social learning theory, social and self control theory, labeling theory and cultural identity theory.

2.2.1 Social Reproduction and Social Capital Theories

“Cultural reproduction refers to the ways in which schools, in conjunction with other social institutions, help perpetuate social and economic inequalities across the generations.” (Giddens, 2001: 512). Bourdieu called attention to how the school system, a major social institution, did not perform in the fashion people believed or how it was intended. Instead schools reproduced inequality, discouraging improvements in class position. Inequality in society was, consequently, maintained (Jane L. 1996:130). Thus, schools are centered on various types of capital both material or immaterial resources which people possessed and how they would impact their lives. Social capital scholars proposed people acquired at birth and accumulated throughout their lives unequal shares of several types of capital such as social, financial, human, and personal capital. Financial capital would include tangible forms of wealth such as money, credit, investment, and assets.

Children are dependent to their parents’ financial capital for many things, ranging from basic sustenance needs to school tuition. Parents with greater financial assets can simply pay for better opportunities for their children while poorer parents cannot provide these things. Thus their children are dependent on social supports like college tuition and loan programs from the government. Lack of financial capital and the opportunities to the lower-class children would make them result to alternative, illegal means to achieve the same things.

Even when children from poor backgrounds managed to attain advanced education and training, they lacked another critical form of capital possessed by the and upper classes which is the social capital, which is one’s a tie or connections to others who can do things for them or provide special treatment and access. “The concept of social capital as used by Putnam emphasizes the importance of the bonds between individuals which bring them together in society,” (Haralambos et al. 2008:863). For example, here in Kenya, many college students are aware that jobs or internships they secure often result from the connections their parents, relatives, teachers, and friends have to important others who make recommendations and hiring decisions on their behalf. Social capital is critically important in securing valuable resources, including college admission and employment (Haralambos et al. 2008:863).

2.2.2 Social Process and Self Control Theories

A popular social process theory is Hirschi's social control theory. Its focus has been almost exclusively on deviant behaviors, such as delinquent acts of theft, vandalism and drug use. Intrigued by society's and sociology's innocuous expectation of conformity, Hirschi began theorizing about deviance by assuming people would violate norms and break the law unless they were actively prevented from doing so. The key to such prevention was effective socialization, which was a long process starting in childhood and lasting into adulthood. Thus, social control theory looks at the process and agents responsible for socialization. Hirschi pointed out three institutions; families, peers, and schools as having a profound impact on each of our lives, especially as children and adolescents. He argued that close associations with parents and siblings, law-abiding peers, and teachers were required to control individuals' behavior (Hirschi, 1969).

Gottfredson and Hirschi have argued that ineffective bonding with parents or poor child rearing produced people with low self-control. This, in turn, adversely affects a person's ability to accurately calculate the consequences of his or her actions. Hirschi believes everyone has a predisposition toward criminality. Hirschi's approach suggests that delinquents are often individuals whose low levels of self-control are a result of inadequate socialization at home or at school (Giddens, 2001:213). Parents help their children to develop self-control by supervising them and punishing their deviant acts (Gottfredson and Hirschi, 1990).

An important extension of social control theory in the area of substance use and abuse is the social development theory. This theory focuses on the bonds youth develop with those around them. Depending on whom the individual bonds with whether a law-abiding or deviant adults he will influence their own participation in deviance and drug use. The youth who bond with drug-using adults will likely gravitate into drug use themselves. This can also be explained better by social disorganization theory which assumes that delinquents are basically normal youth and that delinquent acts, like drug use, are caused by neighborhood and environmental factors. Macro-level factors include residential turnover, neighborhood decay, poverty, ethnic heterogeneity, and crowding. Lorna quoting (Little 1994: 56) says that, such factors create opportunities for delinquent behavior,

by providing motivation for offenses and the space for them to happen. These factors as well do not allow the strong bonding needed among residents to block crime. The lack of solidarity and stability in the society can sometimes throw it into a state of disorganization and chaos (Zanden, 1990).

It is this latter consequence of the inability to monitor or control wrongdoing in neighborhoods that permits crime and delinquency to flourish. “Sociologists have also found that the residents of more affluent neighborhoods keep a closer eye on their children than do the residents of poor neighborhoods” (Sampson et al. 1999). Sampson has shown that a neighborhood’s ability to control the wrong-doing of its resident especially younger ones will protect it from high rates of drug and alcohol abuse and other forms of deviance. Most of the street children come from background of disintegrated families and slums where the environment does not favor proper socialization and since some lack self control they end up in the street.

2.2.3 Social Learning and Labeling Theories

We shall briefly review the Donald Sutherland’s Differential Association theory and Akers differential reinforcement. Donald Sutherland articulated a theory of deviance called differential association. His theory proposes that criminal behavior is learned through a process of associating with others who define law-breaking as desirable. Sutherland proposed that deviance was learned through a process of interacting with others (Sutherland, 1970). In other words, people learned about illegal drug use by associating with others who used them. However, people’s levels of deviance would vary by the frequency, intensity, and duration of their interactions with others who either promote or discourage crime. In other words, the individual is made into the kind of person he or she becomes through interaction with others (Jane L. et al. 1996:247)

Akers theory of differential reinforcement is an advancement of Sutherland’s ideas. Akers maintains drug use results from the reinforcing effects of drugs that out-weigh negative ones. When drugs produce undesirable outcomes such as throwing up or producing panic, they deliver negative reinforcement. However, they could also return positively reinforcing effects like euphoria which might outweigh the negative ones. This was especially likely if the individual received social

reinforcement from other users, who viewed drug use positively (Akers et al., 1979). Labeling theory looks at a more social escalation in a drug lifestyle or career through labeling, stigma, role-taking and identity change (Conklin 1972). The theorist were more concerned about the social reaction of people, officials, agencies, to drug use, which they viewed as the most critical factor in influencing one's career with drugs or any other type of deviance. Thus, negative social reactions by labeling or stigmatization to individual drug use facilitated more, not less, drug use because individuals would likely internalize the negative labels applied to them and persists in deviant activities and greater involvement (DeLisi et al. 2011). In other words, when people are labeled and assumed to possess the negative traits that accompany the substance abuser stigmas, their deviant careers expanded because they accept society's pejorative view of them (Becker 1963). They called this the self-fulfilling prophecy (Schrag, 1961). The internalization of negative labels, leads to adopting deviant roles and identities. This applies to the terms which are used to refer to street children such as, Chokora, prostitutes, dustbin kids, thieves and pickpockets, just to mention a few. All these labels suggest that other people look down upon street children. Indeed, most people view street children as social misfits or as social deviants or juvenile delinquents. Such perception could make street children change their normal behavior in order to match it with the labels used to describe them (Onyango et al. 1991).

2.2.4. Erik Erikson's psychosocial theory

Erikson's psychosocial theory basically asserts that people experience eight psychosocial crisis stages which significantly affect each person's development and personality. The term psychosocial is derived from two words namely psychological that is *psycho* relating to the mind, brain or personality while social refers to the external relationships and environment. Each stage involves a crisis of two opposing emotional forces. Successful passage through each crisis involves achieving a balance between the two opposing dispositions that represent each crisis. Erikson put a great deal of emphasis on the adolescent period, feeling it was a crucial stage for developing a person's identity (Richard, 1976: 201). Erik Erikson maintained that personality develops in a predetermined order, and build upon each previous stage in what is the called the epigenic principle. We shall

analyze Erik Erikson theory and see how it affects the development of children who eventually end up in the streets.

The first stage which he discusses is the Trust and Mistrust which covers the period of infancy to one year. If the infant is fed and cared for and not over-indulged or over-protected it learns to trust. Failure to develop this trust will result in fear in the baby and a belief that the world is inconsistent and unpredictable. In other words, abuse, neglect or cruelty will destroy trust and foster mistrust (Richard, 1976: 202). We can say that children who end up in the street might have lacked proper care at this stage such that even when they are in the street they do not seem to trust anyone not even when they are in rehabilitation centres. They become insulated and are not open during counseling sessions. Some of the street children always feel insecure, threatened and lack a virtue of hope that there are other people out there who care and willing to support them in rescue, rehabilitation and reintegration.

The second stage which Erik Erikson discusses is the Autonomy vs. shame and doubt. This stage runs from year one to three years old. During this stage the child is trying to master toilet training. Success leads to feelings of autonomy, failure results in feelings of shame and doubt. Erikson states it is critical that parents allow their children to explore the limits of their abilities within an encouraging environment which is tolerant of failure. For example, rather than put on a child's clothes a supportive parent should have the patience to allow the child to try until they succeed or ask for assistance. So, the parents need to encourage the child to becoming more independent and at the same time protecting the child so that constant failure is avoided (Richard, 1976: 203).

If children are criticized, overly controlled, or not given the opportunity to assert themselves, they begin to feel inadequate in their ability to survive, and may then become overly dependent upon others, lack self-esteem, and feel a sense of shame or doubt in their own abilities. This is what we observe in many street children. They have been in that background of rejection and constant criticism such that their self esteem has been affected. This would account for their poor hygiene while in streets and over dependency syndrome to the public through begging.

The third stage is of Initiative vs. Guilt which starts from the age of three years to six years. According to Bee (1992) it is a "time of vigor of action and of behaviors

that the parents may see as aggressive". Initiative is the capability to devise actions or projects, and a confidence and belief that it is okay to do so, even with a risk of failure or making mistakes. Guilt means the feeling that it is wrong or inappropriate to instigate something of one's own design. Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt (Richard, 1976: 204).

