DECLARATION

This Research Thesis is my original work and it has never been presented for a Degree in any other University. All sources have been acknowledged.

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DEDICATION

This Study Thesis is dedicated to all widows and vulnerable children living in abject poverty in Kenya.

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LIST OF ABBREVIATIONS

AAS: Acta Apostolicae Sedis

AACAP: America Academy of child and Adolescent psychiatry

AIDS: Acquired Immune Deficiency Syndrome

ANPPCAN: African Network on Prevention and Protection against Child Abuse and Neglect:

CBOs: Community Based Organizations

CCIs: Charitable Children Institutions

DEPSOS: Departemen Social (Ministry of social Affair)

EAP: European Association for Psychotherapy

HIV: Human Immune Virus

ISK: International Street Kids

FBOs: Faith Based Organizations

GOK: Government of Kenya

KARD: Koinonia Advisory Research and Development

KESCA: Kenya Society of Care leavers Association

KOBWA: Koinonia Old Beneficiaries Welfare Association

MGCSD: Ministry of Gender Children and Social development

MoEST: Ministry of Education Science and Technology

NCCS: National Council for Children Services

NGOs: Non-Governmental Organizations

NICHHD: National Institute of Children Health and Human Development

NACAARP: National Alliance for Caregiving & the American Association of Retired Persons.

STIs: Sexually Transmitted Infections

UK: United Kingdom

USK: Undugu Society of Kenya

UN: United Nations

UNICEF: United Nations International Children's Emergency Fund

UNCRC: United Nations Convection on the Rights of the Child.

OPERATIONAL DEFINITION OF KEY TERMS

Adaptation:	Refer to the process of transformation needed to enable a street child associate and acceptable to live in the community.
Availability of funds:	Refer to resources that have been accessible or sent by donors or interesting stakeholders to children service providers to enable street children institutions run.
Caregiver:	Refers to a person who takes care of street children in charitable children institution. He or she ensures that children are helped to change their antisocial behaviour, gain self-esteem and ultimately become self-reliant.
Charitable Children's Institution:	A home or institution established by an individual, or corporate, NGO, religious body to care for, protect or rehabilitate a vulnerable or a street child.
Child Service Provider:	In the context of the study, a child service provider is an individual caring or managing street children in charitable children institution that provide care, protection and rehabilitation services.
Caregivers' Characteristics:	Refer to maturity, patience, friendliness, reliability, well-behaved, kind, understanding, confidence, will power, humility, just, loving, consideration and creativity, cooperation, devotion, polite, morally sound and educational qualifications.
Counselling:	Is a way of helping an individual to deal with or remove frustrations and obstacles that interfere with his/her life by self-acceptance and thinking through the situation.
Educational services:	Refer to training services provided in children institution to enhance holistic rehabilitation of street children. In this study the services include life skills, spiritual training, formal and non-formal education.
Foreign Aid:	Refers to international funding support for street children institutions.
Funding:	The act of providing financial resources usually in the form of money or other valuables such as effort or time, food, clothing and medication.
Healthcare services*:*	Refer to the medical care, psychological therapy and spiritual counselling services offered to street children to enable them undergo holistic rehabilitation process.

Holistic rehabilitation Approach:	Refers to an inclusive methodology that is concern with restoration of street children's inappropriate situation back to what is considered a normal and useful life in the community
Informal Settlement:	A low housing or a poor dwelling that is built temporally and heavily populated.
Life Skills:	Refer to skills that street children and young people can learn, regarding social development, critical thinking and self-reliance that will help them in their daily living.
Managers' competences:	Refer to necessary skills, motives and attitudes needed by managers to enable them run street children institutions effectively.
Nurse aides:	Refer to caregivers who assist in observing and providing basic healthcare to enrolled street children in a charitable children institution.
Orphan:	A child who has lost one or both parents. A maternal orphan is the child whose mother is deceased and paternal orphan who has lost the father.
Primary Caregiver:	Refers to patron/matron or nurse assistant who takes parental responsibilities. He or she handles and takes care of enrolled street children in a charitable children institution.
Rehabilitee:	Refer to a street child aged 18 years and above, who is leaving or has left a children's institution.
Socio-Economic:	A compound word involving a combination of social and economic factors. In the context of this study, the socio-economic factors affecting holistic rehabilitation of street children include: educational services, healthcare services, managers' competences, caregivers' characteristics and availability of funds.
Stakeholders:	Are individuals, groups or organizations who, directly or indirectly, stand to achieve or lose from a given development activity or policy.
Street Child:	Refers to a vulnerable or orphaned child residing partially or entirely in the streets, behaving in antisocial manner, lacking self-esteem and self-reliance.
Vocational Training:	Refers to the acquisition of knowledge, skills and competences for job performance.

Vulnerable Child:	Refers to a child who has been deprived physical, social, intellectual, moral emotion, spiritual wellbeing and therefore, he/she is threatened or traumatized in life.

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May Our Loving God bless you all.

ABSTRACT

The dynamics of holistic rehabilitation of street children are complex and solutions to challenge posed by this phenomenon requires a study to establish how to tackle it. In Mathare Constituency, the challenges facing institutions involved in this task are not any different. This study sought to establish the socio-economic factors affecting the holistic rehabilitation of street children in Mathare constituency that is an informal settlement within Nairobi County. The main objective was to assess how healthcare services, educational services, managers' competences, caregivers' characteristics and availability of funds affect holistic rehabilitation of street children in Mathare Constituency. The target population was one hundred and sixty five (165) that included caregivers, managers, former rehabilitated children, primary caregivers and teachers from the charitable children institutions within Mathare Constituency. The sample size for the study was 116 participants. The participants of the study were selected using purposive random, simple random and snowball sampling techniques. The study used a descriptive survey design whereby quantitative and qualitative methods were integrated. The researcher used semi-structured interviews and questionnaires to collect data for the study. The data was summarized, coded and tabulated using Statistical package for social sciences (SPSS) version 2.1 for windows. The study established that the healthcare services offered to street children were adequate 78 % (n=7) and effective 67% (n=6) as the children institution staffs involved experts in serving children. The educational services offered were found to be adequate 90 % (n=17) and effective 76% (n=17) due to teachers' effective teaching methods and role modelling that enhanced those services. The study also found 50% (n=2) of managers experienced but lacking, educational qualifications required by the government. The study likewise found out that majority of caregivers 80% (n=7) had attained required trainings but the primary caregivers had no opportunity to further their trainings. The children institutions got funds from government, civil society and international donors where the latter contributed three quarters of the funds needed. The study findings indicate, there was 75% (n=3) of street children who were enabled to adapt into the community. The study recommends the improvement of the services offered by these institutions in order to achieve holistic rehabilitation of street children. The study also recommends that the government and international bodies, to increase their support to institutions involved in the rehabilitation of street children as the resources are inadequate. The study also recommends that these institutions pursue local collaborations and partnership in order to enhance their services. Finally, the study recommends further studies with a bigger sample and intervening variables inclusion in Kenya in order to establish findings that can help solve the problem of street children's holistic rehabilitation.

CHAPTER ONE
BACKGROUND OF THE STUDY

1.0. Introduction

This chapter outlines the insertion of the researcher and background of the problem. It also tackles the statement of the problem and gives the objectives of the study, research questions and the research assumptions, significance of the study, limitations of the study, scope and delimitations of the study.

1.1. Insertion of the Researcher

The researcher has experienced the reality of the street children in Mathare Constituency, Nairobi County for more than three years. Furthermore, as a social scientist by profession, the researcher has been working as a volunteer in Mathare Constituency, since the month of May 2013, rendering services in the charitable children's institutions in Mathare Constituency that is within Nairobi County informal settlement ,where the majority live in abject poverty.

Most of the dwellers in Mathare include vulnerable groups like the unemployed youth, single mothers and child headed households, street families/children, displaced people, HIV/AIDS orphans and vulnerable children who end up into the streets (Mwakanongo, 2016). The researcher has been involved in charitable work, counselling, empowering socio-economically the youth and children in Mamma Africa Italia *Onlus*-Kenya and Good Samaritan Children's Home & Rehabilitation Centre. In Mamma Africa's children institution, street children are holistically developed and rehabilitated through spiritual counselling, healthcare and provided with education. In Good Samaritan rehabilitation institution, street children are also rehabilitated by providing them with education and healthcare services.

The institutions also help victims of teenage pregnancy, abandoned and abused children due to family breakdown, separation of spouses and HIV/Aids cases. The street children enrolled

in Mamma Africa and Good Samaritan institutions are also offered numerous of fundamental rights such as food, clothing, psychosocial support and spiritual counselling, education and healthcare irrespective of race, gender, religious belief or abilities as emphasized by the convention on the rights of the child of 1989 (UNICEF, 2009).

According to Okello (2011), children placed in charitable children's institutions (CCIs) range from those who suffer physically, emotionally and psychologically. Subsequently, the CCIs are composed of street children who are abandoned, disabled neglected, sexually abused and orphaned ones. Moreover, the charitable children's institutions operating in Mathare Constituency, Nairobi County often receives vulnerable orphans and abandoned children from the streets within this constituency and the neighbouring constituencies.

Lack of knowledge and skills make street children vulnerable which predisposes them towards illegal activities such as abusing drugs. Drugs abuse alleviates hunger and even causes street children to gain a sense of rudeness. Children living on the streets also develop antisocial behaviour by imitating the behaviour of other antisocial children on the streets such as stealing and prostitution as a way of earning a living (Kaime, 2012).

Having a background in social development studies, the researcher was inspired to find out how various charitable children's institutions in Mathare Constituency, Nairobi County, rehabilitate street children to know, whether they were enabled to adapt into the community. The researcher had an opportunity of encountering former rehabilitees in Mathare Constituency.

Many of the former rehabilitees were experiencing high risk of becoming teenage parents with low educational achievements, suffering from unemployment and under employment while others having antisocial behavior (Abrams & Christian, 2007; KSECA & KOBWA,

2013). Furthermore, the former rehabilitees end-up being affected psychologically and emotionally (Browne, 2009) and finally fail to regain their self-esteem which is also an essential for community adaptation.

In spite of the goodwill and expensive programs by the Government and civil societies to curb the problem of street children, the phenomenon still continues to recur while there seems to be no holistic rehabilitation approach to address this issue. Due to the persistence of this phenomenon, this study aimed at assessing the socio-economic factors that affect holistic rehabilitation of street children in Mathare Constituency that is located within Nairobi County.

1.2. Background to the problem

The phenomenon of street children is universal and unceasing while it is emerging in countries that it has not been previously known so far. Kaime (2012), noted that no country and virtually no city anywhere in the world is without the presence of children living on the streets. Both developing and developed countries face a broad spectrum of problems posed by the conditions of street children, yet few steps have been taken to address this issue.

According to International Street Kids (ISK, 2016), an exact global statistics of these children does not exist and is "impossible to quantify". However, it is estimated that there are over 400 million children living on the streets in the world today. The number is growing due to factors such as violence, child abuse at their homes or in the neighbourhood and poverty that children are trying to escape, turning to the streets to earn a living (Agarwal, 2010; UNICEF, 2012).

In South America alone, there are 40 million street children. In Asia and Europe we have approximately 25 million (UNICEF, 2013). It is estimated that, there 400,000 street children

in Sudan (UNICEF, 2014). Around 1,000,000 children are on the streets of Egypt (UNICEF, 2005). There are about 12,000 street children in South Africa (Save the children, 2011). These children do what they can to keep to themselves or help their families to survive by engaging in odd jobs such as scavenging, begging, vending and even prostitution (Drane, 2010).

In Kenya, there are estimated 250,000 to 300,000 children in the streets (UNICEF, 2014). However, estimated census of street children are often unreliable. Due to the uncertainty of this population, data are inadequate and the population tends to be miscalculated (UNICEF, 2010). Street children in Kenya are referred to as "*chokora" or "mapipa*" which are Kiswahili words that literary mean "one who scavenges and eats from garbage bins" (Kamusi, 2008). The phenomenon of street children is a major human developmental problem that has existed, since the colonial era in Kenya.

The problem of street children in Kenya dates back to 1909 when the first reformatory institution was established for children, loitering in the streets as well as those in conflict with the law. The emergence of the Second World War in 1940s and the later state of emergency in Kenya in 1950s played part to the advent of street children's problem as the colonial government broke up families by imprisoning men and women, taking them to the concentration camps (ANPPCAN, 1995). Due to imprisonment of their parents, children were left helpless thus; they started wandering into the streets seeking, ways of survival. This led many children into trouble with the law in Kenya, creating the need to establish approved school and juvenile remand homes for children awaiting court rulings (Kinyua, 2004).

