

The Effectiveness of Rehabilitation Interventions on Street Children's Social Development in Kakamega Central Sub-County, Kenya

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Abstract

Rehabilitating street children requires collective efforts of all relevant stakeholders. The study problem was the inadequacy of a comprehensive rehabilitation approach that yields significant impact in addressing street children's social development. The objective of the study was to evaluate effectiveness of rehabilitation interventions on street children's social development in Kakamega Central Sub-county, Kenya. This study was guided by Ecological theory by Bronfenbrenner. Correlation research design was adopted. Study population included 220 street children in closed and open rehabilitation systems, 30 GOK and NGO's rehabilitation staff, 10 social workers, 8 GOK officers, 5 counselors and 21 businessmen. Primary and secondary data were used. Primary data collection utilized questionnaires, interview guides, observation checklists and Focus Group Discussion. Cluster and snow-ball sampling were used to sample street children. Census and purposive sampling were used to sample key informants. Quantitative data was analyzed using descriptive statistics, specifically frequencies, percentages and mean. Inferential statistics were Chi-square test of independence and Spearman's rank order correlation. Qualitative data analysis and interpretation utilized coding, voices and narrative analysis. Data was displayed in form of graphs, charts and tables. This research established that, 89% of street children were aware of rehabilitation interventions and 81.8% attend rehabilitation facilities while 16.1 % do not prefer going to rehabilitation facilities because they feel it is a waste of time and do not like being controlled. Faith Based Organizations were most popular service providers (40.2%). Services provided included nutrition support (28.8%) and skills training (22.7%). Some 44% street children were satisfied with rehabilitation interventions against 49% who were not satisfied because they were either refused help because of age, misbehavior, or simply because they disliked the services provided. Spearman correlation indicated a positive and significant relationship between rehabilitation interventions and street children's social development ($r=0.505$, $\alpha=0.000$, $p\text{-value}=0.01$). Chi-Square test indicated a significant relationship between key informants' preferences and type of rehabilitation intervention $\alpha < p\text{-value}$ ($\alpha=0.000$, $p\text{-value}=0.05\%$, $\chi^2=149.078$, $n=74$). Therefore the study recommends a collaborative mechanism to bring on board stakeholders and partners from all sectors involved in street children rehabilitation interventions at international, national and county levels then allocate adequate resources and continuously build the capacity of staff dealing with street children so as to improve their effectiveness on enhancing street children's social development.

Keywords: Street children, Interventions, Social Development and Rehabilitation

1.1 Background

A street child refers to "any girl or boy who has not reached adulthood, for whom the street has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by adults" (UNICEF, 2005). The United Nations issued a Resolution on the Plight of Street Children in 1992, expressing concern over their emergence and marginalization. This resulted into street children rehabilitation interventions on local and regional levels which provide safety, healthcare, counseling, education, vocational training, legal aid, love, food, clothing, sports, recreation and other social development services (UNICEF, 2012). In Kenya, there are estimated 250,000 street children and over 60,000 are in the capital city. In 1998, the World Bank Institute and the Street Children Initiative established a programme with the Soros Foundation and the King Baudouin Foundation to provide financial support and technical assistance to organizations dealing with street children.

The WBI conducted review of street children programs in different regions of the world, in order to identify and disseminate lesson learned (Asian Development Bank, 2003). Since 1979 to present, in Boston USA a street children intervention called 'Bridge over Troubled Waters' targeting groups of adolescents (16–22 years) has reached 4,000 street children through residential and outreach comprehensive services (Morangi, 2013). In Rwanda, root causes behind street children as highlighted in Strategic plan for street children are: the 1990-94 war and the 1994 genocide (Kombarakaran, 2004). In collaboration with its partners, the Government of Rwanda has put in place rehabilitation centers nationwide, including the commonly known Gitagata centre, Diocesan Caritas and Gatenga Salesian centers already operational from 1984 and 1985 (UNICEF, 2005). In Kenya, there are estimated 250,000 street children and over 60,000 are in the capital city of Nairobi with an

estimate of 2000 street children in Kakamega County (Wakhu, 2002). Kenya has 8 rehabilitation schools which are custodial schools for the rehabilitation and training of delinquent juveniles and street children (UNCEF, 2012). It is estimated that about 90 percent of the children in these schools are derived from streets via Juvenile Courts and remand homes. However only one rehabilitation centre called 'Kirigiti' cater for girls (The Consortium for Street Children, 2011).

1.2 Statement of the problem

According to Wakhu (2012) the effectiveness of rehabilitation interventions in Kakamega County on street children's social status is non-existent, and to a large extent not challenged either by internal or external elements. The plight of these children is thus left in their own hands or on some few effective Non-Governmental Organizations (NGOs) who are limited by their functions and resources to deal effectively with the situation. In Kakamega County, interventions for street children by government and NGOs have been reactive rather than preventive. Although street children interventions keep mushrooming in Kakamega County, the number of street children is also on the rise (Morangi, 2013). From this background, it was therefore imperative to evaluate the effectiveness of rehabilitation interventions on street children's social development in Kakamega Central Sub-county, Kenya.

1.3 Research objective

To evaluate the effectiveness of rehabilitation interventions on street children's social development in Kakamega Central Sub-county, Kenya

1.4 Literature review

Effectiveness of Rehabilitation Interventions on Street children's Social Development

There are several street children rehabilitation interventions globally and locally. Some adopt institutionalization approach while others are day care programmes.

1.4.1 Effectiveness of Global Interventions on Street Children's Social Development

Some of the global interventions on street children's social development include;

(i) The Ciudad Don Bosco Programme in Medellin, Colombia

It was started by the Salesian Fathers in 1965 and it is operating to date. The target groups were young children and adolescents (0–18 years). It reaches about 400 street children a year. This programme offers a residential comprehensive service that consists of four stages: First, children are contacted in the street and encouraged to spend a night at the program shelter. Second, activities begin for children who decide to stay in the center, focusing on behavioral changes, basic schooling, socialization, and developing self-esteem skills. Third, children attend formal primary and secondary school. And fourth, technical training for the labor market is provided for adolescents (ADB, 2003). However, there still exist street children in Colombian cities. This study sought to find out if the rehabilitative strategies in Colombia can work in the Kenyan situation.

(ii) The Bridge over Troubled Waters in Boston, USA

It started in 1970 and it is still operating presently. This programme target adolescents (16–22 years) and has reached approximately 4,000 vulnerable children through residential and outreach comprehensive services. Bridge over Troubled Waters was founded to serve runaways, homeless youths and other youth in the street through a multiservice approach.