Street children are mostly from a background where they are always scorned, quarreled and abused for the smallest mistakes they do. This is very common in families where the father is missing or a child lives with a step-parent. The children are never appreciated for the efforts they make instead they are constantly told and reminded how foolish and ignorant they are. Wainaina (1981:1) observes that unsatisfactory parental attitudes and poor relationships with parents affect the development of a bad personality and a negative self image in a child. This eventually affects how they take initiatives such that for fear of shame such children will never take risk of doing anything without someone being there to guide them.

Industry vs. inferiority stage begins from the age of six years to eleven years. This is when children begin to compare their self-worth to others such as in a classroom environment. A child can recognize major disparities in personal abilities relative to other children. Erikson places some emphasis on the teacher, who should ensure that children do not feel inferior. Children at this stage find themselves in new social and academic demands which they have to cope up with. A successful accomplishment leads to a sense of industry, while failure results in feelings of inferiority. It is worthy to note that at this stage, the child's peer group will gain greater significance and will become a major source of the child's self esteem (Richard, 1976: 204).

Usually children who end up in the street have passed through this stage of always being admonished and punished for being incompetent. This happens mostly in schools where they go and since they have not done arithmetic well or read well in class, the teacher scorns them, give them punishments or make other children to laugh at them. Sometimes it might be because of the way they are dressed-up or have gloomed themselves. These children feel inferior of their background and end up despising themselves and school at large. Since they cannot go to school and their

parents are forcing them to go to school they decide to run to streets. As we noted earlier, peers also have great influence in their lives and most of the street children have been hooked to go to street and to abuse drugs because of the peers whom they associate with (Onyango et al, 1991:23).

The fifth stage is where we would like to dedicate much energy in because our target group majority is in this stage. It is the stage of Identity vs. Role confusion which begins from twelve years to eighteen years. It is the adolescent stage where teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to oneself while failure leads to role confusion and a weak sense of self. By personal identity we essentially mean how a person sees himself or herself in relation to their world. Role Confusion is seen to be the absence of identity meaning that the person cannot see clearly or at all who they are and how they can relate positively with their environment. What is evident in this stage is the reawakening of the sexual urges and struggle for young people to belong and to be accepted and affirmed (Richard, 1976: 205).

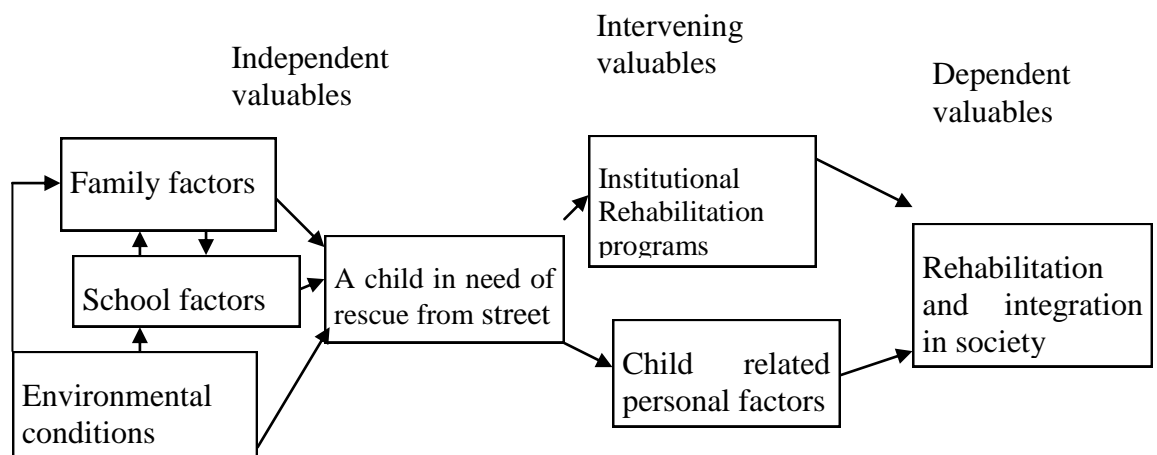
It is during this stage that the adolescent will re-examine his identity and try to find out exactly who he or she is. According to Bee (1992), what should happen at the end of this stage is “a reintegrated sense of self, of what one wants to do or be, and of one’s appropriate sex role”. In response to role confusion or identity crisis an adolescent may begin to experiment with different lifestyles like work, education or political activities. Also pressuring someone into an identity can result in rebellion in the form of establishing a negative identity. Most adolescents try to experiment and try various roles, (Richard, 1976: 206) ranging from artistic, sport, scientific innovations and thus hopefully find the one most suitable for them and others on the negative side, experiment with minor delinquency, become rebellious, self doubts flood them and they can easily become socially disconnected and cut-off from others if not handled properly. It is worthy to emphasize on how delicate teenage life is by making a reference to cultural identity theory by Anderson who attempts to explain how teenagers become hooked in drug abuse as a way of altering their identities through drugs because of personal and social alienation experienced in childhood and early adolescence. Negative events like child abuse, school expulsion, frequent geographic moves, death of significant others, harm the ability to view the self positively and can earn one a negative label or identity (Anderson, 1998).

These things remain problematic even if they go undetected by others because the individual as a child or teenager experiences them as troublesome. Participation in the illicit drug world and in drug subcultures becomes a solution to this identity disillusionment, because drugs make people feel better, allow for the adaptation of new, more preferable identities, or deliver a lifestyle one desires. This avenue is especially likely for those with compromised economic opportunity and educational opportunity. When the teenager experiences such hardships and challenges, home ceases to be accommodative and thus some of the teenagers run to the street in search of freedom and other role models who they will identify with. This can explain why most of the streets children are in this stage not only in Kenya but worldwide.

2.3 Conceptual Framework

This figure depicts the theoretical conception adopted by this study in explaining the phenomenon that account for children being on the street in Nairobi, and the process of rescue, rehabilitation and reintegration to make them become potential members of the society.

Figure 1 conceptual framework



As we have seen in the figure above, there are many factors which drive children to the street. These include family factors such as alcoholic parents, lack of basic needs just to mention a few. As well another push factor to the street is school related factors such as lack of school fees, children who have challenges in academics to mention a few. Lastly, environmental factors as well contributes to children being in the street especially children who are coming from the slum areas and drug peddling zones.

Hence there is need for this child to be rescued from the street and enter into rehabilitation program as an intervening valuable. In addition the child's own effort and commitment to this endeavor will see the rehabilitation process possible. At the end we should have a child who is fully rehabilitated and ready for reintegration with the family and move on with ordinary life just like any other child without expecting incidences of going back to the street which can be a vicious cycle.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology adopted for the study. It deals with site description, research design, unit of analysis and unit of observation, target population, sampling design and procedure where the focus is on the sample size and sample selection, methods of data collection paying attention on both the quantitative and qualitative methods of data collection, challenges encountered during the study and lastly data analysis.

3.2 Site description

The area of the study was Nairobi County. Nairobi is the capital city of Kenya consisting of more than 3 million people from different ethnic groups, races, social economic class and faiths (Bojang, 2006). The population has tremendously increased due to rural-urban migration. The city occupies an area of about 696 square Kilometers with the highest population of people living in slums such as Kibera, Mathare, Mukuru, Dandora, and Sinai where the socio-economic factors are not favorable for children.

One will easily locate street children at the Nairobi Central Business District with tattered clothes, sniffing glue, carrying sacks for collecting plastic tins or begging money. The makeshift houses where they spend at night are near rivers, under flyovers or near dumpsites, located mostly in Globe Cinema, Muthurwa, Gikomba, Mlango-Kubwa, Buruburu and Mitindwa. These places attracts street children because of the businesses mushrooming around, the plenty of food available for the children at the dumpsites especially Gikomba and Muthurwa, less police patrols and city council askaris.

The main reason why the researcher selected Nairobi as an area of study is because of the fact that it has a considerable number of rehabilitation centres, it has the highest percentage of street children in Kenya compared to other towns such as Mombasa or Kisumu and lastly Nairobi county is unique in its composition of

people since it does not have one tribe, in other words it is metropolitan hence can provide unbiased information concerning street children phenomenon.

3.3 Research Design

The study adopted an exploratory approach using an ex-post-facto research design, to investigate the 3R model of rehabilitation in institutions dealing with street children. Lammers (2005) define ex-post-facto research design as a systematic, empirical inquiry in which the researcher does not have direct control in the independent variables because their manifestations have already occurred. In other words ex-post facto design attempts to explore cause and affect relationships where causes already exist and cannot be manipulated. It uses what already exists and looks backward to explain why; the variables occur in a natural setting and the researcher attempts to determine the relationship occurring between the variables.

3.4 Unit of Analysis and Unit of Observation

The unit of analysis in this study was the street child within Nairobi. The unit of analysis refers to the units/ entities that we describe for the purpose of aggregating their characteristics in order to describe some larger group or abstract phenomenon (Peil, 1995). Thus we focused on how this child undergoes the Rescue, Rehabilitation and Reintegration process. The whole process of implementing the 3R Model determines the welfare of our unit of analysis.

3.5 Target Population

Singleton et al (1998) refers to target population as all members of a real or hypothetical set of people, events or objects to which the researcher wishes to generalize the research results. The study targeted all the children who are undergoing rehabilitation in street children rehabilitation institutions and those children who had been reintegrated or reunited with their families after rehabilitation within Nairobi County. The reason for having this kind of categorization of the population was to have a better understanding on the challenges which are encountered in the process of applying the 3R model which the study focused to

investigate in order to offer good rehabilitation plan for the street children and consequently enable them to be productive, self-sufficient members of the society.