According to the Constitution of Kenya (Cok, Cap.141, 2010), the statutory approved schools and juvenile remand institutions were later renamed rehabilitation schools. Charitable children institutions (CCIs) have been established under section 58 of children act of

constitution of Kenyan (2010). The CCI is defined as "a home or institution, established by a person, corporate or religious organization or a Non-Governmental Organization, granted approval by the National Council for Children Services (NCCS) to manage a program for the care, protection, rehabilitation or control of children" (Government of Kenya, 2010).

Life on the streets present opportunities for work and freedom but it also violate a child's dignity and adversely affect their social, physical, mental, emotional and overall well-being. This is particularly true of street children, whom usually encounter conditions of great difficulty such as brutality and sexual abuse by the police, which occurs on a daily basis while they lack basic knowledge, skills and right attitude towards life (Oyeniyi, Bamiwuye, Ibukun & Olusegun, 2009).

In 1986 there was an inauguration all-African Network on Prevention and Protection against Child Abuse and Neglect (ANPPCAN) in Nigeria. Its mission was to enhance in partnership with others the prevention and protection of children from all forms of maltreatments as well as offer programs to the disadvantaged. It was during that inauguration, when children living on the streets in Africa received increased attention (ANPPCAN, 2009).

In 2003, the State of Kenya created the Street Families Rehabilitation Trust Fund under the Ministry of Local Government for rehabilitation of street children. With the increase in trend of street children, they were seen as vulnerable group worth attention and intervention. Thus, the state, local NGOs and international agencies intensified efforts to address the street phenomenon (Swanh & Kasirye, 2012). These efforts, although commendable, have proved to be insufficient because the phenomenon still persist up to date (Agarwal, 2010).

1.2.1. Street Children Enrolled in Children Institutions

The UN estimates that there are 8 million children around the world living in children institutions worldwide (Better Care Network, 2014), although the quality of available data from many countries is poor and under-reporting is a problem, as many institutions are unregistered and the children living there are not officially counted. The actual figure of street children is likely to be much higher, due to the explosion of unregistered institutions and the lack of data on the vulnerable children (Petrowski, Cappa & Gross, 2017).

In Europe, there are 819,000 children enrolled in the institutions (UNICEF, 2007). In North America, we have 11,777 children under the age of five in institutional care. (Browne, Johnson & Hamilton, 2006). Nearly 30,000 street children are enrolled in children institutions of Chile and Colombia. In additional there are 15,000 in Bolivia (UNICEF, 2007). More than 500,000 live in over 8,000 Children's Homes in Indonesia (Save the Children, DEPSOS & UNICEF, 2007).

In sub-Saharan Africa, the enrollment of street children has been alarming and hence resulting to the increase of institutions. In Malawi, South Africa, Swaziland and Zambia, there are 24,340 children living in registered care institutions (Dunn & Parry-Williams, 2008). By the year 2003, there were 300 registered charitable children institutions in Kenya but this number has risen to more than 700 (Government of Kenya & UNICEF, 2013). Consequently, the exact number of these institutions is unknown and may be higher (Government of Kenya & UNICEF, 2014).

Ombour (2015) elucidates that, the number of street children in the institutions in Kenya has also risen resulting to children institutions mushrooming in many places, which are not registered or even regulated as per the provisions of children's Act of the Kenyan laws (CoK, Cap. 141, 2010). Moreover, there a number charitable children institutions that get abandoned

and orphaned street children from the streets for caring until they become adults, where they are able to take care of themselves. However, all these children institutions aim at rescuing, rehabilitating and adapting street children back into community (Nyamai & Waiganjo, 2014).

Furthermore, the government of Kenya and Non-Governmental Organizations get children who are abandoned from either in the streets or hospitals at a tender age and take them into children institutions. Street children are referred to charitable children institutions by children department officer in Mathare through the court in cases of negligence, abandonment and child abuse which are not conducive conditions for the normal growth of the child (Okello, 2011).

The street harbours children who have been to rehabilitation institutions and once again opted to go back to the streets. The longer the children have been in the streets, the more ingrained they are to the attitude, skills and behaviour required in street adaptation and vice versa (Rememnyi, 2011). Moreover, for the street children's failure to cope with institutional life, they choose to go back into the environment that is familiar to them as their emotional and mental distortion does not enable them to cope in a different environment from which they were used to: the streets. There is a belief that street children lack food, shelter, and clothing among other tangible things. Once these children are taken out of street and when such are provided, then the needs why they are in the street are met (Migai, 2013).

Nevertheless, street children require holistic rehabilitation approach to enable them change their antisocial behaviour, gain self-esteem and ultimately become self-reliant in order to adapt into the community. Therefore, the study aimed to assess healthcare services, educational services, managers' competences, caregivers' characteristics and availability of funds as socio-economic factors, with the purpose of finding out how they affect holistic

rehabilitation of street children in Mathare constituency, Nairobi County and the entire society.

1.3. Statement of the Problem

Lack of holistic rehabilitation approach by street children's rehabilitation institutions has led the researcher to have a great concern; "why should street children after going through a rehabilitation process, go back to the street or remain partially transformed and unable to adapt into the community setting." Rehabilitation process that lacks a holistic rehabilitation approach is inadequate and does not lead to a transformative level as many street children's rehabilitation institutions, concentrate mostly on physical and social needs but neglect to attend to children's emotional and mental situation that could enable street children, change their antisocial behaviour, gain self-esteem and ultimately become self-reliant in order to adapt into the community (Karanja, 2015).

There has been very little, if any sympathy for street children. Moreover, there is not much done to focus on what a street child undergoes through while on the streets as a number of children service providers willing to intervene, just assist with basic materials such as food, shelter, clothing and the mere preaching, to get the street children off the street (Maposa, 2013; Hecht, 2011).

Consequently, the children's service providers have failed to analyze street children's reasons for going into streets and the antisocial behaviour, developed by mimicking the behaviour of other antisocial children on the streets such as drug abuse, stealing and prostitution as a way of earning a living before they intervene (Kaime, 2012). Moreover by providing physical and social needs is just to cater for short-term solution. This kind of approach may even build

dependency syndrome on the street children, (Rememnyi, 2011). This presents a gap that prompted the need for this study.

Thus, the study aimed to tackle the phenomenon of street children, through holistic rehabilitation approach and unlike other studies, the current study assessed the socio-economic factors that affect holistic rehabilitation of street children in the society. Without finding out and establishing the socio-economic factors affecting holistic rehabilitation of street children, there is a great risk of failing to accomplish the purpose of holistic rehabilitation of street children in charitable children institutions in Mathare Constituency, Nairobi County and the entire society.

1.4. Research Objectives

The main objective of this study was to establish how socio-economic factors affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County. In order to achieve the main objective; the following specific objectives were identified.

1. To assess how healthcare services affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.
2. To identify how educational services affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.
3. To find out how managers' competences affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.
4. To evaluate how caregivers' characteristics affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.
5. To examine how availability of funds affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.

1.5. Research Questions

The supporting questions of the study were:

1. How does healthcare services affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County?
2. How does educational services affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County?
3. How does Managers' competences affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County?
4. How does Caregivers characteristics affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County?
5. How does availability of funds affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County?

1.6. Assumptions of the Study

The study assumptions usually flow from the research methods employed and without them, the research problem itself could not exist (Leedy & Ormrod, 2010). Thus, the study was guided by the following assumptions:

1. That healthcare services affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.
2. That educational services affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.
3. Managers' competences affect holistic rehabilitation of street children in Mathare Constituency Nairobi County.
4. Caregivers' characteristics affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.

5. That availability of funds affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County.

1.7. Significance of the Study

The study is significant because it confronts the matter of partial rehabilitation services of street children in the institutions, which need holistic rehabilitation approach. This greatly reflects on socio-economic factors affecting holistic rehabilitation of street children in children institutions. A number of children go back to the streets having undergone partial rehabilitation, even after going through rehabilitation services in the institution. Therefore, the study is intended to establish an alternative intervention of a holistic rehabilitation approach, in order to strategize on street children phenomenon in Mathare Constituency, Nairobi County and the society at large. The policy makers, management of other organizations that run street children institutions, government and donors concerned with the children's wellbeing will use these findings to re-evaluate their rehabilitation services and identify loopholes that would or might have made them not to rehabilitate street children in holistic rehabilitation approach.

1.8. Limitations of the Study

According to Kombo and Tromp (2006), limitations are challenges anticipated or faced by the researcher. The research mainly looked into socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. The study targeted charitable children institutions (CCIs) dealing with street children within Mathare Constituency informal settlement. Critical to the limitations of the study was the poor landscape and street network, while the researcher was trying to reach the study participants. Unpredictable insecurity and misconceptions on the study by some participants, among the institutions' management. Limited resources in terms of time and financial constrain to

facilitate the study was a major challenge that delayed the study, especially during the data collection.

1.9. Scope and Delimitations of the Study

The study was carried out in Mathare Constituency, Nairobi County. It was restricted to the four charitable children institutions in order to carry out in-depth review. This was because of the researcher's convenience with the area. Therefore, the study surveyed Good Samaritan Children's home and Rehabilitation Centre, Ngota Upendo Children home, St. James' Feeding and Learning Project and Mamma Africa Centre. The study involved the managers, former rehabilitees, caregivers, teachers and primary caregivers as participants.

1.10. Conclusion

Chapter one provided the foundation of the study. Its main emphasis was to establish the study problem. It presented the experience of the researcher and clarified the statement of the problem, the main objective and specific objectives of the study, the research questions and assumptions of the research, significance of the study, limitation of the study, scope and delimitations of the study.

CHAPTER TWO
LITERATURE REVIEW

2.0. Introduction

This chapter presents the review of literature on the socio-economic factors affecting holistic rehabilitation of street children. It is organized in the following subheadings: theoretical framework, conceptual framework, explanation of the variables, critique to related literature and the affecting socio-economic factors that include: healthcare services, educational services, managers' competences, caregivers' characteristics and availability of funds which were followed by the identification of the research gap.

2.1. Theoretical Framework

Sekaran (2003) views theoretical framework as the foundation on which the entire study is based. It is logically developed, described and elaborated network of association among the variables deemed relevant to the problem situation and identified through research instruments such as interviews, questionnaires and literature reviews. This study was informed by behavioural and sociological theories that shed light on the socio-economic factors affecting holistic rehabilitation of street children in the institutions dealing with children from the streets. In particular, the study was guided by Social Learning Theory established by Albert Bandura in (1971) and (1977). The study was also reinforced by Empowerment Theory of Alternative Development articulated by Friedmann (1992) and later advanced by Rocha (1997).

2.1.1. Social Learning Theory (SLT)

The Social Learning Theory (SLT) focuses on the behaviour of children during development. The Theory is based on the idea that we learn from our interactions with others in a social environment. The Theory states that people learn from one another, through the principles of observation, imitation and modelling.

According to Bandura (1971) after observing the behaviour of others, people develop similar behaviour, where they assimilate and imitate that behaviour (Nabavi, 2012). Social Learning Theory holds that most human behaviour is learned through observation and modelling (Bandura 1977). Through observing others, an individual forms an idea of how new behaviours are performed and on later occasions, this coded information serves as a guide for the action. Children attempt to internalize the conduct of other people and acquire behaviour patterns that are similar to those people. Social Learning Theory emphasizes the central role of society in learning behaviour. Likewise, it also gives insight on the significant impact of society and other people have on the development of a child's personality.

The implication of Social Learning Theory is that the social neighbouring of a street child contributes enormously to personality development because the people in the social environment of a child are the ones he or she imitates. The Theory also describes, specifically the skills, moral values that the learners (street children) are to acquire and be shown through observable actions in the street children institutions.

The theory was important to the study because it emphasizes on the role of adults (caregivers) in the community and in the street children institutions who are supposed to act as models to the street children. In this regard, the behaviour of a street child, could be understood by largely examining his/her social environment: the impact of others and the society. As street children observe others, they might incorporate their goals and values to their own behaviours in an effort to feel connected or identified with those individuals.

According to McLeod (2011), the impact of children imitating others as their models can either be positive or negative based on the person whom the child chooses to imitate. For an individual to learn from observing models, four components have to take place. These components are attention process which depends on attending to, and perceiving accurately

significant features of the modelled behaviour. Attention process is regulated by the observer's characteristics, features of the modeled activities and the structural arrangements of human interactions (Bandura 1971).