One of its services, called street outreach, consists of having street workers meet daily with runaways, homeless youth, and other young people at risk in areas where they gather, to explain Bridge services and refer them to appropriate community services (McWhirter, 2004). Recognizing that street youth are usually wary of social service agencies and mistrustful of adults in general, educators try to establish trust through non threatening dialogue and a consistently caring attitude (McWhirter, 2004). However this program neglects the less than 16 year group who may be on the street too.

(iii) Health Peer Counseling Programme in Kumasi, Ghana (1987–93)

This programme was implemented by Youth for Population Information and Communication (YPIC) which targeted children and adolescents (10–24 years) and it reached 1,500 street children. YPIC was a youth-serving NGO with an integrated approach that included health services, population and environment education, job creation, life skills, and rural and community development. This program was not sustained due to funding issues (Chama, 2008). The present study sought to find whether non-residential open systems of rehabilitation can work in Kenya since other programmes are majorly residential and to see the best ways of enhancing the effectiveness of rehabilitation interventions.

1.4.2 Effectiveness of NGO/Faith-Based Rehabilitation Interventions on Street Children's Social Development in Kenya

Over 90 percent of the children's intervention programmes in Kenya, deliberately or otherwise, target potential street children (that is, poor and needy children) and are therefore preventive. They include: Child Welfare

Society of Kenya (CWSK), Christian Children's Fund (CCF), Action Aid Kenya (AAK), Starehe Boys Centre and School, Salesians of Don Bosco, Disciples of Mercy, SOS Children's Home, Barnardo's Children's Home, Undungu society of Kenya and The Salvation Army Rehab Kakamega (Street Kids International, 2005). This study targeted street children already engaged in street life so as to examine the impact of these rehabilitation interventions on their social development in Kakamega Central Sub-County.

(i) Undugu Society of Kenya-Nairobi

In its present form, Undugu consists of supportive and preventive interventions with a capacity for 1,000 children and 137 staff. These are spread out over 8 locations. They work in 5 different areas, 4 of which are in Nairobi, namely in Kibera, Pumwani, Mathare/Eastleigh and Kariobangi. The fifth area is located outside Nairobi in Katangi. The supportive intervention, focusing on rehabilitation and training of street children, is both institution- and community-based. About 50 of these children are institutionalized at its three community homes, two located in Eastleigh and one in Dandora; about 23 live in the community while being rehabilitated and trained at organization facilities. The institutionalized children are provided with food, shelter, health care, counseling and training services, while non-institutionalized children are provided with only counseling and training (UNICEF, 2001). Currently, there are four community-based UBEP schools located in the slum areas of Ngomongo, Mathare, Pumwani and Kibera catering for more than 600 children (Undugu, 2010). In contrary, both the rate and speed of absorption of the graduates into employment are low, implying possible retreat of the children to street life. This programme is located in Nairobi. Therefore this study sought to establish its applicability in Kakamega Central Sub-County.

(ii) Nyalenda Catholic Church Programme-Kisumu

This is a small street children project with a capacity of 60 children. It is modeled on Undugu Society of Kenya's supportive street children intervention. It is located at Pand Pieri Catholic Church. The average age of the children is 9-18 years. These are provided with health care, shelter, functional literacy and vocational training. The intervention also provides nursery facilities for children in Pand Pieri (UNICEF, 2001). The intervention is organized in terms of a Reception at Pand Pieri and a Halfway House and Rehabilitation Centre at Nyalenda. The Halfway House accommodates boys who are almost adults and are undergoing vocational training. Since its inception, the intervention services have expanded in terms of both facilities and number of beneficiaries. The potential beneficiaries of the services are identified and screened by the street worker (Chama, 2008). However, the interventions may not reach many street families. This programme is Faith based. Therefore this study sought to find out whether these services can effectively work in non-religious street children rehabilitation programmes.

(iii) Starehe Boys Centre

Starehe Boys Centre was started in the 1930s to rescue street (displaced) children. However, with the changing character of the street children in the post-independence era, the focus of the intervention shifted to that of maintenance, education and training of bright and destitute boys (Chama, 2008). The intervention is organized in terms of a centre for fostering destitute boys and a school for providing excellent formal education and technical training to both destitute and non-destitute boys. There are about 1,148 boys in the intervention programme of which 75 percent (844) are institutionalized destitute boys and the remainder (26%) boys from rich family backgrounds (Chama, 2008). The destitute children in the intervention programme are provided with all basic needs, including food, shelter, clothing, health care, formal (primary and secondary) education and vocational training free of charge (Street Kids International, 2005). The objective of this programme was to provide education to street children. This study sought to look at the holistic social status of street children not only education.

(iv) The Salvation Army Kakamega Rehabilitation Centre

On Tuesday, October 28th 2014; The Salvation Army Kakamega Corps in partnership with Kakamega County Government launched a rehabilitation intervention street children tagged the "Martha's Closet Project" (This was a gift of Florida Division, USA Southern Territory in honour of Lt.Colonel Martha's Jewetts retirement from active service and cooperative of the social/sponsorship department of the Salvation Army at Kenya West Territory-Kakamega). The Salvation Army Kenya West Territory commander, Commissioner Kenneth Hodder, said the intervention, which includes partnerships with the county government will help manage street children by taking them to rehabilitation centre; empower women not to engage in commercial sex (Inyanji, 2014). Kakamega County Governor Wycliffe Oparanya said that street children have become a threat to the security adding that the launched intervention will bring sanity and give children in the streets a right to basic needs (Inyanji, 2014). This intervention targets an open street children population in Kakamega. This study targeted street children population in both open and closed rehabilitation interventions.

1.5 Methodology

Correlation research design was employed in the study. The rationale for using Correlation research design is based on the fact that correlation research design described the degree to which variables are related (Mugenda and Mugenda, 2003). Correlation research design involved collecting data in order to determine whether or not

and to what degree of relationship exist between two or more quantifiable variables. The degree of relationship was expressed as a correlation coefficient or chi-square test value (Mugenda and Mugenda, 2003). Thus the study sought to reveal the relationship between rehabilitation interventions and street children social development in Kakamega Central Sub-county in Kenya. Study population included 220 street children in closed and open rehabilitation systems, 30 Governmental and Non-Governmental Organizations rehabilitation staff, 10 social workers, 8 Governmental officers, 5 counselors and 21 businessmen. Primary and secondary data were used. Primary data collection utilized questionnaires, interview guides, observation checklists and Focus Group Discussion. Cluster and snow-ball sampling were used to sample street children. Census and purposive sampling were used to sample the key informants. Quantitative data was analyzed using descriptive statistics specifically frequencies, percentages and means. Qualitative data analysis and interpretation utilized data coding, voice and narrative analysis. Data was displayed in form of graphs, charts and tables. The data obtained from the field was organized, edited to ensure completeness, comprehensibility and consistency, classified and coded according to the study objective for analysis.