3.6 Sample Size and Sampling Procedure

3.6.1 Sample Size

According to singleton (1998:137), sampling refers to that part of the research that indicates how cases are to be selected for observation. The study purposively selected ten (10) rehabilitation centres for street children in Nairobi. These include, Kwetu Home of Peace, Lutherans, Rescue Dada, Mama Fatuma, Mwangaza, Bahati, Imani children's Home, Ukweli, Boma Rescue and Made-in-the-Street Rehabilitation centres. These institutions deal with either boys or girls and others have both boys and girls who are former street children.

From these rehabilitation institutions, six (6) children were selected making a total of sixty (60), while forty (40) children who had been reintegrated to form a total of hundred children who were sampled. Ten (10) key informants in these rehabilitation institutions such as the caretakers, counselors, social workers or the management formed the sample size of key informants. Lastly, ten (10) parents of the children under rehabilitation were also sampled to provide more insights on the phenomena of reintegration. Thus we had a total of twenty (20) key informants to provide insights of the challenges which exist in rescuing, rehabilitation and reintegration of street children.

3.6.2 Sampling procedure

The sampling of unit was done in Nairobi County using systematic random sampling method. The procedure followed here is for the researcher to progress down the sampling frame selecting what is referred to as the k th person or unit. Where K here is equal to the size of the population, divided with the desired sample size ($N/n=k$). In Nairobi, most of the rehabilitation centres for street children are privately managed and they cater for children aged one day old to 18years. The government rehabilitation centres mainly cater for children aged five years to 18 years. Out of 351 rehabilitation centres in Nairobi, only ten (10) rehabilitation centres for strictly

street children were purposively selected managed either by the government or private organizations. Out of the large population of key players working in rehabilitation institution only ten (10) informants were selected. These formed the list of key informants which in other words we can say is the group of people knowledgeable on the topic under investigation (Peil, 1995). Proportional sampling was done to get the Kth unit where the researcher divided the size of the population by the desired sample to find the Kth value of every rehabilitation institution and then later Six (6) children were systematically sampled from this sample to make a total of sixty (60) children selected. Forty (40) reintegrated children and ten (10) parents of the reintegrated children were also selected purposively from five slums to represent the entire population. Thus the entire population of the targeted children in the ten rehabilitation institutions only sixty children formed the sampling frame while forty children who have been reintegrated formed the sampling frame. In total hundred children were interviewed.

3.7 Data Collection

3.7.1 Sources of Data

The study used two sources to collect data which are primary sources and secondary sources. Primary sources of data collection that were include, administering questionnaires, in-depth interviews and observation schedules. While secondary sources of data were done through accessing the family case histories from the children files with permission from the relevant authorities and reading available literature about street children processes of rescue, rehabilitation and reintegration.

3.7.2 Method of Collecting Quantitive Data

a) Administration of a structured questionnaire

The questionnaire was used to elicit data from social workers, counselors and care-takers education level, experience, gender of the children, number of children in the centre among others as stated in sample questionnaire at the Appendix I. It was important to use a questionnaire in order to get detailed information about the children under rehabilitation and detailed information concerning the Rescue, Rehabilitation and Reintegration Process. Administration of questionnaire helps to

save time, and confidentiality. The questionnaire was given to the respondent and brief explanations given to them and left with them to fill and complete and collected after the second encounter. Where more clarity was needed by the researcher, questions were asked on the second encounter.

3.7.3 Method of Collecting Qualitative Data

a) Key informant interview

Ten (10) key informants were interviewed from rehabilitation centres to provide insights on the challenges which exist in the effort to rescue rehabilitate and reintegrate children from the streets of Nairobi. Key informants are people who have vast knowledge to the topic of research. Therefore, the researcher was keen to identify one key informant from each rehabilitation centre. As well, ten (10) parents who had been purposively selected added the number of key informants to a total of twenty (20). The researcher gathered more firsthand information from these parents because they are the ones who were living with the children before they ran to the street and after they were reintegrated. The key questions for the informants are at the Appendix II.

b) In-depth interview guides

In-depth interview guides was used by the researcher for interview with the children because most of them cannot read or write properly, it had both open-ended questions and closed questions. Schutt (1996: 325) defines such kind of interview as one which follows a pre-planned outline of topics which are asked in a reasonable consistent manner of selected group members of other participants. In-depth interviews rely on probes to encourage the respondents to think more deeply about an issue or to expand or explain preliminary response (Chadwick et al., 1984) The questionnaire was used to elicit data on age of the child, rural home, urban home, reasons for running home, period in the street, survival means at the street, hardships in the street, period in the rehabilitation centre, occupation for the parents or guardians, skills acquired in the rehabilitation centre, and readiness for reintegration, a sample questionnaire is at the Appendix III. The in-depth interview guide was administered hand in hand with the direct observation schedule as depicted in

appendix V at the appendices. This helped to save time and avoid repetitive encounter with the children who are under tight rehabilitation program.

c) Direct Observation Schedules

Observation schedules was used by the researcher in the rehabilitation centres during the in-depth interviews, non-formal education sessions, and play time of the children. While at the homes of the reintegrated former street children, the schedule was used during the interviews after the home visits. The family observations were also done during the home visits to observe the parents economic status and adaptability with their child and the changes which have occurred after Reintegration. The detailed information on the focus of the research during observation is at the Observation schedule in Appendix IV.

The researcher took some photographs with the permission of the respondents to aid the analysis of data later. The researcher area of observation was on the physical appearance, place of sleeping, language, environmental conditions surrounding the child, expression methods which the children exhibit and other social interaction activities with the researcher and the people around. Observations took twenty days a length of fifteen minutes for each child. That is, ten days for children in the rehabilitation centre and 10 days for children who have been reintegrated.

d) Case Studies

This mostly focused on the parents of the children who had been in rehabilitation. Their financial situation, the environment where they live and the preparedness to receive the children back during the reintegration period. These families were purposively selected with the help of person in charge of family empowerment program from the selected rehabilitation centres for street children. An example of a sample guide of a case study for home assessment applied by Kwetu Home of Peace Rehabilitation Centre is at the Appendix V.

3.8 Data Analysis

Data analysis is the process of bringing order, structure and interpretation to the mass of collected data. Raw data was categorized into quantitative and qualitative data. It was then analyzed to determine the level of significance of information and to identify errors of measurement. Coding was done to translate answers into numbered categories to facilitate computerized statistical data analysis. Both descriptive and inferential statistical procedures were used to analyze and present data. This was done using SPSS.

3.9 Challenges encountered during fieldwork

The researcher collected the data and analyzed it in relevant statistical methods. Before conducting any research the researcher identified himself and explained the contents to the respondents and assured them of their confidentiality. However, the research was faced by various challenges in his attempt to carry out the study. Despite the researcher having a letter from the school, he was received with a lot of caution and suspicion because some of the personnel in these rehabilitation centres did not understand the motive and agenda of the study and the researcher took a lot of time and energy to clarify the aim and objective of the study as being purely for academic purpose.

Secondly, some homes were located in far distances and the researcher had to use motorcycle to reach the place which made the research tedious and expensive. The researcher discovered that the intention of locating some of these rehabilitation institutions in such places was to minimize the level of relapse of children to the street due to the long of distance to the city. The situation was worsened by the poor weather since research was done during the rainy season.

There was language barrier especially in interviewing some parents of the reintegrated children which consequently hampered the process of getting relevant information. This was dealt with by involving a translator who understood both languages used by the researcher and the respondent. At the same time, language barrier was witnessed among some children who had issues with expressing themselves due to age and low self esteem.

Moving in slums to get the respondents proved to be a risky for the researcher since some of the places are dens of conmen and thugs who are known to snatch wallets and phones for new and unsuspecting people. However, the researcher involved some of the reintegrated children whom he had known prior to show him around and where he could locate the homes of other reintegrated children.

The whole process of conducting research, data analysis and producing the final copy was very expensive especially the transport costs to various institutions. This was worsened when the researcher had to go for several times in some institutions due to the problem of lacking some key informants whose program kept on changing without sometimes informing the researcher or informing him when it is too late and was already on the way to the institutions.

Last but not least, in some occasions, the researcher had to visit the rehabilitation centers on weekends because of the school going children who had to be interviewed. This slowed down the process of conducting the research. The researcher however, put it to task to use the available time to conduct research and in some situations, the research extended even to late hours of the day to utilize the available time.

CHAPTER FOUR: DATA ANALYSIS PRESENTATION AND INTERPRETATION

4.0 Introduction

This chapter presents analysis and interprets the data which was collected concerning the challenges of rescuing, rehabilitating and integrating street children back to the community. This was done per the stated objectives but we went further to look at the institutions under study and the social and demographic factors of children under study in order to understand what kind of children we were looking at. Gathering the data was done by use of questionnaires, interviewing key informants and selected children in rehabilitation institutions and those who had already been reintegrated. In the process, observation guide was also in play in order to harmonize the collected data with what is seen by the researcher. The quantitative data collected was analyzed using descriptive statistics such as the measure of central tendency such as means, median, mode, mean deviations, variances, standard deviations, and coefficients. Use of percentages, frequencies, and cross tabulation made the discussion clearer and elaborate. Qualitative data was manually analyzed. The data collected was presented using tables, graphs, pie charts for quick understanding.

4.1 Institutions Summary Data

The study concentrated on ten rehabilitation institutions which take care of street children and other vulnerable children within Nairobi County. Table 1 gives a brief summary of the organizations in which the study was done. From this table, few things came out clearly especially on the gender representation. We can say the research tried to be gender balanced since the ratio for institution taking care of these children was at 4:3:3 that is, boys only institution, girls only institution and both boys and girls institution respectively.