Moreover, retention process depend on memory or retention of modelled activities. However, observation learning depend on two representational systems: imaginable and verbal. Besides that, visual imagery is vital in early ages while verbal skills are minimal or lacking. An important element of symbolic coding for retention is rehearsal, which can be mental or physical. Motor reproduction process and modeled patterns result in reproduction of behaviour as an achievement after organization of responses. The end product depends on availability of component skills and ability to assimilate. Insufficiencies in performance can be reduced by modelling and more practice. For purposes of accuracy, it is important to correct and adjust as practice that goes on. Trial and error fumbling can be refined to perfect performance after thorough practice.

Motivation process, acquisition and performance will depend on observed consequences by the child and particularly a street child in the rehabilitation institution. Social Learning Theory indicates that children become more aggressive when they observed aggressive or violent models. From this view, moral thinking and moral behaviour are influenced by observation and modelling.

Consequently, a street child is inclined by the individuals around him or her. Moreover, by learning moral judgments, regarding right and wrong, a street child can develop through imitating the modelling of his/her staffs in the rehabilitation institution (Nabavi, 2012). The Theory suggests that the social environment is an important aspect in understanding the challenges that a street child is facing today. The theory was also important in the study

because it can be used by the children institutions' staffs to modify behaviour of street children.

Social Learning theory was useful in the study as it sheds light on different aspects of a street child's social environment such as: the general parenting and role modelling in charitable children institutions. Thus, it is important to provide a suitable environment to enhance holistic rehabilitation. TheTheory is supported by Empowerment Theory of Alternative Development that seeks to transform the lives of street children through holistic rehabilitation approach.

2.1.2. Empowerment Theory of Alternative Development

Empowerment is a strategy that contributes to behaviour transformation of the individuals. It is a concept that certainly, used extensively and some of its policies embrace aspects of the rehabilitation and community economic development approaches (Rocha, 1997). The ideology of empowerment as an alternative theory of development was articulated by Friedmann (1992), and later advanced by Rocha, (1997.

Although, an alternative development should start locally, it cannot end there (Seddon, 1994), since its local aim is to transform the whole society political action to the national and international levels. Without this significant mechanism, from the local to the global, alternative development remains compressed within a highly restricted system of power, unable to break through to genuine development it seeks.

According to Friedmann (1992), the family is the central focus for empowerment rather than the individual and thus the alternative development should begin by empowering the family, hence to strengthen her socio-economically and civically in order to activate the individual's self-empowerment. The greatest strength lies in its recognition of the complex nature and

causes of poverty, disempowerment and social marginalization. The Theory comes with fact that; long-term change can only be brought about if citizens, CBOs, NGOs, the state and international agencies by solving the problem like that of street children in holistic rehabilitation approach.

The Empowerment theory of alternative development can be applied to vulnerable children who seek out livelihoods on urban streets and those enrolled in children institutions in both developed and developing countries. The Theory would address the primary, secondary and tertiary causes of children on the streets and in charitable children institutions. This is because it seeks everyday needs of the individuals and restructuring social relations at the local, national and global levels.

In addressing immediate needs and facilitating structural transformation, the Empowerment Theory of Alternative Development would help stop the flow of children, migrating to the streets and assist those enrolled in charitable children institutions to adapt into the community. Street children institutions, should make a clear improvement in their livelihoods through striving to bring an effective strategy for "existing imbalances in socio-economic and political power" by facilitating a structural transformation in their localities (Friedmann, 1992).

Street children should be helped to access to housing, food, clothing, medical care and skills training. Moreover, the children could be empowered through services provision and individual therapy to enhance their holistic rehabilitation. The focus would be focusing on their life situations by providing physical, psychological, spiritual needs, coping skills and vocational training services to meet the essential needs to a street child. The services would improve the street children conditions of life by enhancing their holistic rehabilitation. These educational services would empower them change their antisocial behaviour, gain self-esteem

and gain self-reliance to enable them adapt into community after addressing their real needs (Rocha, 1997).

Friedmann (1992), insists that within the family, every individual member should have access to the process by which decisions, particularly those that affect their own future are made. A network of families in a community are far more likely to bring about structural transformation than individuals. Nevertheless, these families should first be restructured in themselves according to the principles of human dignity and equity to empower themselves care and educate their children according to the norms of the community. Moreover, by adhering to that approach, the number of children going in the streets will be curbed.

Besides that, the NGOs and CBOs can also empower a street child by acting as an external agent who can "blow the breath of life into the soul of the society and move to appropriate actions", especially towards the street problem by rehabilitating them in holistic rehabilitation approach by taking a more active role in the process of political and socio-economic empowerment. Thus by acting almost as a "parent" or at least as an advocate to street children. Moreover, empowering children through the support and strength of 'more powerful others', voices and opinions that carry more socio-economic and civic affairs, which many street children have not had the opportunity to fully develop social and cognitive skills.

However, with the assistance of more powerful organizations and advocates, street children as a community could gradually transform into a collective body, capable of transforming their lives. NGOs and CBOs should guide street children to become powerful socio-economic and civil agents by enabling them to undergo the process of holistic rehabilitation effectively. Charitable children institutions dealing with street children, should avoid rendering them as passive recipient of assistance as this will render them bystanders rather than active agents in the process of their human development.

If NGOs and CBOs apply the Empowerment Theory of Alternative Development policy approach at these various levels, they will not only meet the practical and strategic needs of the street children but they will work towards removing the primary, secondary and tertiary causes of the street phenomenon. This is because the Empowerment Development Theory approach demands the transformation of general public and of "the restructuring of existing imbalances of socio-economic and political power" (Friedmann, 1992), that brings about children going to the streets and later enrolled in charitable children institutions due to main factors such as poverty, lack of authentic implementation of policies and servant leadership in our contemporary society.

2.2. Conceptual Framework

Conceptual framework is a structure of concepts that are pulled together as a map for the study (Liehr & Smith, 2000). It provides the basis of deciding on the research questions, objectives and methodology to be used in order to solve the phenomenon under investigation (Kothari, 2004). The framework forms the essence of the study by establishing the relationship between the independent variables and dependent variable as it has been shown in Figure 2.1.

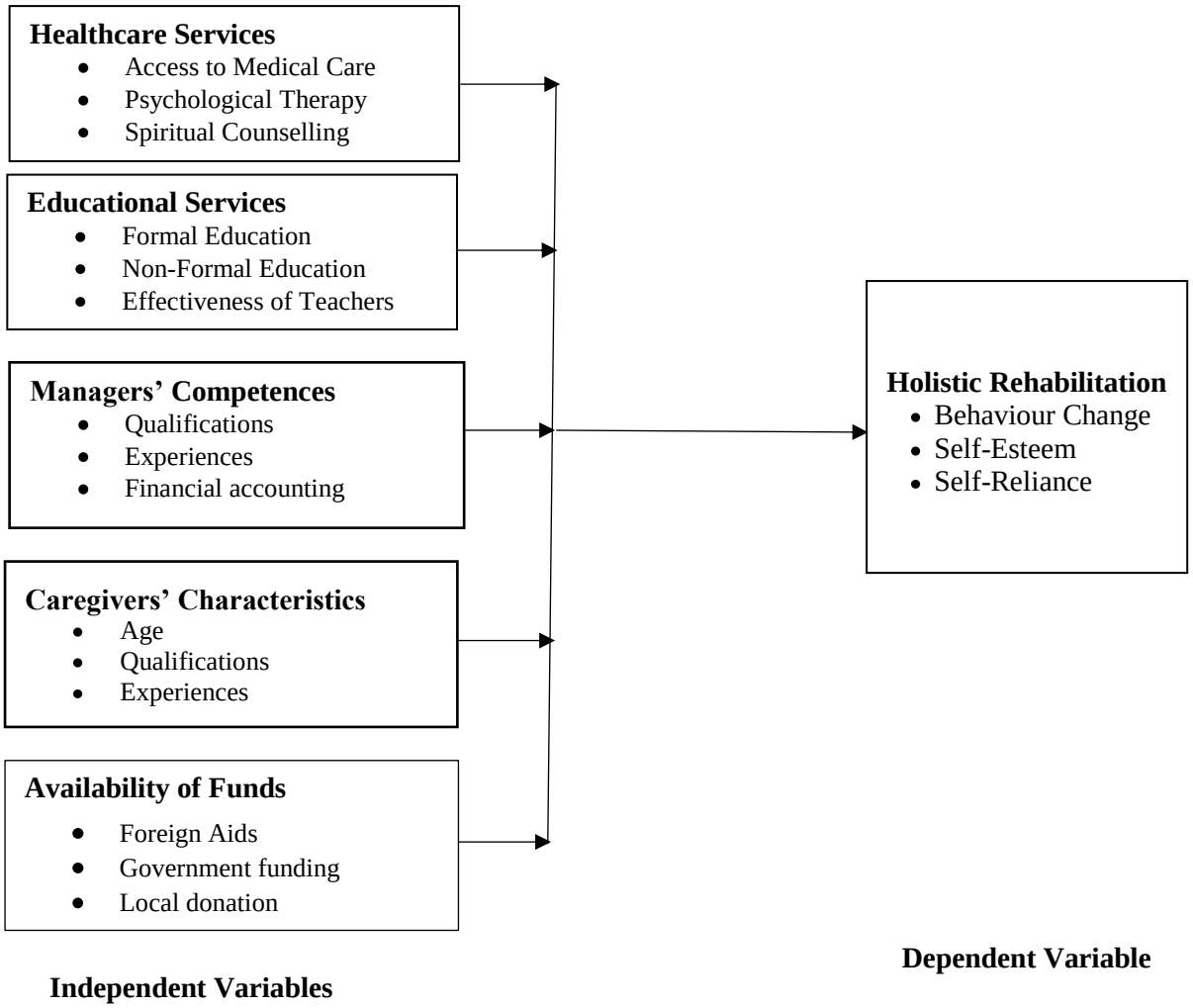

Figure 2.1 Conceptual Framework

2.2.1. Explanation on the Variables

The study focused on the socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. The researcher conceptualized that holistic rehabilitation (dependent variable) was affected by the independent variables (socio-economic factors) that include healthcare services, educational services, managers' competences, caregivers' characteristics and availability of funds.

Holistic rehabilitation was measured by examining the behaviour change, self-esteem and self-reliance of street children in the street children institutions in the study. Healthcare services were measured by observing, access to medical care, psychological therapy and spiritual counselling. Educational services were measured by viewing the formal education, non-formal education and effectiveness of teachers. Managers' competences were measured while assessing their qualifications, experiences and financial accounting. Caregivers' characteristics were measured by examining age, qualifications and experiences. Moreover, availability of funds were measured by determining the funding sources in the study that came from foreign aids, government and local donation.

2.3. Critique to Related Literature

The following sessions will discuss a literature related variables as exhibited in the conceptual framework in Figure 2.1.

2.3.1. Socio-Economic Factors affecting Holistic Rehabilitation of Street Children.

Rehabilitation of street children has several definitions by various scholars. According to Gichumba, (2009), rehabilitation is an intensive and deliberate strategy which aim to give skills to children living on the streets to enable them become self-reliant. For Undugu Society of Kenya (USK) rehabilitation means, "to transform the living conditions of vulnerable children and youth through the strategic plan of street children association model approach in order to transform them into responsible, reproductive individuals in the society" (USK, 2012).

Street children enrolled in various institutions, need to be rehabilitated in holistic rehabilitation approach by empowering them attain personal behaviour change, self-esteem and self-reliance, hence to enable them adapt as members of the community.

In the context this study, the researcher aimed at reviewing rehabilitation of street children in holistic rehabilitation approach as street children are the most invisible and therefore, hardest children to reach with fundamental services, such as food, shelter, educational and healthcare services. Consequently, street children are the most difficult to protect and thus, they also need security for stable development and sociological (identity and sense of belonging) needs (UNICEF, 2016; Strehl, 2010).

Subsequently, the researcher focused on the healthcare services that should be delivered to street children in the institutions like medical care, psychological therapy and spiritual counselling to enable the street child undergo effective holistic rehabilitation. Other services that are supposed to empower and transform this street child are educational oriented services which include: life skills, formal education and non-formal education that are geared towards behaviour change, self-esteem and self-reliance. Therefore, the study established healthcare services, educational services, managers' competences, caregivers' characteristics and availability of funds as socio-economic factors affecting holistic rehabilitation of street children.