1.6 Conceptual Framework Model

Figure 1.1 displays a conceptual framework model that shows the relationship between the Independent, intervening and dependent variables and how they interrelate to each other. The rehabilitation interventions at governmental, non-governmental and religious level generally affect the attitude, perception and lifestyle of the street children. The Intervening variables like laws, policies and drug abuse vulnerability affect both the dependent variable of street children’s social development and Independent variable of rehabilitation interventions.

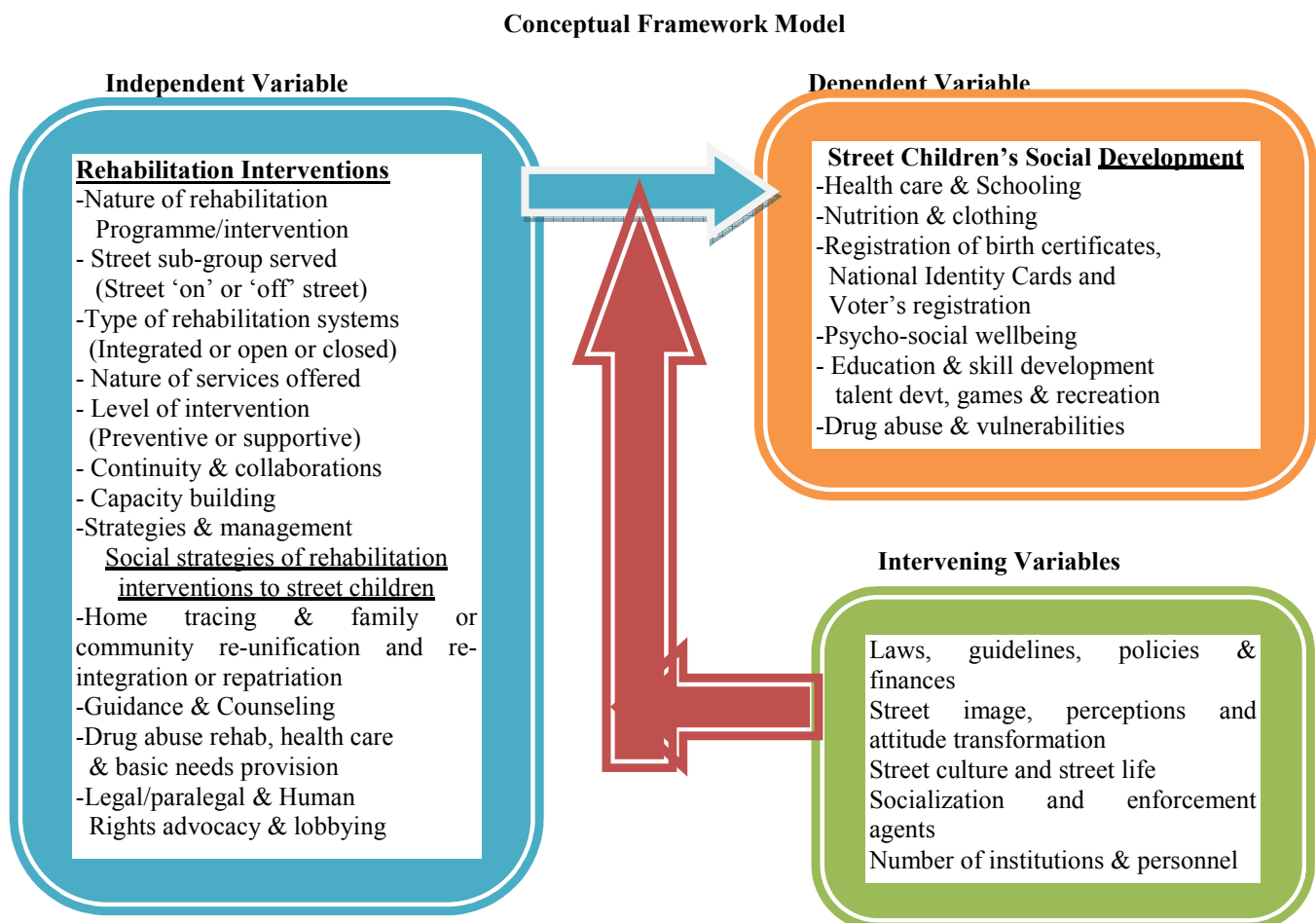


Figure 1.1: Conceptual Framework Model Showing the Variables of Rehabilitation Interventions and the Effect on Street Children’s Social Development (Source: Researcher, 2015).

1.7 Findings

1.7.1 Effectiveness of Rehabilitation Interventions on Street Children’s Social Development

The study sought to establish interventions and services provided to street children. The participants were asked to indicate whether they were aware of these services because knowledge of the services would influence the decision of street children to seek or utilize such services. Among the respondents 196(89%) of the street children indicated that they are aware of the rehabilitation interventions while 21(9%) indicated that they were not aware of the rehabilitation interventions and 3(2%) did not know about these rehabilitation interventions as presented in Figure 1.2



Figure 1.2: Awareness of Street Children on Rehabilitation Facilities/Interventions

Source: Researcher, 2016

After establishing that majority 196(89%) of street children were aware of the rehabilitation interventions the researcher was interested in finding out how they knew about these interventions. To this extent majority 148(67.2%) of the street children found out about the services from other street children and this implied a strong network of communication among street children.

It was evident that there were strong bonds between the street children which involved constantly “looking out” for each other. Street children in Kakamega Town refer to each other as *Ninja* (comrade in tough life for boys) and *Survivor* (one who can withstand hard life for girls). This implies that if one of the children had knowledge of any assistance being offered to street children by the service providers they would pass this information to their comrades. The street children also identified social workers as a source of information of these services where 12(5.5%) indicated this. Social workers among the street children are mostly referred to as *mwalimu* “teacher”. There are street children who learned about the rehabilitation services through churches and this accounted for 8(3.6%). The community outreaches and organizations were a source of awareness for rehabilitation interventions and this accounted for 4(1.8%). Children in conflict with the law learned about these rehabilitation interventions through the government departments like the children department and this were represented by 36(16.4%). As revealed in the findings of this study, street children’s networks strengthen the ability to form bonds on the streets. Street children also extend their networks not only to other street children in different bases, but also to the business community, people and institutions they consider beneficial to their survival while on the streets. As shown in the previous discussion, street children rely on one another for money, food, security and protection, love, encouragement and emotional support. Table 1.1 presents the sources of information on street children rehabilitation interventions.