Most of the rehabilitations contacted by the researcher were having a capacity of 50-100 children. Apart from one organization, the other nine said they have enough space to accommodate more children but the major challenge which they face is financial constrain. They only operate on the budget which they have and exceeding the figure would be disastrous.

The research shows that most of the institutions contacted were in the category of faith based organization (FBO's). These organizations were founded either by churches or some group of faithful Christians to respond to the disaster of increasing number of street children. However, the researcher approached other organizations which are not FBO's and are either NGO's or ran by the government. Nine institutions under study depend on international donors and local well wishers to finance the rehabilitation program. There was only one institution from the government. There was some fear from some key informants that the number of well wishers and donors is going down and few are willing to sponsor such initiatives. Instead many donors want to support income generating initiatives which in turn can help the community at large.

The research shows that most of the rehabilitation institution do not offer vocational training and have no facilities in the compound or make any attempt to have such initiative so that those children who cannot excel in academic can explore other trainings and thus equip themselves for the future. What most of the institution termed as vocational training is beadwork, acrobatics, rabbit keeping, chicken rearing and agriculture. In the understanding of the researcher, vocational training would involve all these but there should be a proper program and at the end the child is certified by a well known body such as KNEC, to have qualified for employment outside the rehabilitation program.

Table 1 A Summary Data of the Rehabilitation Institution studied

Institution	Gender	Age (yrs)	Capacity	Category	Location	Funding	Programs	admission	Dura tion of stay
Rescue dada	Girls	8-14	50-100	FBO	Pangani	Church and well wishers	-Feeding -Counseling -Non-formal -Co-curriculum	Once in a year	1 yr
Lutherans	Girls	4-18	100-200	FBO	Pangani	Church and well wishers	-Feeding -Counseling -Non-formal -Formal education -Co-curriculum	Once in a year	Until 18 years
Kwetu Home of peace	Boys	7-14	50-100	FBO	Madaraka	Local and international donors	-Feeding -Counseling -Non-formal -Formal education -Co-curriculum	Thrice per year	2 yrs
Mwangaza	Boys	14-18	50-100	NGO	Syokimau	Local and international donors	-Feeding -Counseling -Non-formal -vocational training	Twice a year	6 months
Ukweli	Boys	6-12	50-100	FBO	Kasarani	Local and international donors	-Feeding -Counseling -Formal education- Health care -Co-curriculum	Once year	Until college
Bahati	Boys	4-16	50-100	GOK	Kamukunji	Government and well wishers	-Feeding -Counseling -Formal education	Continuous	Until 18 years
Imani	Girls	0-18	100-200	OVC	Kayole	Local and international donors	-Feeding -Counseling -Formal education -Health care -Co-curriculum -advocacy	Continuous	Until 18 years

Mama Fatuma	Boys & Girls	0-18	50 - 100	OVC	Eastleigh	Local and international donors	-Feeding -Counseling -Formal education -Health care -Co-curriculum -advocacy	Continuous	Until 18 years
Made in the street	Boys & Girls	4-18	50 - 100	FBO	Eastleigh	Local and international donors	-Feeding -Counseling -Non-formal -Formal education -vocational training	Twice a year	6yrs
Boma Rescue	Boys & Girls	4-15	50-100	FBO	Dandora	Donors, grants, and well wishers	-Feeding -counseling -Non-formal -vocational training	Once a year	7 months to 1 yr

4.2 Social and Demographic background factors of street children

4.2.0 Introduction

On this section the researcher has made an attempt to analyze the Bio-data of the street children or in other words any relevant information concerning the street children who were interviewed. The aim of this was to understand better what kind of children the study was dealing with and their background in general. The data gathered from children has been compared with the data which was collected from the key informants to ensure that there is no biasness or omission of relevant information in the effort to underscore the challenges of rescuing, rehabilitating and reintegrating the street children back to the community.

4.2.1 Age distribution

As we see in table 2, majority of the children interviewed were those above twelve years of age because this is the range which most of the rehabilitation institutions which the researcher visited rescue children of such age. The number of children interviewed was seen to be higher for those who are fourteen to eighteen years of age because most of these children have undergone rehabilitation and have been

integrated. There was a big challenge in interviewing smaller children below ten years due to poor expression methods and language barrier to analyze situations.

Table 2 Age of the interviewed children

Age	Frequency	Percentage (%)
4-5	7	2.3
6-7	9	4.9
8-9	11	7.8
10-11	14	12.3
12-13	16	16.7
14-15	24	29.0
16-18	19	27.0
Total	100	100.0

4.2.2 Education Background

The percentage of the children who had been to school before going to the street was found to be slightly higher at 54% compared to the number of children who had never before been to school which was found to be at 46% (see table 3). Looking at prior statistics, the shift had tilted owing to the introduction of the free primary education by the NARC government. As we saw earlier children with academic challenges are likely to avoid school and this can explain why the number of street children who have been at one point in school is slightly higher. The children who had never been to school reported to have been from upcountry and were deceased when they were very young. The guardians did not take responsibility of sending them to school.

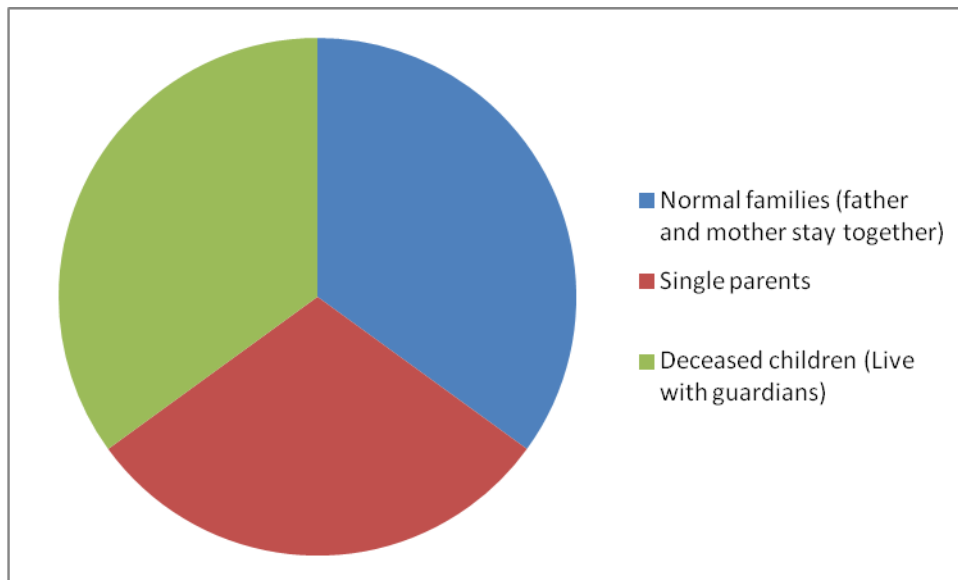
Table 3 Education background

Education Background	Frequency	Percentage (%)
Never been to school	46	46
Has been in formal school	54	54
Total	100	100

4.2.3 Parental family structure

The parental status was analyzed to determine the family structure the children in the street came from. Surprisingly enough, the children from ‘normal families’, that is with father and mother staying together was found to be at the same percentage with children who are deceased at 35 % each. Children coming from single parenthood were following at 30% (see figure 2). We observe here that most of the children in the street are not coming from complete or normal families which can be summed to be 65% that is, the addition of single parenthood family with deceased family. This can be attributed to modernity and loss of kinship families. Many families do not have lasting relationship and time for their children. This has highly contributed to children being on the street.

Figure 2: Parental family type



The researcher went further to look at the financial status especially of the reintegrated children parents who were located in various slums of Nairobi County, to see whether reintegration was possible. From the research we found out that, out of the ten parents interviewed all were self employed who mostly depended on washing clothes to get some income to take care of their family (see table 4).

Table 4 characteristics of the parents to reintegrated formal street children

Parent	Type of the family	Location	Profession	Income	children	Readiness for reunion
A (Mother)	Married	Dandora	Traditional midwife	3,600	4	Were ready and willing
B (Aunt)	Deceased	Eastleigh	Washing cloths	4,000	12	Were ready and willing
C (Mother)	Single	Maili Saba	Buying Newspapers	9,000	3	Were not ready
D (Mother)	Single	Mathare	Washing clothes	3,500	3	Were not ready
E (Mother)	Married	City cotton	Washing cloths	6,000	4	Were not ready
F (grandmother)	Deceased	Saika	Farming	2,000	5	Were not ready
G (Father)	single	Korogoch	Motor cycle rider	7,000	2	Were ready and willing
H (Mother)	single	Korogoch	Washing clothes	3,000	2	Were not ready
I (grandfather)	deceased	Kibera	mechanic	8,500	3	Were ready and willing
J (Mother)	single	Ngara	Drug peddler	5,000	4	Were not ready

4.2.4 Reasons for leaving home

As we had cited earlier in the beginning of this research, every child has a reason of leaving home and being on the street (see table 5). Majority of the children were found to give more than one reason as to why they left home. Out of the sixty children interviewed in the rehabilitation centres, twenty six percent of the children were found to be on the street due to extreme poor background where they lacked basic needs and education. Following closely was the children coming from dysfunctional families at 14%. These children claimed that their parents did not relate well and cared less about them. Either of the parent or both were into drugs and did not get along together well. There was one case of a child who claimed that she was in the street because the aunt bewitched the parents and she ran away for fear of being bewitched.

The information given by the children is consistent with that gathered from key informants who agreed that most of the children are in the street due to poverty at home. The home cannot offer them security and they decide to go and look for means of survival in the street. This findings tally with prior findings by Onyango (1991) that poverty was the main cause of children being on the street.