2.4. HealthCare Services Affecting Holistic Rehabilitation of Street Children

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2001). Article 14 of the African Charter on the Rights and Welfare of the Child recognizes that, every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health (Organization of African Unity, 1990). Physical health is defined as something that a person can achieve by developing all health-related components of his/her lifestyle. Personal fitness reflects to cardio respiratory endurance, muscular strength, flexibility and body composition. Other contributors to physical health include proper

nutrition, bodyweight management, abstaining from drug and alcohol abuse, healthy sexual behavior, hygiene and getting the right amount of sleep (WHO, 2001). Moreover, physical and psychosocial health help children learn well. Consequently, the healthy development in early childhood, especially during the first three years of life, plays an important role in providing the basis for a healthy life and a successful formal school experience (McCain, Mustard & Mc Cuaig, 2011).

Street children frequently roam in the streets of urban areas begging, engaging in commercial sex and looking for jobs in order to obtain food and other basic necessities. They usually work in poor conditions, dangerous to their health and starve some days. They are reported to be often found in busy places such as railway and bus stations, in front of film or night clubs, with no adult supervision, sleeping in half-destroyed houses, and abandoned basements, under bridges and in the open air. Therefore, there are possibilities of health-related problems experienced by street children during childhood development to affect them in their adulthood stage (UNICEF, 2012).

Moreover, the children services providers in charitable children institutions should be aware of the health problems that can hinder street children's holistic rehabilitation. Article 24 of United Nations Convention on the Rights of the Children (1990) states that, "every child has the right to good quality healthcare, to safe drinking water, nutritious food, a clean and safe environment and information to help them stay healthy".

Consequently, article 24 also highlights the right of the child to enjoy the highest attainable standard of healthcare and to facilities for treatment of illness and rehabilitation of health as of the central importance, because the enjoyment of various other rights is based on the extent to which health of a child is protected.

Street children are and subjected to a number of physical, mental and sexual health risks. Physical health problems may be related to work, such as musculoskeletal harms due to carrying heavy loads, or to injuries sustained during fights among themselves or as a result of violence from the police or the public (UNICEF, 2012; Nada & Eda, 2010).

Most street children and expressly girls experience high levels of sexual violence on the streets, such as gang rapes. Most street children have their first sexual experience within the peer group for entertainment and comfort as well as to exercise power and establish dominance. Sexual relations among street children is often unprotected and therefore they are at an increased risk of contracting STIs, including HIV, hence also prone to the suffering from the stigma associated with sexual act (Elkoussi & Bakheet, 2011).

However, some studies also report street children experiencing signs of stress, violence and discrimination whereby, girls encounters more difficulties on the streets than boys in adapting to life on the streets and suffer more psychological problems due to certain issues like becoming pregnant and thus undergoing; associated problems of early childbearing and motherhood and the cycle of street life and poverty continues (Seager & Tamasane, 2010; Patel & Bansal, 2010).

Mental health' is sometimes misunderstood and interpreted as referring to mental illness. This may be because historically 'mental health services' were mainly concerned with the treatment of illness. However, it is a positive concept that is more than the absence of illness, related to the social and emotional wellbeing of individuals and communities. Moreover, it is influenced by culture but generally relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others (Hunter Institute of Mental Health, 2015).

Nevertheless, most of the street children do not enjoy this mental health. Besides that, they frequently experience violence, with the constant insecurity of having to struggle to find food and shelter which put street children at extensive risk of developing trauma-related mental disorders (Cleverleya & Kidd, 2011).

The European Association for Psychotherapy (2009), describe psychotherapy as planned treatment by means of scientific psychotherapeutic methods, in an interaction between one or several treated persons by a psychotherapist, with the objective of mitigating or eliminating the established symptoms, to change disturbed patterns of behaviour and attitudes and to promote a process of maturing, development, rationality and well-being in the treated person.

According to Dickerson & Lehman (2011) and Keller (2011), psychotherapy is a general term used to define the treatment or enhancement of social, emotional and cognitive psychological disorders of human persons. The therapy is also referred to as psychological rehabilitation and is a new concept in street children rehabilitation. Psychotherapy is considered necessary due to the realization of the high level of trauma in street children. Thus, it is needed to counteract the attitude and behaviour patterns acquired from the streets.

According to America Academy of Child and Adolescent Psychiatry (AACAP, 2011), psychotherapy help in monitoring the mental and emotional state of the street child by acquiring the background information of street children suffering from behavioural and emotional difficulties, such as low-self-esteem, suicidal feelings, alcoholism, drugs abuse, depression and posttraumatic stress disorder.

In order to rehabilitate street children in a holistic rehabilitation approach, the children services providers should include psychotherapy technique in street children's rehabilitation services. Most of the street children are however, frightened and show a lot of resistance in

offering needed information, hence it has no defined time frame as progression depends upon the individual sessions held (Keller, 2011).

A wide range of approaches and strategies are used in the therapeutic sessions depending on the individual cases of the street child. However, psychotherapy is a new popular form of treatment used due to the problematic thoughts, emotional distress and behaviours acquired in the streets, which requires cognitive and behavioural techniques to change negative thoughts and behaviour. This involves operational conditioning and social learning approaches, to alter problematic behaviour in the street children (Narayan, 2012).

With identification of the different deteriorating health conditions that the street children live in, a thorough medical situation analysis should take place, before attending to any other medical problems that these children may have. Failure to do this means that, street children may be in such a poor state of health to go through holistic rehabilitation. Subsequently, charitable children institutions should be able to provide integrated healthcare, that would effectively enhance holistic rehabilitation of street children to enable them adapt into the community.

2.5. Educational Services Affecting Holistic Rehabilitation of Street Children

Education and enormous selection of learning activities however takes children away from the streets and a child gets to spend time engaging in learning activities. This active engagement instils a sense of importance, confidence and hope to street children, where their curiosity and aspirations awaken the desires to pursue certain professional paths (Nussbaum, 2010). Moreover, street children's education should not be limited to imparting information, related for academic examinations but rather to seek to provide education that is relevant to the children's underprivileged circumstances and to the need they have to earn a living (Shorter & Onyancha, 1999). Nowadays, it is doubtful whether any child may reasonably be

expected to succeed in life if he or she is denied the opportunity to education. However, education is something that is often lost to the street children and other children in extremely difficult circumstances in Kenya and society at large (Njoroge, 2009). A street child lacking access to education is considered a violation of fundamental human right. The right to education was proclaimed in the 1948 Universal Declaration of Human Rights by the General Assembly of the United Nations.

According to America Academy of child and Adolescent psychiatry (AACAP, 2011), there should be teachers who are positively self-assured in their actions, having good behaviour for the development of street children/trainees under their care. In order to rehabilitate street children in holistic rehabilitation approach, teachers should therefore act as role models, with appropriate behaviour and right values while teaching street children.

Moreover, the teachers should also show love to street children, by encouraging them when one does something good and by giving these children direction. The teachers should also be ready to nurture street children, in a better way by rehabilitating them become responsible and hence help them think about the consequences of their good or bad behaviours. Delay, Fuhrman and Fuhrman, (2010) assert that, effective teachers are knowledgeable, exhibit passion for their learners/children, care for them, use a variety of teaching strategies and help street children under their care, appreciate and apply relevant information to their own context.

Effective teachers should also provide clear, reasonable expectations by explaining to the children why they expect them to behave in a particular manner. Furthermore, the teachers serving in the CCIs are expected to direct street children's behaviours, by teaching and acting as role models but not through punishing. Besides that, the teachers are expected to be willing to listen to the problems of those street children.

The main purpose of teaching at any level of education is to bring a fundamental change in the learner (Tebabal & Kahssay, 2011). To facilitate the process of knowledge transmission, the teachers should apply appropriate teaching methods that suit particular objectives and conforming outcomes. Moreover, for the teaching methods used should be effective, Adunola (2011) upholds that, teachers need to be acquainted with numerous teaching strategies that take into considerations the complexity magnitude of the concepts to be covered for a street child. Tshabalala (2014), advances this argument by acclaiming that, the quality of teacher's training has an impact on teaching methods and improvement of skills to a child.

For street children to learn adequately, the educational services and methods of teaching should be both meaningful to them and related to their existing knowledge and interest to meet their present and future needs. Subsequently, for the teachers to effectively implement the planned educational services, they should utilize diverse styles in teaching the pupils, because different pupils require different styles of teaching in order to grasp the curriculum content that will in turn lead to effective educational services implementation (Chittom, 2012).

Most of the street children spend their days and hours either thinking of how to fend for a meal or waiting out for the day to end, hence being idle and with all the time ingesting drugs and substances, that are harmful for their health and involve themselves in other illegal activities such as crime and violence.

Moreover, by enrolling a street child in the charitable children institution (CCI), the time spent in learning occupies the street child not to stay idle. Likewise, by enrolling street child in the institution limits the opportunity of indulging in antisocial behaviours such as drugs, immature sexual acts, theft, violence and many other ill actions that are prone in the streets.

According to Rememnyi (2011), one of the actions that will lead to holistic rehabilitation of the street children is through enabling them access to basic learning activities that would eventually, build street children's emotional, cognitive and social competences skills required before they can be empowered either through formal and non- formal education like vocational training.

Maclean & Lai (2011) assert that, the global economic system requires urgent and innovative responses in the field of technical and vocational training skills, the demand which is now higher than ever before. In order to rehabilitate street children in holistic rehabilitation approach, this demanding vocational skills are supposed to be included in services offered by the street children institutions to empower the current population of street children adapt into the community.

Moreover, the vocational trainings empower the street children to take advantage of opportunities that can improve their wellbeing as individuals by enabling them participate into daily undertakings in the community. Vocational training enables street children under rehabilitation to access to opportunities in labour markets demands in Non-Governmental Organizations, private and public sectors (Nilsson, 2010). Additionally, the informal sector also offers employment to a large number of young people transiting from vocational training, due to having specialties such as industrial and entrepreneurship training and other relevant courses of which can enable street children to achieve an independent living (Nyerere, 2009).

Consequently, street children should be enabled to learn vocational training skills such as carpentry & joinery, masonry, electrical and mechanical engineering, welding, plumbing for boys while girls could be provided with tailoring, knitting, hairdressing, catering and life

skills which should also be provided to both boys and girls to prepare them transform their wicked social behaviour, gain self-esteem and ultimately attain self-reliance (Undugu Society of Kenya, 2013).

Furthermore, formal education and non-formal education will help a street child to develop into self-reliance as Emerson (2015) declares that, only a person who is self-reliant can be successful and no any outside influences would take away from personal satisfaction. Street children should be prepared to perform well educationally, in order to overcome the various challenges and be responsible citizens. Charitable children institutions, should equip street children with relevant education, comprised with life skills as they have been recommended as essential skills for enabling street children cope with challenges in their lives (Dziro & Rufurwokuda, 2013).

Life skills have been defined by World Health Organization (WHO) as "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life" (WHO, 1993). Life skills represent the psychosocial skills that determine valued behaviour and they include reflective skills such as problem-solving, creative and critical decision making skills needed much by children and especially those who dwell in the streets (Otim, 2013).

Life skills also enable street children learn to prevent possible risks in various situations ahead of time, and rationalize about engaging in risk behaviour. Life skills empowers a street child to get personal skills such as self-awareness, coping with emotions and stress, empathy, communication and interpersonal skills. Besides that, it is also important to listen to street children by showing trust and respect in order to understand their needs as this will build their self- esteem (Wainaina, 2013).

Effective and respective communication can also consecutively help street children rebuild their poor self-esteem. This calls for reliable information as an opportunity to develop values and altitudes that is in consistent with health goals and the skills that will enable street children adapt into the community (Govender, 2010).

Subsequently, life skills training empower a street child to know the problems that may arise from substance use. This enables him or her realize not to use substances as a way of making friends or coping with stress, hence, he/she can find other ways of addressing those needs rather than getting involved in using substances. Moreover, life skills enable street children develop self-awareness, self-esteem, and build friendships: having real friends that can be a source of support and protection. The skills may also help street children resist pressure from adults who try to exploit them for example, for sexual favours.

Besides that, charitable children institution need teachers who are educated, experienced, qualified and effective to care and provide education through non-formal and formal learning activities (Katozai, 2005). In order to enhance holistic rehabilitation of street children, teachers serving in CCIs, should employ relevant training methods, hence to equip children with formal education, non-formal education like vocation training and life skills which will enable street children change their antisocial behaviour, gain self-esteem and become self-reliant.

Through adequate and effective educational services, street children will be empowered build a strong foundation throughout their lives.

2.6. Managers' Competences Affecting Holistic Rehabilitation of Street Children

Management is concerned with the optimum attainment of organizational goals and objectives with and through other people. Therefore, effective communication is vital to:

maintain cordial relations, devise strategies, make decisions and implement actions (Gibson, 2009). Moreover, institutional functions of management are based on a common philosophical approach (Weisman, 2011) which is centred on the development and clarification of missions, strategies and objectives of the institution.