Table 1.1: Source of Information on Street Children Rehabilitation Interventions

Source of Information	Frequency	Percent
Government	36	16.4
Community	4	1.8
Friends	148	67.2
Family	0	0
Church	8	3.6
Social outreaches	12	5.5
No responses	12	5.5
Total	220	100.0

Source: Researcher, 2016

Interviews with a sample of 50 street children in Alexandria revealed that, approximately 84% of the children who visit the drop-in centers on regular basis first knew of the services provided by NGOs through other peers of the same group while being together on the street, 6% through people and community dwellers, and 10% through the social workers working in the NGOs. This refers to a problem connected with “street work” or “street education” in most NGOs, and that the social workers are not always on the spot when needed. In 2005, a project to rehabilitate street children known as ‘Home for the fatherless’ launched outreach campaigns to sensitize street children on their activities and this initiative resulted to an increase of their enrollment from 20 to 88 rehabilitees (Inyanji, 2014).

1.7.2 Attendance of Street Children in Rehabilitation Facilities

The study sought to determine the percentage of street children who attend rehabilitation facilities services. The study established that 180(81.8%) attend and 35(16.1%) do not attend as displayed in Figure 1.3

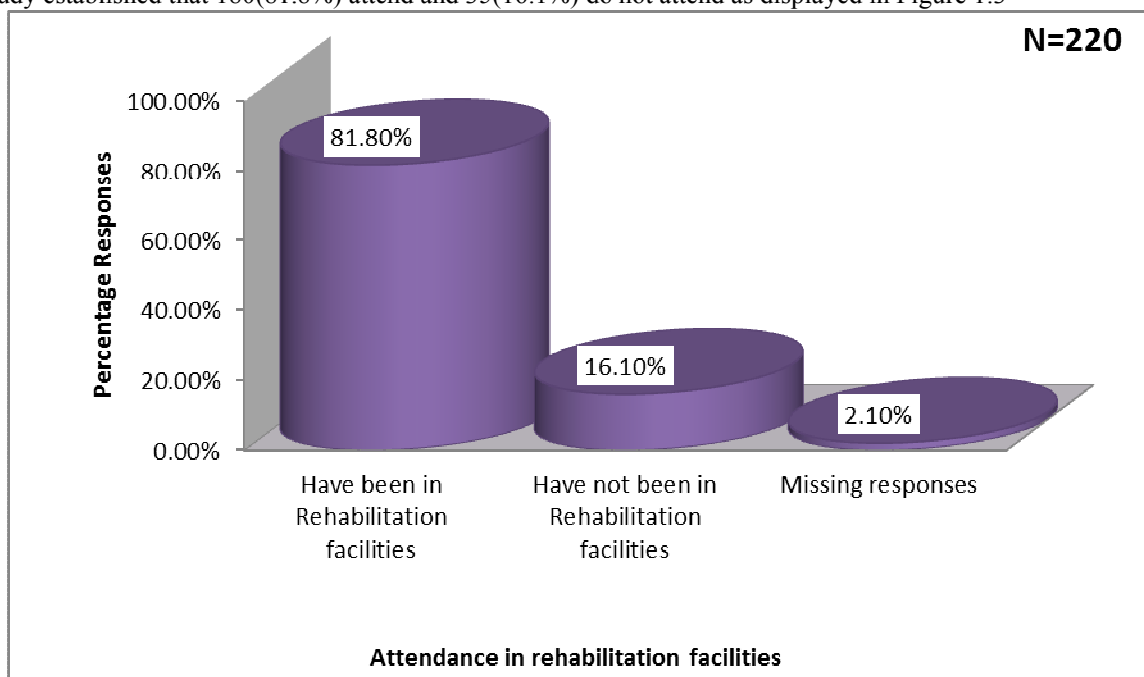


Figure 1.3: Attendance of Street Children in Rehabilitation Facilities

Source: Researcher, 2016

During an interview with the Kakamega Central Social Development Officer it was noted that some 35(16.1%) street children do not prefer going to rehabilitation facilities because they feel it is a waste of time and also they don't like being controlled by other people in managing their life and freedom.

He added that small street children are more likely to join rehabilitation centers than big street children. According to Motala (2010) as well as Ward and Seager (2010), NGOs employ a wide variety of programmes to address the needs and rights of street children such as advocacy; preventive programmes; institutional programmes which entail residential rehabilitation programmes and full-care residential homes as well as street-based programmes or outreach programmes which entail inter alia feeding programmes, medical social welfare services, legal assistance, street education, financial social welfare services, family reunification, drop-in centres or night shelters.

The Asian Development Bank, (2003) stipulates that programmes for street children are multi-sectoral because the health, education, survival and emotional needs of street children are impossible to address separately. Dybicz, (2005) assert that street children are in need of unique interventions that are distinct from those of other children in need of care. Thus if not given relevant services by rehabilitation facilities most of street children repatriate back to street life. Statistics from the General Social Defense Department in Egypt indicate that the total number of children placed in Social Care Institutions was 1,761 in 1998, of which 1,111 children were placed with court orders, and 650 are placed with detention penalties (in Al-Marg Detention Center). Statistics in Cairo shows that almost 42% of the children attend social care institutions while 38% of the children are in detention centers and 20% don't attend rehabilitation services.

As a move to intervene in the street children situation, under the President Kibaki regime, the Government of Kenya made great strides in the provisions of supportive services to street children. Various bodies were created and mandated to work with street children in Kenya. In 2003, The Street Families Rehabilitation Trust Fund (SFRTF) was established under the Ministry of Local Government now under Ministry of Devolution and Planning through a Gazette Notice No. 1558 of 11th March 2003. The mandate of

SFRTF is to coordinate rehabilitation activities for street families in Kenya in partnership with other service providers, educate the public, mobilize resources, manage a fund to support rehabilitation and reintegration activities, and encourage decentralization of activities to County governments to benefit those surviving on streets of Kenya's towns and cities among other functions (Morangi, 2010).