Furthermore, peer pressure as we gathered from the key informants contributed to children being in the street. It is clear that most of the children depend so much on their parent and when the parent is not there to offer guidance and provide for them, these children will find alternative knowledge and wisdom from their peers who can help them to navigate in life. This was most reported among children who are coming from the slums set ups.

In summary, we noted that some causes for children being in the street could be merged because in one way or another they influenced each other. For example poverty and lack of school fees or food could mean the same or point to one and the same poverty. However, the researcher decided purposively to put these causes as reported by the respondents in order to make distinctions and for clarity purpose. For example a child could be having a sponsor who is paying her school fees but since she lacks food at home she is not able to pursue her academic. Another case which we can present here is a child who has got a sponsor to pay for her a boarding school and all that she might need but since this child is coming from a very poor

background and she is the firstborn and there are some other younger children at home, this child may decide to drop from school and go to the street to help the parent in taking care of the family. This confirms finding by Zani (1993:20) that some children are on the street to supplement the family income. In this light, we observe that causes of children being in the street are independent from each other but they have some synergy (see table 5).

Table 5 Main cause of children being in the streets

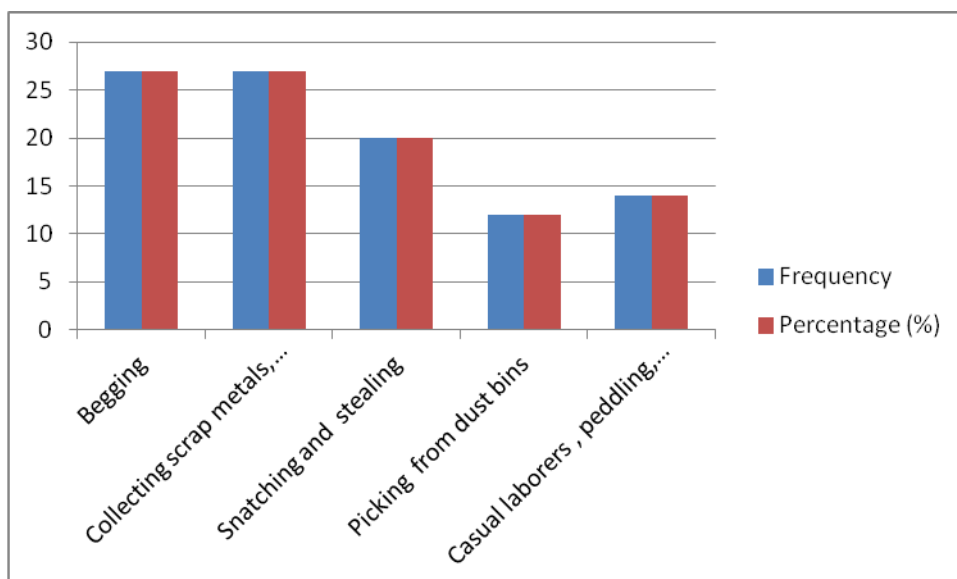
Causes of children being on the street	Frequency	Percentage (%)
Corporal punishment, mistreatment	5	6.8
Lack of food	6	8.2
Parent conflicts	3	4.1
Peer pressure	8	11.0
Poverty	10	13.6
Alcoholism of parents	4	5.4
Broken families, divorce, separation	5	6.8
Culture (early marriage, FGM)	3	4.1
Large families	1	1.3
Truancy	1	1.3
Academic challenges	1	1.3
Stubbornness	1	1.3
Single parenthood	3	4.1
Sick parent (HIV/AIDS)	1	1.3
Drug abuse environment	4	5.4
Orphans	5	6.8
Lack of school fees	1	1.3
Lack of parental care (Neglect)	8	11.0
Search for freedom and leisure	3	4.1
Total	73	100.0

4.2.5 Means of survival in the street

We ventured into finding out how children survive in the street at such a young age to fend for themselves. Our research found out that street children have multi-task survival means (see figure 3). That is, they do everything depending on the circumstance they are in at the moment. Therefore they can beg, collect plastic, steal, pick from dustbins or hire themselves, depending on the situation presented to them here and now. However, we were able to categorize these survival means of street children depending on what one like doing most in comparison to the other activity.

Collecting scrap metals, plastics and firewood was at the same percentage with children who go to beg. What was distinct between the two activities is that begging is more common to younger children below 11 years who are likely to appeal to public pity than the older children. Most of the children above 12 years depend on collecting scrap metals, plastics and firewood. There was a category of casual laborers where most girls interviewed were found to be. These children did shoddy jobs such as washing dishes at small food kiosk, fetching water, sweeping verandas, peddling drugs and prostitution for small fee. Girls below ten years were used by their mothers to sell fruits, vegetables, second hand clothes or to beg.

Figure 3: Survival means in the street



4.3 Difficulty situations experienced by children in the street

The first objective which the study embarked on into researching was to investigate the main challenges children face while trying to survive in the street. Children who were interviewed said they faced several challenges in the street hence the need to be rescued, starting with molestation by the older street children and city council askaris, lack of shelter, clothing, medication, healthy and proper diet, lack of education and parental care. Out of the 60 children who were interviewed in rehabilitation centres, only 6 children said street life was a nice place to be and they were in the rehabilitation centre for a season to clean, change clothes and go back to the street to continue with their usual business of collecting scrap metals and begging. Key informants supplemented the information gathered from children concerning hardship and stressful moments which children undergo while they are in the street thus the need for urgent rescue. Table 4 summarizes the stressful moments which children undergo while they are in the street.

The common reported ordeal is lack of shelter cited by all the informants. They said that children have nowhere to sleep while they are in the street and most of them sleep under flyovers, outside 'vibanda' (small shops for selling vegetables). It is worse for girls who are offered accommodation by men who take advantage of them. If the girls choose to sleep in the 'base' they have to look for one man who takes care of her and protects her in exchange for her to be his 'wife'.

Lack of clothing was the least reported because street children do not care about hygiene and dress code does not bother them at all. They are able to access old clothes thrown in dust bins and can wear them even for a month without washing. Street children in Nairobi do not have problem with food which they easily get by scavenging on leftovers from food kiosks. In market areas they are able to get overripe fruits while other children in the slums of Huruma, Mathare and Dandora have access to a kind of leftovers called 'nurse' which is disposed foods from the airport. Furthermore, with few coins children can buy chapatti and chicken heads especially at Muthurwa and Gikomba which they say is very delicious. Thus key informants were in agreement that children in the street have enough and variety of food to eat including pizza which they beg, however, these children lack shelter, hygiene, medication, education and proper supervision from an adult. Therefore, the

children look for all means of survival in order to overcome these challenges especially food, clothing and shelter.

Table 6 Main difficulty situation of children being in the street

Type of situations	Frequency	Percentage (%)
Lack of food	8	9.3
Lack of shelter	11	12.7
Lack of clothing	7	8.1
Lack of medical care	9	10.4
Lack of education	8	9.3
Lack of guidance	8	9.3
Physical abuse	10	11.6
Drug abuse	9	10.4
Rape	8	9.3
Homosexuality	8	9.3
Total	86	100.0

4.4. Rescue challenges of children from the street

In this section we focused on the second objective which was to establish the challenges which exist in rescuing children from the streets. Through the interview with children, it was clear and evident that there exist several challenges to save them from streets and they mentioned the following factors which make them resist being rescued from the streets and join rehabilitation centres; addiction to glue and other drugs, too much restriction in rehabilitation centres hindering their freedom, lack of money to buy what they want and lastly they had friends and relatives in the street whom they would not like to leave behind.

The ten key informants from different rehabilitation centres added the information on the challenges which they face in rescuing children from the street as depicted in table 7. Some challenges seem to be very closely knitted but for better clarity the researcher decided to look at them as independent points which can be analyzed on their own. For instance key informants cited resistance to withdraw children from the street arising from the parents, older children and some cartels that use children

for some business. These points could have been aggregated into one point but for easier and clear analysis the researcher separated them because, there are parents in the street who use children for their own interest while still some street families want their children rescued from the street especially those who have a girl child. Some key informants said despite the older children resisting rescue operation, they still play a big role especially if the social workers have built a good rapport with them, they help in identifying the children who can be rehabilitated and locating the children who have relapsed where they can be traced for re-admittance into the rehabilitation program.

Thus, from our findings the main challenge in rescuing children from the street is the willingness from the children themselves to undergo rehabilitation. Nine out of the ten approached key informants cited this to be the main barrier. According to key informants, most of the children feel that rehabilitation programs are like small prisons which limit their freedom and will to do what they want. This is worsened by the stories which are taken to the street by those children who had relapsed from rehabilitation program. They discourage other children not to undergo rehabilitation because of one reason or the other which they claim to be out of their own experience. Thus when social workers approach the street children for recruitment they face rebellion and few are willing to undergo rehabilitation.

Table 7 Main challenge of rescuing children from the street

Challenges	Frequency	Percentage (%)
Resistance from street parents who use children for begging money	7	11.4
Resistance from the older street children who use the younger ones for their own gain	7	11.4
Resistance from the drug peddlers who use the street children for business	7	11.4
Unwillingness of the children to go for rehabilitation program	11	18.0
Streets are risky and safe especially the base areas	3	4.9
False information from the street children make recruitment hard	3	4.9
Lack of familiarization with street children hence cannot follow the social workers easily	3	4.9
Children have access to money and freedom which they long for	5	8.1
Lack of funds	3	4.9
Addiction of drugs	9	14.7
Distance of the rehabilitation centre and the base	3	4.9
Total	61	100.0

4.5 Rehabilitation program

The research had the third objective of examining the program and efforts made by rehabilitation centres to ensure that children are fully rehabilitated. It was evident that all rehabilitation centres had regular program which they followed to give former street children an alternative to a better life than living in the street. This program consisted of daily exercises, proper diet, non formal classes and formal classes, co-curriculum activities, mentorship programs and vocational training. However the study dealt much on the challenge in this attempt to rehabilitate street children and relapse came up as the main issue that hinders this goal.