Competence has been illuminated as a cluster of related knowledge, skills and behaviour that are linked with effective organizations performance. Competences can be evaluated and enhanced by training, since managers could be enabled to enhance their skillful abilities to enrich their hard tasks, since performance and competences are positively related (Tripathi & Agrawal, 2014).

Managers' competences are very important as they provide the will, the energy and direction. Likewise, these skills enable the managers in children institutions to employ staffs who are capable of determining the problems and making effective decisions for problems solving. This depends on the managerial skills level of the manager, since whenever the managerial skills level become higher, then this enhance deeper competence (Tiraieyari, 2011).

Managers' competences become effective in achieving goals by planning, which is involved in selecting missions and objectives, actions to achieve them, decision making and choosing future causes of actions from among alternatives, required to give desired performance levels in operation. Planning is followed by organizing, leading and controlling (McDonald, 2010).

Managers running charitable children institutions should be capable of planning, organizing, leading and controlling in order to attain the purpose their street children institutions. Subsequently, the managers should have core competences such as leadership, communications, verbal and written skills, self-assurance and the ability to deal with ambiguity and changes in their children institutions (Stevenson & Starkweather, 2010).

Managers' competences are acquired through training, which is a planned process of modesty attitudes, knowledge skills or behaviours acquired through learning experience to achieve effective performance. This planned process develop the ability of personalities to satisfy present and future needs of the various institutions.

The managers running street children institutions are expected to have gone for training to gain competences in order to carry out their responsibilities effectively. Therefore, they should be professionals, having technical ability (Alam, Gale, Brown & Khan, 2010). Moreover, training improves knowledge and skills and modifies managers' behaviour, attitudes and values for the institution as a whole. Training is one of the most important essential motivators for effective institutional management. Consequently, training improves competences, confidence and motivation to managers running children institution, which will eventually enhance holistic rehabilitation of street children. It also enables managers to gain necessary skills for higher performances in the institutions (Seiler, 2010; Brown & Sitzman, 2011).

Charitable children institutions should be ran by well-trained management. Therefore, the board of directors of charitable children institutions in Kenya has the responsibility of ensuring proper recruitment for suitable and competent managers who are concerned with the optimum attainment of institutional goals and objectives with and through other people. Moreover, training empowers managers to ensure effective communication which is vital for maintaining cordial relations, planning strategies, making decisions and implementing actions (Gibson, 2009).

Trained managers gain competences that benefit the entire institution by providing direction in the daily live activities in the charitable children institutions. The managers' competences skills attained through training enables a manager in selecting, motivating, training and

appraising staffs, lobbing and securing funds, managing budgets, evaluating accomplishments and being accountable while running their children institutions (Weisman, 2011).

2.7. Caregivers' Characteristics Affecting Holistic Rehabilitation of Street Children

Caregivers in charitable children institutions have the responsibilities of focusing on emotions, behavior, thoughts, learning ability and perceptions of street children. Without sustainable warm nurturing and good interactions between a child and his/her caregiver, street child's rehabilitation will be negatively affected.

Moreover, caregivers' healthy attachment and experiences encourage child's cognitive skills, social, emotional, appropriate development and mental health (Veríssimo, Santos, Fernandes, Shin & Vaughn, 2014). Caregiving staffs in street children institutions, should stimulate interaction with and between children as well as employing caregiving strategies such as guiding, modelling and interrogation.

Other elements related to holistic rehabilitation to include staff's curriculum knowledge and caregivers' ability to create a multi-disciplinary learning environment (Pramling & Samuelsson, 2011). Besides that, enriched stimulating environments and effective training are fostered by better qualified caregiving staffs, with educational qualifications that leads to better learning outcomes (Litjens & Taguma, 2010).

The caregivers' ability to create rich stimulating environments in children institution is threatened, when the staffs have inadequate, insufficient or incorrect content of the services curriculum and educational knowledge. When staffs are trained on matters related to child affairs they develop better child's perception (Sommer, Samuelsson & Hundeide, 2010). Thus, caregivers taking care after street children, should meet required educational qualifications to enhance holistic rehabilitation of the child (Eurydice, 2009).

The National Institute of Child health and Human Development (NICHD, 2009) asserts that, training and education of the staffs providing childcare, should have formal high school training including certificate or degree in child development and early childhood education related field. Moreover, the higher the education level of a caregiver the higher quality of care giving and better developmental outcomes for street children is predicted. The Institute also noted that, working with groups of young children is very different from relating to one's own child or neighbour's child.

Consequently, to meet a street child needs, requires a skilled and experienced adult knowing how to recognize different signals and responds of a child appropriately. Consequently, the caregivers who attend workshops, courses and staff development programs are responsive in creating strong bonds with all street children in their care and hence able to encourage children to explore their world (Mercer, 2009).

Ferguson and Heidemann (2009) indicates that, many children's institutions in Kenya adopt a replacement-family-living ethos where caregivers live with a small group of children in homes rented or owned by institutions within local communities, thereby providing a family-like environment for the children enrolled. The caregivers in such contexts provide children with continuous mentoring across all areas of their lives.

Moreover, the caregivers in faith based organizations have the commitment that springs from their desire to serve God and to support children in need, rather than to earn wages. Thus, they are known to genuinely listening to street children and are sensitive to and understand their multiple needs and characteristics which enable the children to be open about past experiences, present situations and future goals and dreams (Ferguson & Heidemann, 2009). Consequently, the caregivers serving in street children in their institutions, should have the same approach of the faith based organizations. The approach will enable the staffs to show

love and caring towards street children in order to develop positive values and morals, to enhance holistic rehabilitation of street children in those institutions (Karabanow, 2012).

The caregivers serving street children in charitable institutions should be: mature, patient, friendly, reliable, well-behaved, kind, understanding, confident, have will power, humble, just, loving, considerate, creative, cooperative, devoted, polite, morally sound, educationally qualified and should also act as role models to street children (America Academy of child and Adolescent psychiatry, 2011).

The National Alliance for Caregiving & the American Association of Retired Persons (NAC & AARP, 2015) affirms that, caregivers' services can vary markedly depending on the age of their care recipient. If the caregivers are not mature enough, they would not be capable of meeting the expectations of street children's needs.

This is because the development of street children will be negatively affected, due to low the quality services offered by those caregivers. For street children aged fifteen years and below, the caregiver should be at least eighteen years old. In cases where the oldest child is above fifteen years, the caregiver must be at least twenty-one years old. Nevertheless, any person willing to provide care for the street children, he or she should be a mature person having the necessary requirements (Republic of Kenya & UNICEF, 2013).

The staff members for any charitable children institutions (CCIs) in Kenya are required to have a certified educational qualifications and competences for job requirements. Likewise, the CCIs staffs must have experience in relation to safeguarding and promoting the welfare of children. Thus, the board of directors of any CCI in Kenya is mandated to ensure that potential staffs, meet all requirements before they are recruited. This because street children's

rehabilitation need to be managed by qualified child service providers who can offer the right kind of care to a street child (Narayan, 2012; Republic of Kenya & UNICEF, 2013).

Moreover, the CCIs management should ensure training policies, which aim at identifying individual or group performance gaps. Thus, the management should do this by conducting training needs assessment and facilitating the staffs learning plans. Consequently, the board of directors of charitable children institutions in Kenya, must ensure that, staff development plan is followed by every staff member. This plan should include core competences such as child care, social work, behaviour management, counselling and exchange of visits to other charitable children institutions, which are best examples in child protection, care and rehabilitation for adapting street children into the community (Republic of Kenya & UNICEF, 2013).

Moreover, the institutional staffs should provide warm, responsive and consistent caregiving to improve children's social interaction and physical development (Eapen, 2009). Consequently, street children institutions require outstanding caregivers' interactions with appropriate training in emotional engagement and contingent caregiving, which would lead to promising outcomes in children's growth and development (Dana, Guthrie, Smyke, Koga, & Fox, 2010).

Children's language development, begins with the earliest interactions. Caregivers with strong knowledge of child development recognize the importance of children having a sense of belonging, being loved and trusted in their environment. Therefore, they should be able to help street children learn the words with which to communicate their needs effectively (World Health organization, 2012).

Bandura (1977), declares that modelling is a behaviour therapy technique that is most effective for teaching new behaviour and improving already existing behaviour. Moreover, people exhibit both appropriate and inappropriate behaviours depending on the kind models they imitate. If the street child's early socialization experiences were positive and supportive, the child will have a positive self-image and will not get involved in anti-social and immoral behaviour even if he/she is living in the most deteriorated urban environment, associated with many criminal activities.

However, street children are exposed to both appropriate and inappropriate behaviours from the people they interact with in their social environment. Therefore, the outcome of street children's behaviour can either be positive or negative based on the person whom the child chooses to imitate (McLeod, 2011).

In order to enhance holistic rehabilitation street children, the caregivers ought to be knowledgeable, dedicated and able to demonstrate appropriate behaviour towards street children.

2.8. Availability of Funds Affecting Holistic Rehabilitation of Street Children

Projects funding is a way of raising capital for a project to be implemented. There are a number of ways for acquiring funds to run a program or an institution. Charitable children institutions (CCIs) dealing with street children get funds through donations from outside their country or within the area of operation. Some of the CCIs are supported by their government. The funding is usually in the form of money or other valuables such as effort or time, food, materials and medication.

Moreover, the charitable children institutions, lobbying for these funds/finances are required to manage them in transparent and accountable manner to avoid programs failures (Malunga

& Banda, 2009). Financial management refers to the concepts of time, money and risk and how they are interrelated. At the individual level, financial management involves fitting expenses according to the financial resources of an individual while from the institutional perspective, it is associated with financial planning and control (Gitman, 2011).

2.8.1. Foreign Aid Funding

Foreign Aid can be described as the international transfer of public resources from a government to another independent government, NGO or another international organization, with a goal of improving the human condition in the country or NGO receiving the aid (Lancaster, 2007). Street children institutions' funds comes from a range of external sources such as donors that include international governmental agencies, NGOS, FBOs, individual private donors and funding foundations (Fernand & Campbell, 2009).

Thomas de Benitez (2011) and Patel (2010), affirms that some children institutions have international funding to assist them with provision of services to street children while others depend on government funds. Such donors issue various types of socializations, announcing the availability of funding to support projects within specific areas of interests. Thus, it has become evident that programs management, like that of street children rehabilitation are really challenging (Zhai, Xin & Cheng, 2009).

This uncertainty and complexity of funding relates to the defining characteristics of programs, long duration, huge savings and many uncontrollable emergent factors (Chang, 2013). Consequently, most of the charitable children institutions dealing with the street children services in Africa and Kenya in particular, depend on funding resources for the operationalization of their programs (Migai, 2013).

Moreover, there is always a cost involved with initiating, planning, organizing, executing and monitoring to achieve the goals of any program to be run (Bateman & Snell, 2007). Subsequently, street children institutions need to pay the salaries for the managers, staffs and still there are potentially many other costs such as medical care and educational services needed in the institution and all; these costs must be budgeted for (Nyamai & Waiganjo, 2014).

Pitzl (2006) concedes, children institutions emerged as prominent service providers which are actively addressing the phenomenon of street children with limited resources. Charitable children institutions dealing with street children need to look for donors to make up the shortage of the monies in order to provide services to street children (Budlender & Proudlock, 2011). Lack of adequate and consistent funding raises questions about the consistency of rehabilitation services provision in the charitable children institutions.

Moreover, if the street children's institutions in Africa are not funded, some of them will be faced with closing down due to inadequacy of funding (Solomons, 2012; Migai, 2013). Likewise, Thomas de Benitez (2011) argues that, children institutions responsible for providing services to street children are poorly funded and their staffs are underpaid.

2.8.2. Governmental Support

The Government of Kenya has made great progresses in supporting street children's services. Various bodies were created and mandated to work with street children in Kenya. The government has established Street Families Trust Fund Initiative (SFRTF). The SFRTF was established under the Ministry of Local Government now under Ministry of Devolution and Planning through the Kenya Gazette Notice No. 1558 of 11th March 2003.

The SFRTF Initiative aims at supporting programs for street children, her mandate is drawn from the children Act in the Constitution of Kenya (CoK, CAP. 141, 2010). That is an act of parliament that makes provisions for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children. It also advocates provisions for the management of children's institutions and support the principles of the United Nations convention on the rights of the child and the African charter on the rights and welfare of the child (UNCRC 44th session, 1990).