1.7.3 Street Children Rehabilitation Service Providers in Kakamega Central sub-county

The researcher was interested in establishing the street children service providers in Kakamega Central as displayed in Figure 1.4

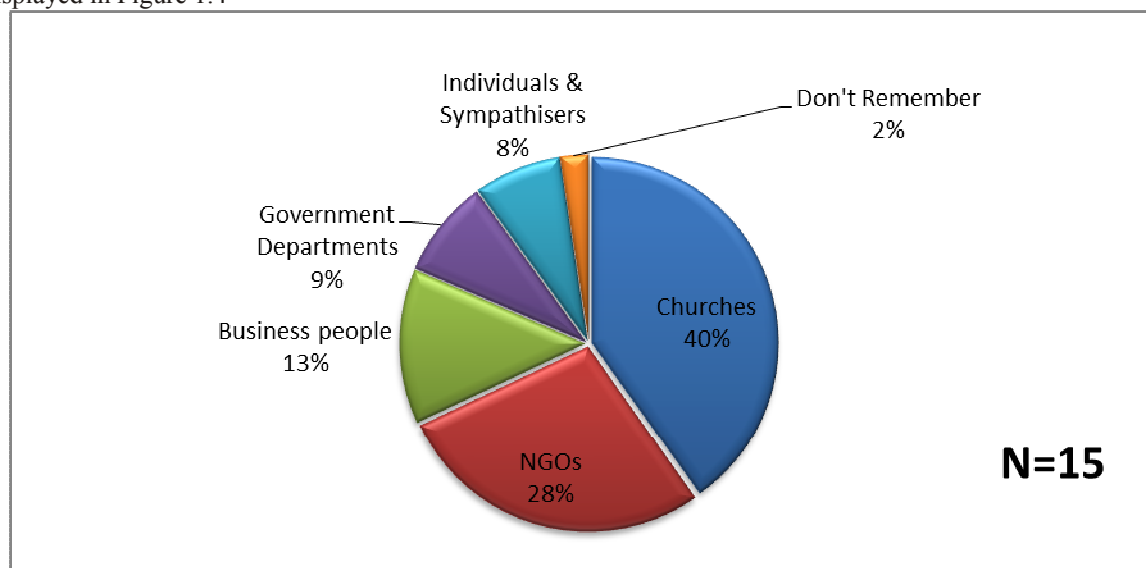


Figure 1.4: Service Providers for Street Children in Kakamega Central Sub-county
 Source: Researcher, 2016

Results in Figure 1.4 indicate that there are several service providers who are involved in providing street children interventions. Church related FBOs were identified as the most popular service providers by street children with 6(40.2%) indicating this. The Faith Based Organizations included; The Salvation Army (Martha's closet programme), Mission to the Fatherless, Victory Ministries and Pentecostal Revival. These FBOs provided a range of services which included rehabilitation, repatriation and training as summarized in Appendix 7.

NGOs were ranked second in providing services to street children with 4(27.8%). These NGOs included; Victorious children home, Child Welfare Society, Child Rescue, Child Development Centre and Inaya Home.

Businessmen were also identified as service providers by 2(13.5%) of the street children. FGD with businessmen 8 out of 20 confirmed that businessmen provided food and clothing and these were mostly of Asian community members. Government department was represented by 2(8.5%) and this included Kakamega Children Remand Home and Kakamega Rehabilitation school. Individuals who include passbyers and sympathizers accounted for 7.6%. The researcher observed that sympathizers gave street children food and clothes especially in holidays like Christmas and Idi. FGDs with street children in open system indicated that 22(10%) of street children are selective of the places they go to seek services.

For instance during the study, one male street child, 13years old said,

“Organization X usually has a lot of documentation and paper work involved where they ask us a lot of questions and we have never seen the benefit from the exercise. They often promise us that they will take us to school but negate on their promises. They also tell us that we should go to school every day.” (Field data, 2016)

The key informant interview with Kakamega Central social services officer revealed that most of the service providers' intentions were selfish. For instance, the business community gave street children food that was about to expire or already expired such as bread, cakes and milk. An interview with Guidance and Counseling Officers handling Street Children in Government Programs 2 out of 5 further pointed out that individuals and groups also masquerade as street children service providers where they source funds from well wishers and other established NGOs and the community. This has led to children having a negative perception of any assistance that they would otherwise receive from genuine entities.

In one of the FGDs with 10 street children in open system rehabilitation program, a male street child 14 years discussant said that;

“They (organizations or individuals) say they have come to help us where they give us papers (forms) to fill which are long and tedious but we never see the benefit of such efforts.” (Field data, 2016)

Through an interview the Children Officer of Kakamega Central sub-county emphasized that the government has the mandate to regulate any activities undertaken by charitable children institutions (CCI) under the children (charitable children's institutions) regulations of 2005 so as to ensure fulfilling of the children's welfare and social development. On this aspect of service providers, Plate 4.2 therefore displays street children in a play session at The Salvation Army (Martha's Closet Project-Kakamega) street Children rehabilitation programme which is an open rehabilitation system for street children as elaborated in appendix 7. Through an interview with this programme's coordinator it was confirmed that street children tend to prefer accessing rehabilitation services voluntarily rather than being forced by authorities like the police.



Plate.1.1: Street Children in a Play Session at The Salvation Army (Martha's Closet Street Children Rehabilitation Programme)

Source: Researcher, 2016

Streak *et al*, (2008) postulate that the national and county departments of social development have a key role to play in the delivering of social welfare services, to protect and promote development of vulnerable children though faced with several obstacles to funding of the service providers. So as help mitigate the situation of street children, in 1991, by Presidential decree, the Government of Kenya established the District Children's Advisory Committees (AACs), in each district, to enhance involvement of the community, Civil Society Organizations (CSOs), private sector (business community), line ministries, Faith Based Organizations (FBOs) and Community Based Organizations (CBOs) in the administration of matters relating to children. By then, only the Department of children's services under the Ministry of Home Affairs and National Heritage (MOHA&NH) was running public supportive and preventive programmes for the benefit of actual and potential street children. Although most of the country's local authorities (municipalities and county councils) were approved under the Children and Young Persons CAP 141 which was to manage both types of programmes, however, none mounted a supportive programme, the CAP 141 Act was repealed in the 2001.

Government interventions were, primarily, based on the rehabilitation and training of street children and were based on the delinquent nature of 6-18 year olds of whom street children were a majority. The programme was organized into two types of institutions namely, Approved Schools now known as Rehabilitation Schools and Juvenile Remand Homes now known as Children's Remand Homes, under the Children's Act 2001. Approved Schools on the other hand were custodial schools for the rehabilitation and training of delinquent juveniles and youngsters. The Department of Children Services had (nine) 9 such schools in the country, with a capacity of 3,000 children (Ministry of Home Affairs and National Heritage, 1990). Kakamega Central sub-county has one rehabilitation school with a current population of 116 boys (Children department, 2016). The present study therefore sought to fill the time gap by evaluating if indeed these government rehabilitation interventions are effective and have impact in the street children's social development.