4.5.1. Relapse by children

Relapse is one of the main challenges in rehabilitating street children. This study ventured into finding out why children relapse while they are undergoing rehabilitation yet our expectation is to see these children embracing such a concept. We found out that 17% of the children relapsed due to drug addiction (see table 8). These children got caught into abusing drugs and leaving this habit was not easy for them no matter how much they wanted to stay, they felt the urge to go and get some drugs.

There was another category of children who relapsed just because by the time they were taken to the rehabilitation centre, they had some unfinished business in town to attend to such as collecting their money which they were saving somewhere, and others had some boyfriends or girlfriends whom they had missed so much. We inquired on the 10% of children who relapsed for fear of home visits and reintegration and the response got is they had given wrong information about their whereabouts and were afraid to be punished or seen as liars. Other children said they were afraid to face their relatives because of what they did before leaving home and their parents/guardians knowing that they had used drugs. Those who feared reintegration said they were not ready to go back home because nothing has changed and it is better for them to go in the street where most likely they will be helped by another rehabilitation program and continue being institutionalized. 6% of the children who had relapse claimed that they lacked essential things in the rehabilitation program such as toothbrush, school uniform or good meals as compared to what they were eating in the streets.

Key informants gave us the other side of the coin with the information tallying and other findings not agreeing with those collected from the children. For instance, out of the ten interviewed informants nine saw rehabilitation as the biggest challenge and the objective as to why such programs for rehabilitation exist. They pointed out that while children are in the street they learn how to use different kinds of drugs for different reason and the moment they join rehabilitation program, overcoming the effect of drug and addiction is a major challenge. When the informants were asked how they help the children to overcome this issue, all of them said they do not carry medical de-intoxication but create an environment where the children cannot access

drugs and for replacement they give plenty of water mixed with juice and make the children do a lot of exercise. They further added that fruits and vegetables are enough de-intoxication supplements and within a month one is able to note a significance change among the children. However, one respondent added that for children who are in severe withdrawer symptoms, they are taken for medical checkup in hospitals.

Three respondents raised an issue which caught the eyes of the researcher concerning of lack of proper rehabilitation program in the rehabilitation institution. Through prompts and probes, the researcher found out that rehabilitation institutes lacked a well structured curriculum or syllabus on how to deal with children who are in the rehabilitation centre. The daily program in use for the children under rehabilitation is more or less similar to a school program which the researcher felt was not fully satisfactory.

Table 8 Distribution according to reasons for relapses

Reasons for relapses	Frequency	Percentage (%)
Addiction	17	17.0
Peer pressure	14	14.0
Unfinished business at the base	13	13.0
Fear of punishment	10	10.0
Academic challenges	11	11.0
Lack of essentials	6	6.0
Adapting to new environment was hard	9	9.0
Fear of home visits and reintegration	10	10.0
Molestation by the older children	10	10.0
Total	100	100

4.6 Willingness to reintegrate with family and society

Looking at the finding for children willingness to be reunited back into the family, it was clear that 40% of the children interviewed were ready and willing to be reunited with their parent. However, they had unknown fears on whether life will be as smooth for them as it has been in the rehabilitation centre. They were afraid of

failing to get continuous support from the rehabilitation centre in terms of school fees which is a challenge especially for those who are in secondary schools and aspiring to advance to higher institutions of learning. 36% of the children were not ready at all for reintegration and were forced to be reintegrated because the time for their rehabilitation elapsed. They said that nothing had changed at home and they were being thrown back to the same problem from which they were running away.

Other children feared that they will be adding a burden to the parents who have other children to care for. To avoid such situation, these children preferred to be in the institution than being an extra load to the parents or guardians. Some children said that, the home could have changed, but the environment surrounding the homestead might have not changed, and so they might be lured back into street life. Other children said they were not ready for reintegration for fear of being stigmatized by the community since their being on the street became known by the same community, and so they were already labeled by the society to which they were being reintegrated despite the fact that they had changed and transformed.

The last category of children we came across is those who were not ready for reunion but their parent demanded to have them back through the chief's office and DCO. These formed 24% of the population. These children literally had gone missing and their parent had been looking for them in all corners of Nairobi. The reasons given by the children for running away from home seemed to contradict those of the parent. For instance one child said, *"My dad was beating me so much because I had stolen some money and I decided to run away. I stayed in the street for one month"*. From the side of the parent we had different story as the father said, *"Oh thank God I have found you. Your mom and I have been looking for you for two weeks. Loosing 20kshs for buying tomatoes is so little for you to run away from home for fear of punishment."*

Actually we found out that those parent who demanded to have their children back were middle income earning and the reason for their child to be on the street was not their own cause but the child's personal reasons and limitations. These children lacked nothing but just attention from their ever busy parent and at the same time some children had friends who had bad behavior and were influencing them to be on the street.

On the other hand, 10 challenges concerning the reintegration of children were raised by the 10 key informants who were interviewed each from a different rehabilitation organization. Once again, these challenges were very closely related but it was necessary to analyze each challenge independently for clarity purpose. Issues to do with the parents were given heavy weight where respondents cited unwillingness of the parent to accept the children back to the family to be a major challenge. They said that some parent do not want to be responsible and to avoid the burden of taking care of their own children they do not want to have their children back in their homes. These parents feel that children are better placed in a rehabilitation centre than in a family which is facing various challenges.

The challenge of high levels of poverty at home can give us some clue on why parents are not willing to have their children back when time for reintegration is due. The respondents said that most of the children in the rehabilitation centre are coming from extremely poor background where parents or guardians are struggling to provide for the children basic needs. This seemed to be in line with the observation made by the researcher during the home visit to conduct interview for reintegrated children. The researcher found out that most of the families from where the street children are coming from are languishing in poverty with poor shelter, beddings, cooking facilities, poor sanitation just to mention a few. The situation in the slum is pathetic and unbearable for children who have enjoyed for some period the comfort of being in rehabilitation centre where almost if not all is provided. This explains well the challenge of children having some fear of being reintegrated because they do not know whether they will be able to adjust once again to such an environment.

The environment where the child will be reintegrated caused a big challenge to rehabilitation institutions as we can see this emerging from three different challenges; alcoholism, drug zones and street families. The respondents said that they were rehabilitating some children coming from such backgrounds and when time for reintegration come, it is hard to take this child back to such a family or neighborhood.

Two key informants mentioned poor home preparedness for reintegration to be a challenge. When the researcher requested for more clarity, the respondents who happened to be managers said that there was abit of laxity in the department which is

entrusted with preparing the homes in readiness for reintegration. These managers had observed that the personnel involved waited until the time has elapsed and that is when they started rushing from one slum to another contacting the parents of the children who are due for reintegration.

Table 9 main challenge of reintegrating children back to the society

Challenges of reintegrating children back to the society	Frequency	Percentage (%)
Some parents do not want to accept their children back	10	22.7
No clear structure for reintegration process	2	4.5
Difficulties of locating relatives or next of kinsmen for deceased children	3	6.8
High level of poverty at home	7	15.9
Alcoholic parents	3	6.8
Slum life (drug zones)	4	9.1
Poor home preparedness on the part of the rehabilitation institutions	2	4.5
Dependency syndrome from the families	2	4.5
Street families	3	6.8
Fear of the child to adjust to new environment	8	18.2
Total	44	99.8

4.6 Level of follow-ups from the Rehabilitation Institutions

The information got from the key informants in rehabilitation centres seemed to contradict at some degree with the findings got from the children in terms of the level of follow-ups after reintegration. Key informants said they do follow-ups for the children who have been reintegrated to ensure that the children were progressing on well. However, 57.5% of the children interviewed said that they have never seen any staff member visiting them or received a phone call from the institution which reintegrated them since they left rehabilitation. They said that they were a forgotten lot and were ‘thrown out’ from the rehabilitation centre to survive on their own.

On the other hand, 42.5% of the children interviewed said that, at least once or twice someone visited them or called the parent to check on their academic progress at school (see table 10). They said this was purely for academic purpose especially the children who have been sponsored by the organization or by some foreign sponsors who demanded to know the progress of the child they were sponsoring. These children were clear to draw this cut-line between the academic follow up and the home follow-up on where the child slept, what she/he was eating to mention a few. In short, they seemed to mean that home follow-up was overlooked to school follow-ups.

Table 10 Level of follow-up from the rehabilitation institutions

Level of follow-ups from the rehabilitation institutions	Frequency	Percentage (%)
Followed	17	42.5
Not followed	23	57.5
Total	40	100.0

In conclusion in this section, without any biasness, all the children interviewed spoke well of the organization which they are undergoing rehabilitation or have been there for rehabilitation. They said they were happy of the programs offered, the bedding facilities, food, time to play and co-curriculum activities they get to learn while undergoing rehabilitation. This experience is very enriching though for some organization the period is so short and before they exploit fully their talents and potentials, their time elapses and they are reintegrated back to the community which cannot offer the same quality of life as the rehabilitation institution.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The chapter wide-ups the investigations into the challenges which exist in the attempt to rescue, rehabilitate and reintegrate street children back into the society. In this light, it is divided into three sections where in the first section we make brief summaries on the main findings of the study as per the stated objectives. The conclusion presented was drawn from the findings of the research study. We have given some recommendations to fill the gaps which were identified in the effort to help street children. Some of the recommendation came from the children and the key informants who were interviewed. They suggested to the researcher some of the things which they would like to be improved or changed in the process of rehabilitation.