The mandate of SFRTF was to coordinate rehabilitation activities for street families in Kenya in partnership with other services providers by educating the public, mobilizing resources, managing funds to support rehabilitation and reintegration activities. Moreover, to encourage decentralization of activities to county governments, hence to benefit street children/families in Kenya. The STRF rehabilitates and returns street children to their families and supports their adaptation into the community.

The Trust has moved from emergency response and immediate basic needs such as food, clothing, shelter, health and psychosocial support to long-term programs including support for street children's education, vocational skills and small scale business for self-reliance (Onwong'a, 2013). The Government also established the National Council for Children Services to oversee proper planning, financing, coordination and supervision of child welfare activities.

The representatives are drawn from relevant government ministries, civil societies, private sector and religious organizations. At the district level, these structures are called Area Advisory Councils (AACs). The Ministry of Gender, Children and Social Development (MoGC & SD) in Kenya, through the Department of Children Services, empowers children in need of care, protection and rehabilitation to children such as street children, orphans,

marginalized children, internally displaced children among others (Government of Kenya, 2010).

Nowadays, there are several charitable children institutions, carrying out street children rehabilitation in Kenya. The institutions are registered in different departments namely: Ministry of Education, Ministry of Home Affairs, Ministry of Gender, Children and Social Development, Ministry of Labor Social security and Services and Church Organizations among others. Currently, the County Governments have partnered with National government to address the problem of street children comprehensively by even setting land aside to construct rehabilitation institutions (The Standard Digital News, 2015, July 12).

2.8.3. Local Donation

The Local NGOs, Community Based Organizations, Faith Based Organizations run remedial and preventive programs seeking to promote the wellbeing of street children with aim of rehabilitating their antisocial behaviours and prepare them to adapt into the community (Muya 2009; Onwong'a, 2013). Charitable children institutions may receive funding from the civil society, religious institutions and individual donations, which can be an important source of funding to the street children institutions.

Faith based organizations (FBOs) can mobilize financial resources either from their membership or from other agencies for the wellbeing of transforming street children's livelihood. Some of the Faith based organizations are Undugu Society of Kenya, Sisters of Mother Teresa, Lutheran Evangelical Church and African Inland Church (NCCS, 2015 & USK, 2013)

There are some of the corporations that pay back to community from which they obtain profits, by funding various socio-developmental projects. Many corporations in Kenya are

seriously, taking corporate social responsibility whereby, some of them allocate significant amount of money to fund charitable children institutions dealing with street children. Companies like Safari com, Barclays Bank of Kenya, East African Breweries, Kenya power and lighting and Coco cola Companies which usually allocate funds to help those institutions (Nabifwo, 2015).

International donor funding is a major factor that enables, street children rehabilitation services provision in Mathare constituency, Nairobi County. Moreover, those institutions might be invaded by some threats, due to their dependability on donor funding for them to operate. Consequently, once the international donors pull out their funding support, the rehabilitation services may end-up collapsing or scale down their activities (Lokorwe & Mpabanga, 2007).

Likewise, the reduction of funding from the government, international and local donors, would affect the street children institutions' services in the long run. Besides that, the procedure taken to get the funds in Kenya is normally too long for the required approvals to be made which might even stagnate the street children services (Olum, 2015). Therefore, there should be well-defined strategies of getting the funds from the government easily, which should be implemented to enhance holistic rehabilitation of street children.

2.9. Research Gap

The reviewed literature established a number of studies that have highlighted the challenges facing rehabilitation of street children in Nairobi County, Kenya (Kiragu, 2009; Gichumba, 2009; Olum, 2015). Gichumba (2009) based her study on the factors that influence caregiving approaches among caregivers in government rehabilitation institutions in Nairobi County.

Gichumba (2009) employed an exploratory ex-post facto research design in a sample size of 15 participants through purposive sampling technique while using observations and questionnaires to collect her data. It is noted from the study that the researcher concentrated on the relationship between caregiving approaches in relation to the age, experience, training and management styles of caregivers in street children institutions.

Kiragu (2009) has based his studies on the effectiveness of street children institutions in government institutions, Nairobi County, focusing on the characteristics and perceptions of street children. He has also focused more on the activities that are undertaken in the rehabilitation institutions like offering short-term services through education, clothing, shelter, food and medical care to the street children. The researcher adopted descriptive survey design in his study. He used purposive sampling technique to select 60 participants of the study while employing questionnaires and interviews to collect his data.

Kiragu (2009) concentrated more on the effectiveness street children institutions while neglecting holistic rehabilitation approach process which is crucial for the rehabilitation of street children.

Olum (2015) did his study on factors influencing sustainability of street children rehabilitation programs by the NGOs in Mathare constituency, Nairobi County, Kenya. The research adopted descriptive survey design. In sampling the participants for his study, he used complete census of population to get the sample of 100 participants of his study. The researcher outlines on the factors connected to sustainability of street children institutions. Thus, concentrating more on the factors that enable street children programs to withstand or continue running but focusing less on the holistic rehabilitation of the street child.

Consequently, the studies have neglected the socio-economic factors that affect holistic rehabilitation of the street child such as comprehensive healthcare services and educational services, managers' competences, caregivers' characteristics and availability of funds affecting holistic rehabilitation of street children in our society. Due to these gaps, this current study aimed at trying to fill the gap left by these scholars in terms of trying to assess the socio-economic factors that affect holistic rehabilitation of street children in Mathare Constituency, Nairobi County and the society at large.

2.10. Conclusion

The chapter has provided knowledge, insights, lessons, experiences of other researchers and scholars, pertaining to socio-economic factors affecting holistic rehabilitation of street children in the society. However, there were some researchers in the location of study who failed to focus on the main objective of the current study. Consequently, this rich knowledge will be helpful for research methodology in chapter three and the discussion findings in chapter 4.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0. Introduction

Research methodology is the general approach, the researcher takes in carrying out the research (Leedy & Ormrod, 2005). It is also the systematic and theoretical analysis of the procedures applied to a field of study or a specific case (Kothari, 2004). The methodology in the study consisted of primary and secondary data collection. It included description of research design, location of the study, target population, sampling frame, sample size and sampling procedure, instruments of data collection, pilot study, data collection procedure, data processing data analysis and logistical and ethical considerations.

3.1. The Research Design

Research design is a model or an action plan, upon which the entire study is built. It dictates the manner in which a study is conducted and provides the road map of a study in terms of the sample, data collection instruments and analysis procedure (Creswell, 2009). According to Scheuren (2004), the word survey is used most often to describe a method of gathering information from a sample of individuals. Survey methodology collects data through questionnaires or/ and interviews and attempts to collect data from members of a population for the purpose of establishing the current status of that population with respect to one or more variables (Orodho, 2005).

The study adopted survey methodology, whereby descriptive survey design was employed as it was appropriate for this study. Moreover, the design enabled generation of data concerning, the many questions asked about people's perceptions, attitude, behaviour and beliefs regarding the phenomenon of street children in charitable children institutions.

3.2. Location of the Study

The research was conducted in Mathare Constituency, Nairobi County. The Constituency covers 3 kilometres square (Mwakanongo, 2016). The population of Mathare is over 500,000 people with more than half the population of Nairobi County (Mutisya & Yarime, 2011). Mathare Constituency is comprised of six (6) wards: Mlango Kubwa, Mabatini, Ngei, Huruma, Kiamiko and Hospital ward (Mwakanongo, 2016). The constituency lies within the valley of Mathare informal settlements and Gitathuru Rivers. Mathare Constituency is bordered by Thika road to the North and Juja road to the south (Corburn & Ngau, 2012).

Many dwellers in Mathare Constituency live below poverty line and most of them include vulnerable groups such as the unemployed youth, single mothers, persons with disabilities, female and child headed households, the aged, street families/children, displaced people and HIV/AIDS orphans (Mwakanongo, 2016). The number of charitable children institutions dealing with street children in Nairobi County is beyond 80 institutions and more than 23 operating in Mathare constituency (KARDS, 2011; NCCS, 2015). Due to the availability of reliable evidence on the ever increasing number of charitable children institutions dealing with the recurring phenomenon of street children in Mathare Constituency; it has been chosen as the study location.

3.3. Target Population

The target population in a study is the entire set of units for which the study data are to be used to make inferences (Cox, 2013). In Mathare Constituency, there are more than twenty three charitable children institutions. The study was carried out at four (4) charitable children institutions located in Mathare Constituency, Nairobi County. The population of this study was composed of the managers, former rehabilitees, caregivers, teachers and primary

caregivers. The target population of the study was one hundred and sixty five (165). This has been distributed as presented in Table 3.1.

Table 3.1: Population distribution

Category	Primary Caregivers	Managers	Caregivers	Former Rehabilitees	Teachers	Target population
Good Samaritan	13	1	3	15	14	46
St. James Project	10	1	1	11	12	35
Ngota	11	1	2	12	14	40
Mamma Africa	11	1	2	17	13	44
Total	**45**	**4**	**8**	**55**	**53**	**165**

3.4. Sampling Frame

Sampling frame is defined as the complete list of all members of the total population (Saunders & Lewis, 2012). The sampling frame of this study was drawn from four (4) charitable children institutions in Mathare constituency, Nairobi County, which were purposively selected because they had the same characteristics in terms of sharing similar activities and having children of both genders (boys and girls). Consequently, the participants for the study comprised of managers, caregivers, former rehabilitees, primary caregivers and teachers. It was anticipated that, they were the ones who could give relevant information based on the main aim of this study. The sample population for the study was one hundred and sixteen (116) participants.

3.4.1. Sample Size and Sampling Procedure

A sample refers to the segment of a population that is selected for research and is a subset of the population (Bryman, 2008). Both probability and non-probability sampling procedures were used to select the required participants for this study. The two types of sampling methods were used hand in hand at different stages. Mugenda and Mugenda (2003) asserts that in probability sampling, every unit in the population has an equal chance of being selected. Moreover, non-random sampling is used when the researcher wants to get information from particular sources. According to Maxwell (2013), the purpose of non-random sampling is not to generalize from the sample to a population but a matter of information richness. In order to determine the sample size of study drawn from the 165 participants within four charitable children's institution in Mathare constituency, Nairobi County, this study adopted a formula by Krejcie & Morgan (1970) for estimating a sample size, (s), from a known population size, N.

$$s = \frac{\chi^2 \; NP\,(1-P)}{d^2\,(N-1) + \chi^2\,P\,(1-P)}$$

Where:

s = required sample size

N = population size, 165

P = Population proportion, assumed to be .50

d^2 = the degree of accuracy whose value is .05

χ^2 = Table value of chi-square for one degree of freedom, which is 3.841

Substituting these values in the equation, estimated sample size (s) was:

$$S = \frac{3.841 \times 165 \times 0.50 \quad (1 - 0.5)}{(0.05)^2 \quad (165-1) + 3.841 \times 0.5 \times (1-0.5)}$$

$S=115.6$

$S=116$

3.4.2. Sampling Procedure

Purposive sampling technique was employed by the researcher to select the four (4) charitable children's institutions, which were dealing with street children of both genders. Moreover, the 4 managers and 9 caregivers from children institutions were also selected through the same technique. The technique involves identifying and selecting individuals or groups of individuals that are knowledgeable about or experienced with a phenomenon of interest or those willing to give the relevant information relating to the study at hand, as it has been elucidated by (Njenga & Kabiru, 2009; Creswell & Plano, 2011).

The researcher used simple random sampling technique, where he prepared a comprehensive list of all teachers and primary caregivers targeted for the study. According to Kanupriya (2012), the sample is drawn from the list, so that each person or item has an equal chance of being drawn during each selection round. Consequently, participants in the population are sampled by using either a random number generator or a random number table, so that each person remaining in the population has the same probability of being selected for the sample (Friedrichs, 2008). Thus, our study employed simple random sampling to sample 32 primary caregivers and 37 teachers from the four charitable children institutions in Mathare constituency, Nairobi County.

The researcher selected 34 former rehabilitees (old boys and girls), through snowball sampling technique, though they were difficult to find (Handcock & Gile, 2011). The researcher was able to access few former rehabilitees who informed him about their colleagues, who were having the very characteristics required for participating in the study (Thompson, 2002; Baltar & Brunet, 2012). Therefore, the study sample consisted of 116 participants as it has been illustrated in Table: 3.2.