1.7.4 Types of Rehabilitation Systems Accessed by Street Children

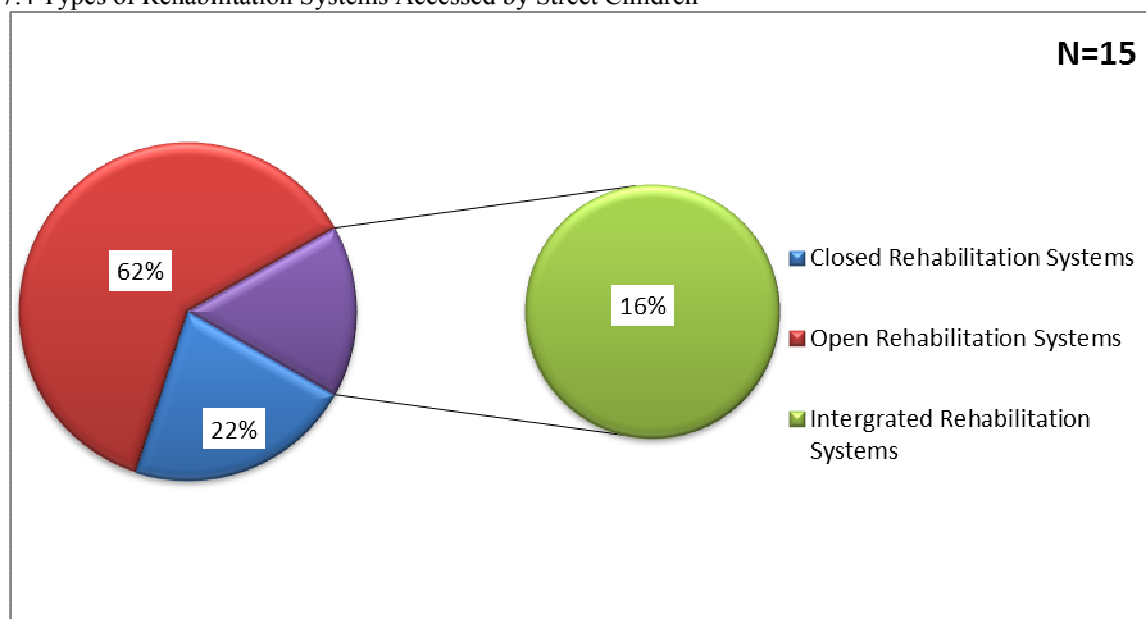


Figure 1.5: Types of Rehabilitation Systems in Kakamega Central Sub-county
 Source: Researcher, 2016

Findings in Figure 1.5 indicate that the open system in which street children access services like food, clothing, playing, health, washing and education during the day and then return to their homes, houses or streets was the highly attended and these were 9(62%). These organizations included mostly the Faith Based Organizations. The closed systems in which street children were identified and removed from the street then lived in the rehabilitation institutionalized centres were 4(22%). These consists mostly the government remand homes and NGO based children homes while 2(16%) were integrated rehabilitation system in which street children accessed services associated with both open and closed rehabilitation systems. NGOs like Mission Home for the fatherless fall into integrated systems because they attend to both children of ‘off’ the street and children ‘on’ streets (Children Department, 2016). According to Motala, (2010) as well as Ward and Seager (2010), NGOs employ a wide variety of programmes to address the needs and rights of street children such as advocacy; preventive programmes; institutional programmes which entail residential rehabilitation programmes and full-care residential homes as well as street-based programmes or outreach programmes which entail inter alia feeding programmes, medical social welfare services, legal assistance, street education, financial social welfare services, family reunification, drop-in centers or night shelters and outreach programmes. These social welfare services are rendered by multi-disciplinary teams across a variety of stakeholders (Integrated Service Delivery Model 2006:20). Schmied *et al*, (2006) recognize residential care as a term used to describe a number of service modalities, including institutional care, group care, congregate care and residential treatment centers. Residential care, places of safety and children’s homes are used as primary resources in South Africa to protect abused children. Social welfare services at the residential care facilities generally include counseling, education, recreation, health, nutrition, daily living skills, and social welfare advocacy services.

After descriptively analyzing the data on the rehabilitation intervention systems, the study further tested the relationship between open and closed rehabilitation interventions systems using chi-square test of independence. The study used chi-square in order to find out if there is a significant relation between key informants (Social Workers, Rehabilitation staff in GOK and NGO programmes, GOK officers and business community) preferences to open or closed system street children rehabilitation interventions.

The researcher formulated two research hypotheses that are:

H₀: There is no significant relationship between key informant’s preferences to the system of street children rehabilitation intervention.

H₁: There is significant relationship between key informant’s preferences to the system of street children rehabilitation intervention

The rule is that if $\alpha > p$ -value then we accept the null hypothesis (H₀) and if $\alpha < p$ -value then we reject the null hypothesis (H₀).

Table 4.11 displays the Chi-Square Test for open street children rehabilitation interventions and closed street children rehabilitation interventions in relation to key informant preferences in Kakamega Central sub-county, Kenya.

Table 1.2: Chi-Square Test for Open and Closed System Street Children Rehabilitation Interventions in Kakamega Central sub-county, Kenya

Open system rehabilitation interventions * closed system rehabilitation interventions			
Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)
Likelihood Ratio	149.078 ^a	64	.000
Linear-by-Linear Association	118.055	64	.000
	.105	1	.746
N of Valid Cases	74		

a. 81 cells (100.0%) have expected count less than 5. The minimum expected count is .04.

Source: Researcher, 2016

The results in Table 1.2 indicate that $\alpha < p$ -value at 95% level of confidence. ($\alpha=0.000$, p -value=0.05%, chi-square value = 149.078). Therefore the study rejected the null hypothesis (**H₀**) and concluded that there is significant relationship between key informant’s preferences to the system of street children rehabilitation intervention. This implies that different key informants (Social Workers, Rehabilitation staff in GOK and NGO programmes, GOK officers and business community) preferred to adopt either open or closed system street children rehabilitation intervention according to their nature of activities and resources available.

For instance government rehabilitation programmes like Kakamega Juvenile Remand Home and Kakamega Rehabilitation School adopt the closed system because they handle juvenile delinquents in security protected areas. Also NGOs like Victoria children home and Child Project Kenya employ the closed system because they are children homes offering residential care. However The Salvation Army programme and Child Welfare Kenya adopted the open system because they handle children on streets who have links with their families. These children may be on streets during the day or vacations then return back home in the evening or when vacations end.