5.1 Summary

It was evident from the research study that street children experience various stressful moments in the street and without any attempt to rescue and rehabilitate these children, their lives would end up in miserable situation. However, the study noted several challenges exist in the attempt to rescue children from the street which arise from children themselves or the people they stay with on the streets. As if that not in enough even after rescuing the children from the street there were also challenges in the rehabilitation program itself particularly to children with learning difficulties. This was not an exception when we come to trying to reintegrate children back to the society. Several issues emerged concerning the denial of children not ready to go home or parent ready to receive their children back home. Lastly the study looked at how rehabilitations carried out their follow-ups on the reintegrated children. It was noted that there were challenges in following up the children especially in rural areas due to distance. Below are the main findings in summary form as per objective.

5.1.1 Stressful situations experienced by street children

The first objective was to identify different stressful situations experienced by street children. The findings of the study showed that street children experience various stressful moments in the street which include, lack of food, lack of shelter, lack of clothing, lack of medical care, lack of education, lack of guidance, physical abuse, drug abuse, rape and homosexuality. The findings show that the main stressful situation of children in the street within Nairobi County was lack of shelter. Street children were much aware of this and most of them were very willing to leave the street if they had someone to accommodate them. However, most of them lamented of the force used by the city council askaris to remove them from the street.

5.1.2 Challenges which exist in rescuing the children from the street

The second objective was to establish the challenges which exist in rescuing the children from the street. It was clear that children should not be on the streets of Nairobi. However, there were several challenges which were identified as obstructing the effort to rescue children from that situation with notable ones being resistance from the parents who lived with children in the street and were using them to beg for money. There was also the issue of drug cartels and older street children resisting children to be withdrawn from them because they were as well using them for their own selfish gain. From these findings, we noted the largest challenge was on the children themselves because most of them were not willing to be rescued and undergo rehabilitation. The reasons children gave for having resisted to be rescued from the street includes strong addiction to drugs, fear to adjust in a new environment as compared to a free life in the street, fear of being misused or trafficked looking at the history of children labour and children trafficking in Kenya. Lastly children were not willing to be rescued from the street due to information they had received from other street children who had relapsed concerning punishment and poor meals in rehabilitation institutions.

5.1.3 Assessing the program to ensure full rehabilitation of street children

The third objective was to reexamine the rehabilitation program and efforts which are employed to ensure that street children are fully rehabilitated. The researcher

found out that all the institution under study had a working rehabilitation program but it was lacking in so many ways especially equipping street children with vocational training especially those who were not academically gifted. These children were unable to cope up in school due to academic challenges and ended up relapsing back into the street. In addition, those who went through rehabilitation and were reintegrated had no skill to use as a means of self sustenance while at home and ended up going back to the street again. The finding shows that most of the relapses in the rehabilitation institution for street children were caused by addiction to drug. This may be attributed to lack of proper program for rehabilitation which can help children overcome the addiction to drugs.

5.1.4 Extent of home preparedness in receiving the rehabilitated child

The fourth objective which the study focused was to investigate the level of home preparedness in receiving the child after rehabilitation and the child's readiness for reintegration process. Here we found there were several challenges connected to reintegration of street children back into the society with notable challenges being parent resistance to receive their children back home, the high levels of poverty at the reintegration home and children unwillingness to be reintegrated. It was evident that parent resisted having their children back home due to financial constrains and high poverty levels at home. Some children were not ready for reintegration and were forced to be reintegrated in their homes because time for rehabilitation had elapsed. The reason for this resistance was they were not sure if they will have all the basic needs and education at home. Some institution reported there was laxity in home preparations before reintegration while other institutions had no proper program on how to go about with reintegration.

5.1.5 Assessing the methodology used by rehabilitation institution to make follow ups

Last but not least, the study had the objective of assessing the methodology used by rehabilitation centres to make follow up for the reintegrated children concerning their progress. From the findings, all the rehabilitation institutions said they were doing follow-ups for reintegrated children by visiting them in their homes and schools, making phone contacts to the parents or guardians of the children, and

inviting children to come to rehabilitation centres over the holiday. However, from the perspective of the reintegrated children, our study shows that majority of the children had not been followed up. This explains why children who had initially been reintegrated ended back into the street.

5.2 Conclusion

In conclusion, the study found out that the menace of street children is a vicious cycle whereby the factors which drive children to the street, if they are not addressed, rehabilitating street children for some period and reintegrating them back into the same home from which they had ran away from, is sending children back to the street, if nothing has changed in those homes. However, it is also important to note that rehabilitating street children is not an easy task. It is full of challenges which exist among the three parties involved in the rehabilitation process (the child, the rehabilitating institution and the parent/guardian) and in the three levels of rescuing, rehabilitating and reintegrating street children. If one party fails to cooperate, consequently, the process of rescue, rehabilitation and reintegration will not be successful.

Rehabilitation institutions have the role of ensuring that they put the child as their main goal and the reason as why they exist and therefore, focus on changing the wheel of misfortunes which the children have passed both at home and in the street. This is to mean that they exist only for the best interest of the child and failure not to achieve this goal they are just but tools of promoting child abuse.

The government and other stakeholders have in one way or another neglected the duty for protecting children and above all putting effort to overcome the poverty levels which exist in slums as well as the family issues which have forced many children to be on the street. Looking at the main causes of children being on the streets of Nairobi we found out that most of these children came from poor families and this is a major issue which need to be looked at in dealing with the plight of street children.

It is therefore necessary that we all join hands starting with the government, local donors and international donors in funding initiatives which can help eradicate poverty and coming up with vigorous education on parenting skills and dealing with

marital issues in order to create a conducive, habitable environment for children with their parents/guardians at home.

5.3 Recommendations

5.3.1 The best practices that can be used in recruiting and rescuing children from the streets

- a) Regular visit to the street to build rapport with children and to encourage them on the importance of leaving street life and embracing rehabilitation.
- b) Building rapport with older street children and street parents by creating programs which can help them find alternatives means to raise money without exploiting the children.
- c) Social workers visiting streets should have identification tags and visit the street safe hours. Furthermore, they should always be accompanied by another staff to curb insecurity.
- d) Establishment of a good networking spirit among the institution dealing with street children to facilitate referrals when one institution encounters in the street a child who does not meet their criteria for admission.

5.3.2. To ensure that street children are fully rehabilitated and reduce the cases of relapses, the researcher recommends the following:

- a) A well set program to address drug addiction and equipping children with coping skills.
- b) Creating a loving and homely environment for children under rehabilitation to help them regain self esteem and be open to be helped in their issues.
- c) The children should undergo a lot of exercise, drink plenty of water, eat balanced diet and be kept engaged with productive activities.
- d) The children should be taken for medical check up on all the drugs they might have taken while in the street to avoid severe withdrawer symptoms.
- e) Counseling should be intensified both at individual level and group therapy.
- f) Hiring qualified Staff trained on relevant skills for rehabilitation and having regular refresher courses on drug and addiction and other capacity building trainings for staff working in rehabilitation institutions.

5.3.3. Concerning reintegration the researcher recommends proper home preparation by addressing the issues which sent children to the street especially on the following areas:

- a) Counseling children and preparing them with coping skills which they need to use in new environment.
- b) Counseling parents for children especially those parents who are in alcoholism before reunion
- c) Empowering families financially to eradicate the levels of poverty and dependency syndrome
- d) Training parents on parenting skills to curb down family break-ups and child abuse.
- e) Referring children to other institutions which deal with vulnerable and orphans especially those children who are orphaned and are staying with aged grandparents and those children coming from street families.

5.3.4. Constant follow-ups on the children who have been reintegrated should be done often to check on the progress of children after reintegration.

5.5.5. Concerning poor funding on the rehabilitation institution the researcher gives the following suggestions.

- a) The rehabilitation should work hand in hand with all the stake holders in the departments for children in the Government and Ministry of Home Affairs to budget on how the government can allocate money to help the running of the rehabilitation institutions.
- b) Proper watchdogs should be put in place to check on how resources are being used especially from the international donors as well as local donors.
- c) Rehabilitation institution should have alternatives means for fund-raising in order to be self reliance. This can be done by initiating projects which can supplement the income they get from donors.

5.4 Areas of Further Research

- 5.4.1. The impact which can arise in increasing the years which children stay in institutions without taking them back to the society early to avoid institutionalization.
- 5.4.2. A study needs to be done on whether there is any close association of curses or witchcraft in the misfortune of some children who seem not to respond to rehabilitation even after undergoing rehabilitation for several years.
- 5.4.3. This study should be conducted in other areas especially in rural areas to find out whether it can be generalized that poverty, poor parenting skills and peer pressure are the main causes for children leaving home to the urban areas where they end up becoming street children.
- 5.4.4. There is also a need to do a research on how government coordinates and work with other stakeholders in the field to avoid duplication of activities and misuse of funds in the process of helping vulnerable children.

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Appendices

Appendix I Questionnaire

Questionnaire for main actors in Rehabilitation Centres

Tick appropriately and fill in where necessary

Name of the institutionConstituency.....Ward.....

1. Which category is your institution?

- Government Organization__
- Faith Based Organization__
- Community Based Organization__
- Others (Specify).....