Table 3.2: Sampling Distributions

Category	**Mamma Africa**	**Ngota Upendo**	**St. James**	**Good Samaritan**	**Sample Size**	**Sampling Techniques**
Former Rehabilitees	10	4	8	12	34	Snowball
Caregivers	2	2	2	3	9	Purposive
Primary caregivers	10	5	7	10	32	Simple
Teachers	10	7	9	11	37	Simple
Managers	1	1	1	1	4	Purposive
Total	**33**	**19**	**27**	**37**	**116**	

3.5. Data Collection Instruments

In gathering relevant data for the study, different instruments were applied. There were questionnaires and semi-structured interviews, which were employed to collect data from the participants. Thus, various instruments were used to complement each other (Bailey, 1994).

3.5.1. Questionnaires

A questionnaire is a set of written questions, organized in a systematic way for the purpose of eliciting information from the participants (Mulwa, 2008). This study used questionnaires as instruments during data collection.

They researcher used both structured and unstructured questionnaires, whereby they were administered in person to person to managers, caregivers and teachers in charitable children institutions within Mathare Constituency.

3.5.2. Semi-Structured Interview

Schostak, (2006) asserts that an interview is an extendable conversation between partners that aims at having 'detailed information' about a certain topic or subject and through which a phenomenon could be interpreted in terms of the meaning that, interviewees bring to it. Thus, the interviewer ought to be prepared for flexibility. He or she should not strictly follow the questions but incorporate the topics by allowing the interviewee to extend ideas by speaking in a wide sense but on the issue raised by the interviewer.

The researcher interviewed the primary caregivers and former rehabilitees using semi-structured interviews, which allowed additional questions to be added as the interviews progressed. The semi-structured interview guide was administered to the participants, whereby the researcher had to briefly discuss with them prior to the commencement of interviews. This approach ensured that it conforms to Yin's suggestion (2009) that all interviews have to be standardized.

3.6. Pilot Study

According to Gay, Mills and Airsian (2009), pilot testing is conducted in order to detect any deficiencies and difficulties that participants are likely to face while responding to the items. Pilot testing was done to make corrective revisions to instruments and data collection procedures, to ensure that the data that is collected follows valid and reliable procedure. Pre-testing of data instruments allowed errors to be noted before the actual data collection.

This conferred with Mugenda and Mugenda (2003), who asserts that, 10% of the sample size is considered adequate for piloting. Pilot testing of instruments was conducted at the Outreach community Children Centre at Kariobangi North located in Embakasi North constituency, which is also within the informal settlements of Nairobi County. Thus, the researcher employed semi-structured interviews and questionnaires that were administered personally to pre-test them. He assessed questions and responses and those that were found to be not clear he reframed them for clarity. The weakness of the instruments such as generic setting of some of the questions and statements which could not lead to well definitive answers were revised accordingly.

3.6.1. Validity

Validity is the extent to which any measuring instrument measures, what it is intended to measure (Thatcher, 2010). It refers to the capacity of the method that come up with findings, intended to be achieved (Kvale & Brinkmann, 2009). Patten (2012), notes that, construct validity measures what it is designed to measure and accurately performs the function(s) that is supposed to perform. In this study, construct validity was used to check, how the questions were to be phrased to ensure that they conveyed the intended meaning. The researcher ensured that, the instruments remained focused, accurate and consistent as per the study objectives.

According to Robinson (2007), content validity is established by an expert. Thus, the researcher also consulted the research experts and university supervisors to review the contents of the instruments to assure they are able to cover the entire range of the significant aspects of the area being investigated (Rossiter, 2008). The comments, concerns and suggestions raised by the experts were adequately incorporated in the final instruments that were administered to the actual participants of the study.

3.6.2. Reliability

Reliability is related to the consistency and credibility in the whole research process so it requires the relevance in the findings (Kvalle & Brinkmann, 2009). To test reliability, accuracy of the answers given by the participants were counter checked against the objectives of the study to determine consistency and accuracy that was foreseen for the results. The researcher repeated the coding procedure in order to see if the same results were produced on repeated trials to ensure that nothing was omitted (Krippendorff, 2004).

3.7. Data Collection Procedure

Prior to the commencement of data collection, the researcher obtained all the necessary documents for authorization and clearance. A letter of introduction from Tangaza University College as well a research permit was obtained from the National Commission of Science Technology and Innovation (NACOSTI). The researcher clarified the aim of the study to the selected participants and Management Authority of the Charitable Children Institutions in Mathare constituency, Nairobi County. After being granted permission by concerning authority, the researcher in person distributed the questionnaires to the sampled participants. He also administered semi-structured interviews in the location of study. Before distributing any the questionnaires or conducting interviews, the purpose of the research was explained to get rid of suspicion and fear among participants.

3.8. Data Processing and Analysis

According to Kothari (2004), data analysis is the process of bringing order and meaning to raw data. This research used quantitative and qualitative data analysis. Quantitative data were obtained from the closed-ended items in the questionnaires. Questionnaires responses rate were computed and there adequacy established.

The raw data were analyzed after being coded and entered into the computer by use of Statistical Package for Social Sciences (SPSS) version 2.1 for windows. The process of analyzing qualitative data involves systematically searching, arranging, organizing, breaking data into manageable units, synthesizing and looking for patterns among variables. The data from the interviews was used for the qualitative analysis as it generated complementarity narrative in data analysis. The researcher categorized data into themes and used thematic analysis through discussions where he presented it in form of narratives. The analyzed data was then presented in form of figures and tables for interpretation, summary, conclusions and recommendations.

3.9. Logistical and Ethical Considerations

Fouka and Mantzorou, (2011) assert that, research ethics is important in our daily life research undertakings', hence researchers are required to protect the dignity of their subjects and publish well the information that is researched. In this study, the researcher was ethically bound to observe and adhere to the stipulated guidelines. Informed consent from each participant was essential for the study. The researcher explained to management of street children institutions and every participant, the purpose of the study before embarking on any activity.

Confidentiality and anonymity was ensured during the data collection. The participants were guaranteed that there would be protection of information given and that the data collected was to be treated with total confidentiality. To ensure this, the researcher listed the data using number codes rather than names, hence to avoid psychological discomfort or harm to his participants.

3.10. Conclusion

This chapter discussed in detail the methodology of research, research design and data collection instruments applied in the study. The instrument and procedure used in data collection were thoroughly clarified and the ethical considerations were observed accordingly. Data analysis and presentation play a key role in research as it gives meaning to the whole research. Therefore, the next chapter outlines data analysis and presentation utilizing the aforementioned, design to obtain answers to the research questions for the forthcoming chapter 4, which is built by the interpreted data collected from the field.

CHAPTER FOUR
DATA ANALYSIS AND PRESENTATION

4.0. Introduction

This chapter presents analysis and discussions of the findings of the study. The study aimed at assessing the socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. It integrated the results obtained from questionnaires and interviews, depending on the study objectives. The sub-headings in the chapter includes: research instruments return rate, demographic information of the participants, accessibility of healthcare to children, the kind of healthcare services, provision of healthcare, adequacy and effectiveness of healthcare services, the kind of educational services provided to children, adequacy and effectiveness of educational services, teaching methods and role modelling of teachers, managers' professionality, capabilities of caregivers and primary caregivers, availability of funds, achievements of street in holistic rehabilitation, adaptation of street children into community and finally the major findings of the study are discussed where it has been compared at some points with the objectives of the study and the literature review in chapter 2.

4.1. Return Rate of Research Instruments

The total sample of 116 participants was selected from the four charitable children institutions in Mathare Constituency, Nairobi County; comprising of 4 mangers, 9 caregivers, 37 teachers, 34 former rehabilitees and 32 primary caregivers responded, giving a response rate of 66% (n=76). There were divergent responses in the study. The results are presented in Table 4.1.

Table 4.1: Response Rate of Research Instruments

Category	Mamma Africa	Ngota Upendo	St. James	Good Samaritan	Sample Size	Response Rate
Former Rehabilitees	10	4	8	12	34	21
Caregivers	2	2	2	3	9	9
Primary caregivers	10	5	7	10	32	27
Teachers	10	7	9	11	37	19
Managers	1	1	1	1	4	4
Total	**33**	**19**	**27**	**37**	**116**	**76**

4.2. Demographic Information of Participants

The section sought to provide insights of participants' composition in the study in terms gender, age, educational qualifications and working experiences.

4.2.1. Gender of Participants

Gender is a term that refers to social or cultural distinctions associated with being male or female. Gender identity is the extent to which one is identified as being either masculine or feminine (Diamond, 2002). Moreover, the difference between women and men in attitudes and behavours, exist in our society, whereby several agents of socialization , including the family and other societal institutions, help to socialize people into their gender roles and also enable them develop their gender identity (Aulette & Wittner, 2011; Andersen & Hysock, 2011).

Consequently, the study sought to find out whether the gender of participants affected holistic rehabilitation of street children in the study. The results are presented in Figure 4.1.

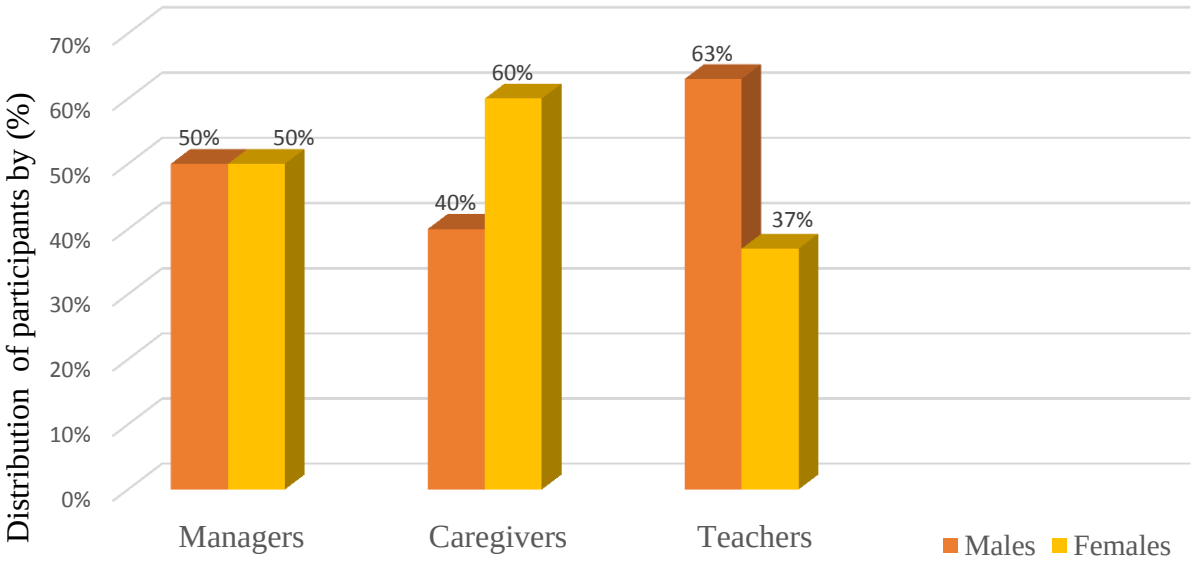

Figure 4.1: Distribution of Participants by Gender

Following the outcomes in Figure 4.1, the gender of managers who participated in the study was 50% (n=2) which was similar in both and genders. Among the caregivers, 40% (n=4) were males and 60% (n=5) composed of females. For the teachers who participated in this survey, the number of men was 63% (n=12) and their women counterparts was 37% (n=7). The findings revealed that, both genders served street children in the institutions and therefore, there was less gender biasness in the study. In addition to that, there was gender balance in various roles played by the staffs serving children in charitable children institutions operating in Mathare Constituency.

Consequently, Figure 4.1, reveals that, the institutions that provided services to street children were ran by both men and women. The researcher finds this quite impressing as both males

and females are crucial in the holistic rehabilitation of street children who belonged to both genders.

4.2.2. Age of Participants

The study sought to assess the age of the participants to find out whether it affected holistic rehabilitation of street children in the institutions. The findings are shown in Figure 4.2.