In Kenya in 2003, 800 street children were rehabilitated through vocational skills training in various national youth service units countrywide which are basically closed system rehabilitation intervention (Awori, 2007). To this extent therefore the study went ahead to explore the services offered by rehabilitation interventions in Kakamega Central as presented in Figure 1.6

1.7.4 Services Offered by Rehabilitation Interventions in Kakamega Central

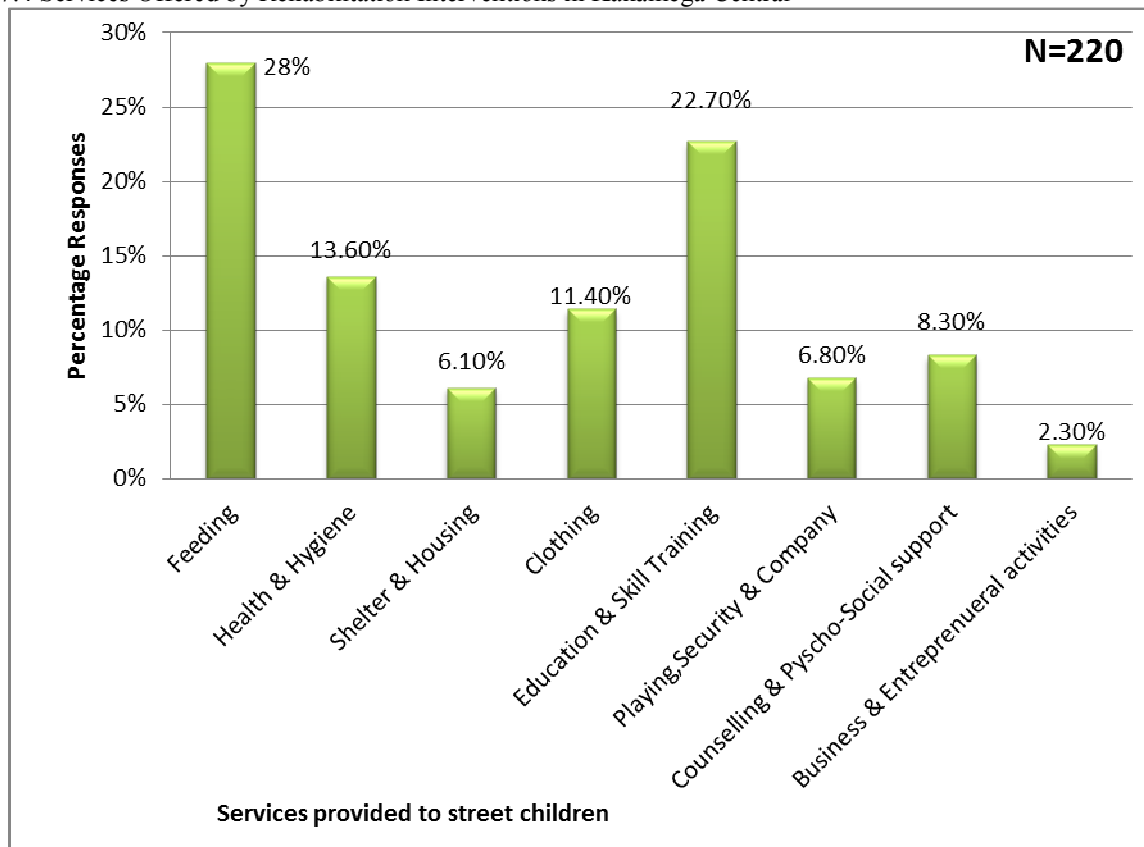


Figure 1.6: Services Provided to Street Children in Kakamega Central Sub-county
 Source: Researcher, 2016

Findings in Figure 1.6 indicate that, 63(28.8%) of the services provided were food and nutrition. Education and skills training were also observed in the data where 50(22.7%) of the street children indicated that they benefit of education services. The percentages observed in these two services were attributed to the open rehabilitation system by The Salvation Army who distributed food to the street children and have education classes for basic and functional literacy. Counseling and psycho-social support was 18(8.3%). This implies that counseling and psycho-social supports were not a priority area.

FGDs with Social Workers in NGO based rehabilitation interventions 8 out of 10 indicated that counseling was affected by shortage of staff and inadequate technical expertise to undertake the exercise and lack of special facilities to offer counseling services. Provision of livelihood and life skills training through business and Income Generating Activities were also offered by some of the rehabilitation interventions for older street children and these were 5(2.3%). Medical, hygiene and health support were 30(13.6%). Some NGOs involved in repatriation, home tracing and family re-integration support street children especially those who live home by building houses and these were 13(6.1%). The rehabilitation centers also gave street children venues to play, enjoy social/legal security and opportunity to interact with the society and these were 15(6.8%).

Findings of this study disagree with a similar study conducted in Zimbabwe in 2004 which established that when children were asked to identify the best services they receive through the reception centers they attend, they stated that recreation 34% represents the best services, then food 18%, sports 10%, literacy education 10%, medical care 10%, clothes 6%, trips 2%, art programs 2%, financial aid to families 2%, counseling and advice 2%, and security 2%, whereas 10% appreciated all the rendered services, and 6% did not prefer any services at all.

In 2003, The National Rainbow Coalition Government initiated The Street Children Capacity Building Project which aimed at enhancing the capacity of organizations that are addressing the plight of both actual and potential street children in Kenya.

The project was based in Nairobi with a national out-reach, and working in partnership with voluntary organizations and governmental institutions in key urban centres in different districts, including Mombasa, Nakuru, Kitale, Kisumu, Eldoret, Lodwar, Maralal and Marsabit. However this project collapsed due to political changes in Kenya (Awori, 2007).

The study went further to evaluate the significant relationship between rehabilitation interventions and street children's social development using inferential statistics in particular the Spearman rank correlation as presented in Table 1.3

Table 1.3: Correlation between Rehabilitation Interventions and Street Children's Social Development in Kakamega Central sub-county, Kenya

Correlation between Rehabilitation Interventions and Street Children's Social Development		
	Street children's social development	Rehabilitation interventions
Spearman's rho	Street children's social development	Correlation Coefficient
		Sig. (2-tailed)
		N
	Rehabilitation interventions	Correlation Coefficient
		Sig. (2-tailed)
Total	N	220

****.** Correlation is significant at the 0.01 level (2-tailed).

Source: Researcher, 2016

Results in Table 1.3 indicate that there is a positive and significant relationship between street children rehabilitation interventions and street children's social development, ($r=0.505$, $\alpha=0.000$, $p\text{-value}=0.01$). This implies that if there is street children rehabilitation intervention there is likely to be street children's social development. Thus the presence of street children rehabilitation interventions (either closed residential or open rehabilitation system) lead to street children's social development.

The results of this study concurs with the findings conducted in Kumandhu, India done by Ghimire, (2014) who indicated that 32% of the children access rehabilitation centers and this was found helpful to their social needs. Dybiczy, (2005) assert that street children are in need of unique social development interventions

that are distinct from those of other children in need of care. Thus if not given relevant services by rehabilitation facilities most of street children repatriate back to street life.

In 1998, the Department of Children Services in Kenya established the Volunteer Children Officers system. The concept was piloted 2004 in seven (7) Districts. The volunteers Children Officers (VCOs) complement the work of children officers by providing supervisory services to children in need of care and protection and those in conflict with the law at the location/village level. This initiative helped in minimizing dropping of street children in rehabilitation centres hence building their social development (Children Department, 2015). The study having established that there was significant relationship between street children rehabilitation interventions and street children's social development in Kakamega Central sub-county the researcher further sought to establish how frequently street children accessed these interventions.