2. How do you get your funding.....

3. What program do you offer for the rehabilitation of the street children?

- Feeding program__
- Counseling__
- Non Formal education__
- Formal education__
- Vocational training__
- Others (Specify)

4. Which gender of street children do you rehabilitate?

- Female__
- Male__
- Both__

5. How many children are enrolled in the institution?

- Below 10__
- 10-20__
- 20-50 __
- 50-100 __
- 100-200__
- 200-300__
- Above 300 __

6. What is the average age of the most of the children?

- 3-5 yrs __
- 6-7 yrs __
- 8-9 yrs __
- 10-11 yrs __
- 12-13yrs __
- 14-15yrs__
- 16- 18yrs__

7. How often do you rescue children from the streets of Nairobi?.....

8. How long do children stay in your rehabilitation centre?

9. How do you ensure home preparedness before reintegrating children back to the society?
.....

10. Do you make follow ups for children who have been reintegrated, how often?
.....

11. What is the field of your specialization?

- Caretaker__
- Social Worker__
- Counselor__
- Manager__
- Other (Specify).....

12. What is your highest education level?

- Certificate __
- Diploma __
- Degree __
- Post Graduate__
- No formal education __

13. In your opinion where do you think you can categorize your organization?

- Understaffed__
- Well staffed__
- Overstaffed? __

14. How can you rate the rehabilitation process in your organization?

- Poor__
- Fair__
- Good__

15. What do you think is the main cause of children running away from home to the streets of Nairobi?
.....
.....

16. What have you experienced as the main challenges in,

a) Rescuing the children from the streets of Nairobi?
.....
.....

b) Rehabilitating children?
.....
.....

c) Reintegrating children back to the society?
.....
.....

17. Any other comment which you feel it would be of benefit to the research under study?
.....
.....
.....
.....

Appendix II key Informant Interview Guide

Hello, good morning/afternoon/evening

My name is Martin Mwenda Miriti. I am a student at the Department of Sociology University of Nairobi. I am doing a research on the Challenges which Children undergo while they are in the street, when they are in Rehabilitation institution and when they are at home after Reintegration. I kindly request you to spare some few minutes to help me with some few questions which I would like you to assist me to answer on the subject. All discussions will be treated as strictly for academic purpose.

Date of Interview.....

Place of Interview.....

Time Interview started..... time interview ended.....

No. of the Questionnaire.....

1. What can you say is the main cause of children being in the street?
2. What have you known to be the stressful situations which children undergo at the streets of Nairobi?
3. What methods do you use to recruit children and rescue them from the street?
4. What challenges have you experienced in rescuing children from the street?
5. What program do you offer in your rehabilitation to help street children?
6. Have you had cases of relapses of children back to the street?
7. What can you say are the main challenges in rehabilitating street children?
8. What main challenge have you encountered in the attempt to reintegrate children back to the society?
9. Do you make follow-up for children who have been reintegrated?
10. What solutions have you come up with to overcome the challenges of rescuing, rehabilitating and reintegration of street children?

Extra questions applicable only for the Parents of reintegrated children

11. Why did your child run to the street?
12. Did you attempt to follow him/her?
13. While in the rehabilitation centre, did you get chance to meet him/her?

14. Were you ready to have him/her back after rehabilitation? What preparedness was done?
15. Which skills has he/she acquired in the rehabilitation Centre?
16. What has changed at home that the child will remain stable and not go back to the street?
17. What challenges have you had since the child was reintegrated?

Appendix III In-depth Interview Guide for children in Rehabilitation Institution

Hello, good morning/afternoon/evening

My name is Martin Mwenda Miriti. I am a student at the Department of Sociology University of Nairobi. I am doing research on the Challenges which Children undergo while they are in the street, when they are in Rehabilitation institution and when they are at home after Reintegration. I kindly request you to spare some few minutes to help me with some few questions which I would like you to assist me to answer on the subject. All discussions will be treated as strictly confidential.

Date of Interview.....

Place of Interview.....

Time Interview started time interview ended.....

No. of the Questionnaire.....

1. Which language do you understand better?
2. How old are you?
3. Have you ever been to School before joining rehabilitation centre?
No.... Yes.....
4. For how long have you been in the rehabilitation centre?
5. Where have you been staying here in Nairobi before going to the street?
.....
6. Do you know your rural home? No... Yes...
7. If you will not mind, do you have both Parents? No... Yes...
8. If yes, do you know them? No... Yes...
9. Do your parents stay together? No... Yes...
10. If no, do you know where any of them live?
11. What do your parents do for living?
12. How many are you at your home?
13. Have you attended formal schooling before running to the street?
.....
14. Do your siblings go to school? No... Yes...

15. Which is the main reason for you running away from home?
16. For how long have you been in the street?
17. Have you abused drugs? No... Yes...
18. Have you been abused in any way by the public or other street children?
No... Yes...
19. What was your main means of survival in the street?
20. Have you ever been before in another rehabilitation centre? No... Yes...
21. If yes, why did you run away?
22. In a word, how has been your experience being in a rehabilitation centre?
.....
23. Do you attend classes? Formal... Non-formal....
24. Have you acquired some vocational training?
25. Are you prepared to be reunited with your family? No... Yes....
26. If No give reasons.....

Appendix IV In-depth Interview Guide for children who have been reintegrated back to the society

Hello, good morning/afternoon/evening

My name is Martin Mwenda Miriti. I am a student at the Department of Sociology University of Nairobi. I am doing research on the Challenges which Children undergo while they are in the street, when they are in Rehabilitation institution and when they are at home after Reintegration. I kindly request you to spare some few minutes to help me with some few questions which I would like you to assist me to answer on the subject. All discussions will be treated as strictly confidential.

Date of Interview.....

Place of Interview.....

Time Interview started time interview ended.....

No. of the Questionnaire.....

1. Which language do you understand better?
2. How old are you?
3. Have you ever been to School before joining rehabilitation centre?
No.... Yes.....
4. For how long did you stay in the rehabilitation centre?
5. If you will not mind, do you have both Parents? No... Yes...
6. Do your parents stay together? No... Yes...
7. What do your parents do for living?
8. How many are you at your home?
9. Do your siblings go to school? No... Yes...
10. What was the main reason for you running away from home?
11. What can you say was the main difficult situation you had in the street?
stay in the street?
12. Did you abuse drugs? No... Yes...
13. Were you abused in any way by the public or other street children? No...
Yes...
14. What was your main means of survival in the in the street?

15. In a word, how was your experience being in a rehabilitation centre?
.....
16. Did you attend Formal education or Non-formal?
17. If No to question 16, did you acquire some vocational training?
.....
18. Were you prepared to be reunited with your family? No... Yes....
19. If No give reasons.....
20. Does anyone come to follow on you from rehabilitation centre you were before? No... Yes...
21. What challenges have you experienced in the attempt to adapt to the new environment?
22. Any other comment.....

Appendix V Observation Schedule

- a) Health
 - malnourished, sickly, weak, intoxicated, confused
 - feed well, strong, sober, alert and healthy
- b) Clothing
 - Dirty, tattered, cheap, unmatched
 - Clean, ironed, expensive, well dressed
- c) Mood
 - gloomy, anger, shy,
 - Jovial, happy, open
- d) Language
 - Vulgar
 - Respectful
- e) Sleeping area
 - squeezed, poor lighting, stuffy, unmaintained
 - spacious, well lighted, smart, well maintained
- f) Leisure Amenities
 - No playground, No toys and balls, No television and radio,
 - well maintained playground, plenty of toys and balls, modern television and radio

Vocational training facilities

- No trainings in vocational trainings, poorly maintained vocational training equipment, poorly trained vocational facilitators.
- A good set program for vocational training, well maintained vocational training equipments, well trained vocational facilitators.

g) Classrooms

- Poor desks and chairs, squeezed, poor learning material, no timetable
- Good desks and chairs, spacious, equipped library, well planned timetable

Appendix VI: Case Study

HOME ASSESMENT FORM

Name of
officer:..... date.....
.
No. of visit:

BACKGROUND INFORMATION

FAMILY COMPOSITION

Name of parent:

No. of siblings in the family.....no. of dependants.....

Relationship with the boy:
.....

CHILD INFORMATION

Name of the boy age

Is the child in school or at home.....

If in school which schooleducation level.....

Has the child lacked any thing which he urgently needed in school and which is the main challenge for the boy while in school.....

If at home why? And what has he been doing at home.....

TYPE OF FAMILY STRUCTURE

Nuclear Extended Polygamous

MARITAL STATUS

Married Separated Single

PARENTING ABILITY

Bond between child and family:
.....

Ability to supervise the children:
.....

Method of disciplining the child:
.....

Taking up of parenting responsibility:
.....

SOCIAL STATUS OF THE FAMILY

Parent-boy relationship:
.....

What are the social amenities in the area and how do they affect the social being of the boy:
.....

Participation of the family in the community and engagements in social activities:

.....

Relationship of family and the community:

.....

ECONOMIC STATUS OF THE FAMILY

Ability of family to provide for basic needs:

.....

What is the family's major source of income:

.....

Total income for the family:

.....

Is parent in any savings group?

.....

Group progress report (loaning and saving):

.....

Participation in group meetings:

.....

ENVIRONMENTAL FACTORS

Is the environment conducive for the boy's stay?

Personal observation:

.....

Parents view:

.....

If not conducive what can the parent do to avoid the boy going back to the street:

.....

How is the security of the area:

.....

Are there any environmental issues that will affect the health of the child?

.....

Parent's future plans for the boy:

.....

RECOMMENDATION FROM THE SOCIAL WORK

.....

.....