1.7.5: Frequency of Utilizing Street Children Rehabilitation Centres' Services

The study sought to establish how frequently street children accessed rehabilitation interventions as presented in Table 4.13.

Table 1.4: Frequency of Utilizing Rehabilitation Centre's Services

Frequency of service	Frequency	%
Once in a month	22	10
Regularly	117	53.2
Rarely	2	0.9
Always	75	34.1
Missing Responses	4	1.8
Total	220	100.0

Source: Researcher, 2016

Findings of Table 1.4 indicate that 22(10%) of street children visit rehabilitation centers once a month. Those who attend regularly were 117(53.2%), those who visit rarely were 2(0.9%) and those who always visit the rehabilitation facilities were 75(34.1%). Interviews with street children indicated that some used the services once in a month because they could not go to particular organizations which would interfere with their activities unless it was really necessary, for instance going to seek medical attention.

Findings of a study conducted in Kumandhu India by Ghimire (2014) indicated that 32% of the children access rehabilitation centers often in a while whereas 10% of them access the rehabilitation centers once in a while because most of the programs are residential. In 2010, The Northern Rift Valley Protection Working Group found that at least one third of the children on the streets of Eldoret are coming from Turkana. With 800-1000 street children on Eldoret streets and admissions in the Children's Remand Home based in Eldoret increasing significantly. Therefore, UNICEF decided to prioritize child protection activities in Eldoret town. Initially, the Child Protection Centre (CPC) in Eldoret was provided with supplies, Social Workers and Counselors, and support for logistics. UNICEF thus expanded its support to the local NGOs, so that they can scale-up services to street children and other vulnerable children. The Sub-county Children's Office was also supported to play its coordination role (UNICEF, 2011).

1.7.6 Street Children Satisfaction Level with Rehabilitation Services Provided

The study sought to determine whether street children are satisfied with services provided for them in rehabilitation centers whereby 97(44%) of the street children said they are satisfied against 108(49%) who said they are not satisfied as displayed in Figure 1.7

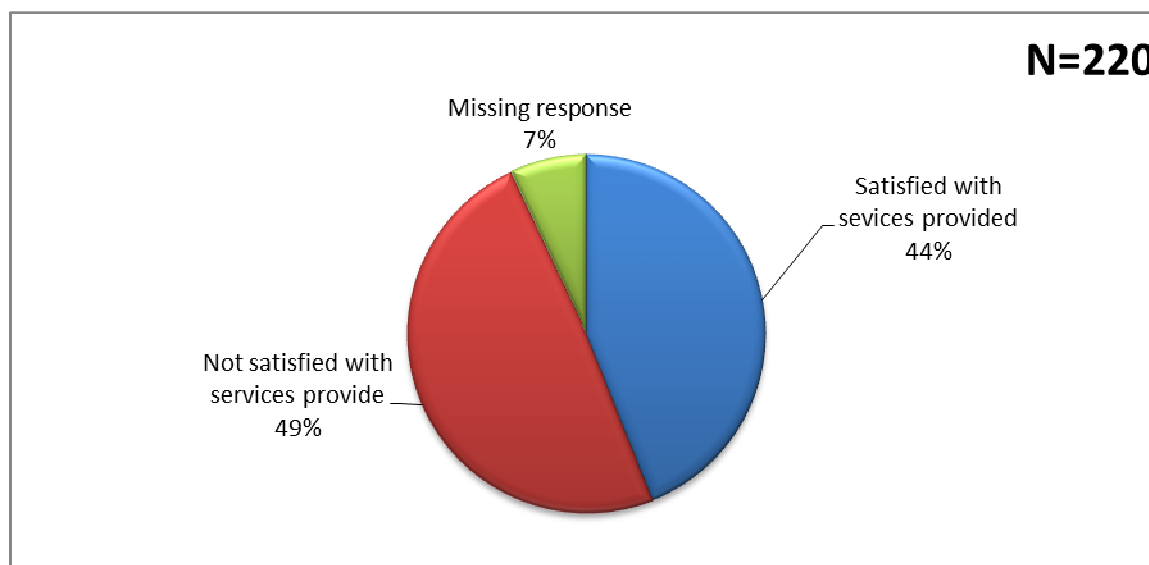


Figure 1.7: Street Children Satisfaction Level with Rehabilitation services provided

Source: Researcher, 2016

Interviews with street children 65(60%) out of 108(100%) said that they are not satisfied with services rendered in rehabilitation centers indicated that not all the Street children on the street know of the services provided by the rehabilitation centers or by the NGOs. There are also other children on the street who have been to one or more NGOs, and were either refused help because of age (normally NGOs accept young street children but not the older ones 16 or above), misbehavior, or simply because they disliked the services provided, especially with the routine chores they had to fulfill. Most (67%) street children indicated that the first thing that attracted them to the rehabilitation centers were food, clothing, and recreation (games and play) so if these services were not adequately met then they opted to quit and survive in the streets. Interview with Kakamega Central Children Officer further affirmed that, very few street children know of the services provided by the Children Department and Social services thus reaching out to street children and raising awareness among them of the nature of services provided by this department is needed to enable them opt for rehabilitation.

In a study conducted in Cairo in 1998 children were asked about their opinions concerning the services provided by the NGOs working with street children, 82% stated that the services are sufficient and useful, especially females. Whereas 18% stated that the services are not enough and asked for more. Morangi (2012) found out that in Eldoret town 70% of street children are not satisfied with services provided in rehabilitation centers whereas 20% were satisfied and 10% did not said anything about the issue. Morangi, (2012) related the dissatisfaction amongst the street children with the tendency of some programs especially the government based forcing them to join the rehabilitation centres without psychologically preparing them before enrollment in these programmes. In attempt to support street children, the government of South Africa enacted the Children's Act (Act No 38) of 2005 which guides the programmes offered to street children. This Act has witnessed more street children enroll in rehabilitation interventions (Dybicz, 2005).

1.8 Conclusions

From the findings the study concluded that, rehabilitation interventions to address street children's social development exist and most of them are run by NGOs and FBOs. There are few preventive interventions and they tend to be supportive rather than developmental. Above all, they only serve a few street children with specified services and this tend to limit their effectiveness on enhancing the social development of street children.

1.9 Recommendations

The study recommends a collaborative mechanism to bring on board stakeholders and partners from all sectors involved in street children rehabilitation interventions at international, national and county levels then allocate adequate resources and continuously build the capacity of staff dealing with street children so as to improve their effectiveness on enhancing street children's social development.

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