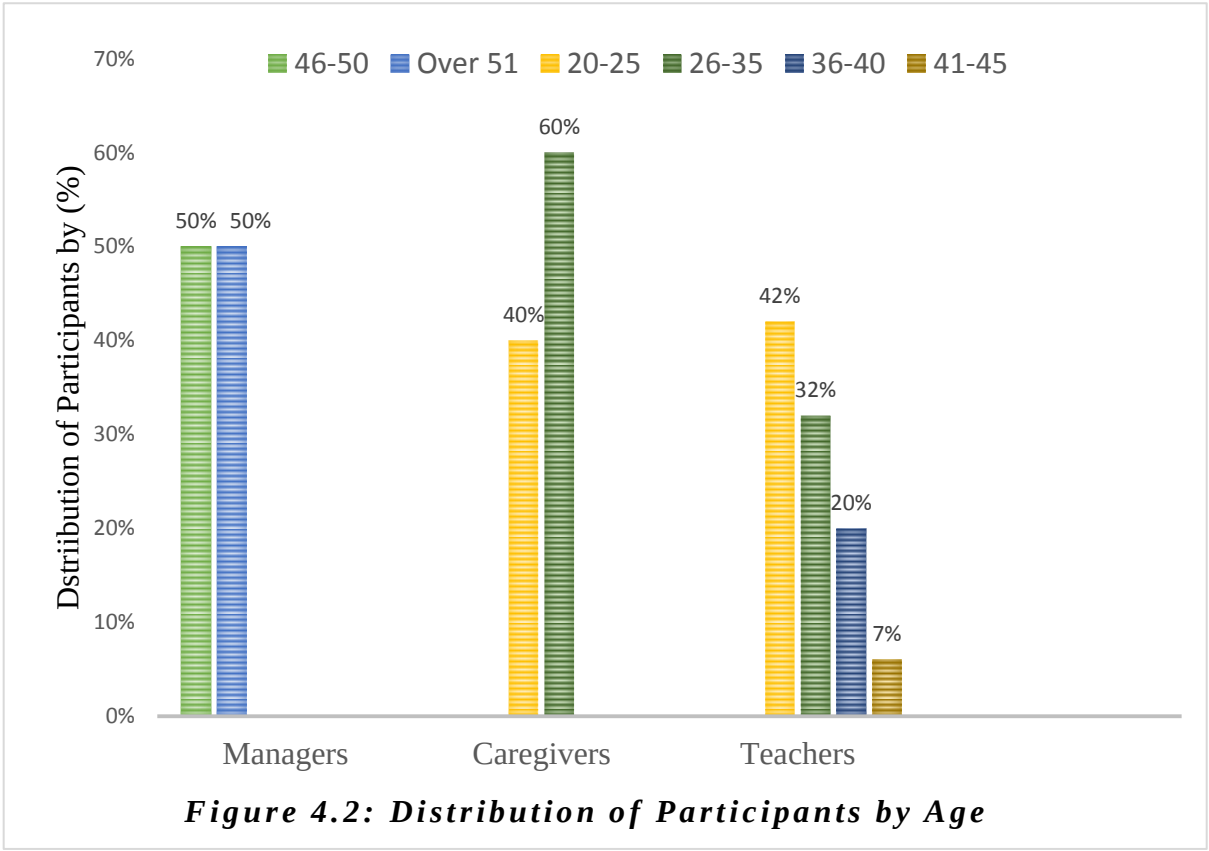

Figure 4.2: Distribution of Participants by Age

The age of participants according to Figure 4.2, ranged from 20 to 50 years and above. The results show that 50% (n=2) of the managers were aged between 46 and 50 years and the rest 50% (n=2) were 50 years and above.

Meanwhile, 40% (n=4) of caregivers were between 20 and 25 years. The findings in Figure 4.2, further illustrate that 60% (n=5) of the caregivers were aged between 26 and 35 years. It

emerged that 42% (n=8) of the teachers were aged between 20 and 25 years. Furthermore, 32% (n=6) of teachers ranged from 26 and 35 years while the 20 % (n=4) of teachers were between 36 and 40 years. The remaining 7% (n=1) of teachers were between 41and 45.years. The majority of caregivers in the children institutions were aged between 20 to 35 years old.

This shows that the majority of teaching and caregiving staffs in CCIs were young people who were energetic enough to serve the street children accordingly. The outcome of managers' age in Figure 4.2 of the study also depicts that, the managers running children institutions had enough experience. Moreover, most of the participants in the study, had reached the required age as per the national standards for best practices in charitable children institutions (Republic of Kenya & UNICEF, 2013).

4.2.3. Educational Qualifications of Participants

Education is paramount in enabling the participants to intellectualize issues related to holistic rehabilitation of street children in charitable children institutions. Therefore it was important to establish the educational qualifications of the participants in order to ascertain if they affected holistic rehabilitations of street children in the charitable children institutions. The results are presented in Figure 4.3.

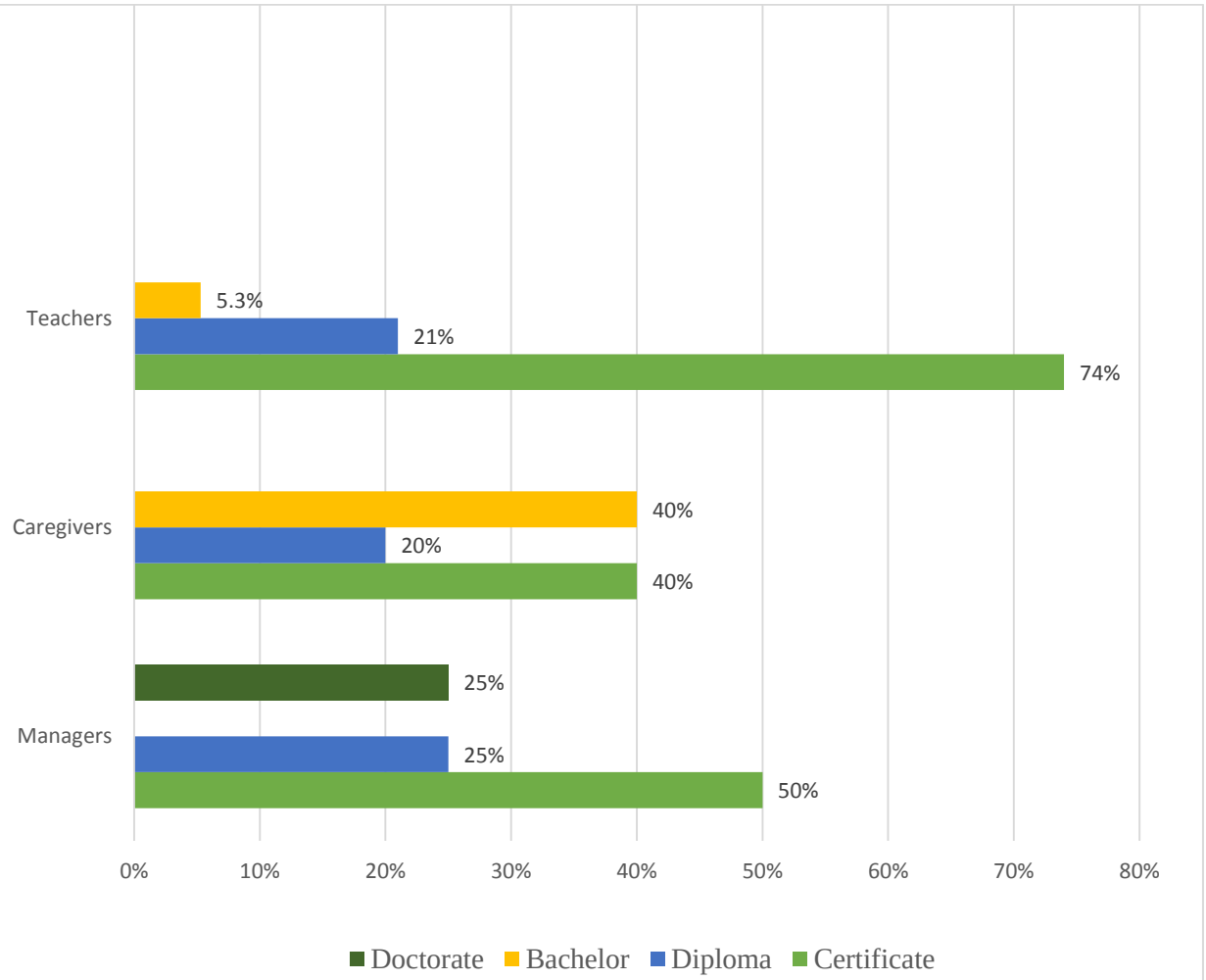

Figure 4.3: Distribution of Participants by Educational Qualifications

The findings in Figure 4.3 illustrate that, 74% (n=14) of the teachers had qualified to reach at certificate level, while 21 % (n=4) of them had attained Diplomas in their related studies and only 5.3% (n=1) had managed to get a Bachelor's degree in their training. The study findings in Figure 4.3 also revealed that there were 40% (n=4) of caregivers who had Bachelor's degree qualifications while 20% (n=1) had been able to get first certificates. The remaining 40% (4) of caregivers were Diploma holders. Subsequently, 50% (n=2) of the managers had attained first certificates in their educational background while 25% (n=1) were Diploma holders and the rest 25% (n=1) of managers had been awarded Doctorate degree.

It implies that many of the participants had undergone for professional trainings to enhance holistic rehabilitation of street children. This is in line with Litjens & Taguma, (2010) who asserts that, enriched stimulating environments and high-quality training are fostered by better qualified staffs with educational qualifications that leads to better learning outcomes.

Nevertheless, fifty percent of managers had not attained high educational qualifications that is essential for managing charitable children institution as required by the government of Kenya. Besides that, necessary educational qualifications' preparation and real life experience of managers is critical for street children's holistic rehabilitation. Therefore, the managers should be competent enough, hence to designate their duties for the utmost wellbeing of street children's holistic rehabilitation as emphasized by Narayan, (2012) who argues that, for quality assurance, street children need to be managed by qualified child service providers who can offer the right kind of care.

4.2.4: Duration of Working in the Institution

The study sought to determine participants' working duration in their respective charitable children institutions. This was meant to ascertain whether this affected holistic rehabilitation of street children in their institutions. The findings are presented in Table 4.2.

Table 4.2: Duration of Serving Children

Years Worked	Frequency	Percentage
Managers		
11-15	2	50
21-25	2	50
Caregivers		
1-5	2	40
6-10	2	40
11-15	1	20
Teachers		
1-5	19	100.0
Total	**28**	**100.0**

The results in Table 4.2, shows that, most of the managers (50%) had ran their institutions between 11 and 15 years and the others (50%) of managers had managed the institutions between 21 and 25 years. The findings also revealed that (40%) of caregivers had served in their institutions between 1 and 5 years while the rest (40%) between 5 and 10 years. The remaining (20%) had offered their services between 11 and 15 years. The findings in Table 4.2, still indicate that, all the teachers (100%) who participated in the study had served in their children institutions between one and five years.

The findings in Table 4.1 indicates that, the majority of participants had served for a long duration. This has been affirmed by Nsubuga (2009) who emphasize that, long experience indeed brings about change in the leadership attitudes and hence performance and without it there would be no effectiveness in workplace.

Moreover, participants with a greater working years also contribute a lot in providing reliable data on the problem of the study, since they have experienced the phenomenon being studied

(Braxton, 2008). The results in Table 4.2 also revealed that (50%) of the managers had worked in their respective children institutions for long and thus understood the issues of street children phenomenon. This depicts that they knew how to deal with the street children.

4.3. Objective 1: Healthcare Services Affecting holistic rehabilitation of Street children

4.3.1. Accessibility of Healthcare Services to Children

The study sought to find out whether the street children in charitable children institutions (CCIs) accessed to healthcare services to enable them undergo holistic rehabilitation. The result are illustrated in Figure 4.4.

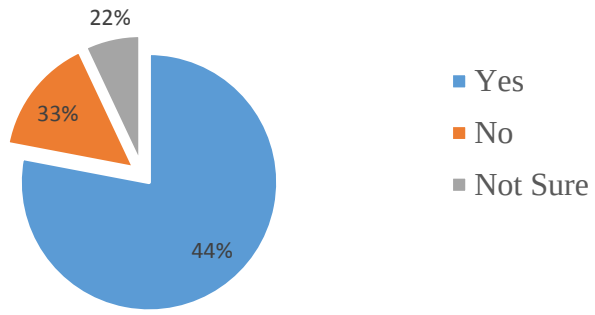

Figure 4.4: Accessibility of Healthcare to Children

Figure 4.4, indicates 33% (n=3) of caregivers disagreeing that, the street children in their CCIs did not access to healthcare services, while 22% (n=2) of participants simultaneously responded that, they were not sure whether the children accessed to healthcare services. The results in Figure 4.4, also reveals that, the majority of caregivers 44% (n=4) were sure that, their CCIs enabled street children to get accessibility to healthcare services.

Accessibility to healthcare services to children, has also been conferred in Article 9 of children Act, laws of Kenya, which emphasizes the right for all children to access healthcare services (CoK, CAP. 141, 2010). In order to establish a joyful and successful, holistic rehabilitation process of street children, the caregivers should not only agree on the

accessibility of healthcare services to street children but they should also let children express their matters to the fullest, that concern or affect them, following the age of every child as affirmed in Article 12 of the UNCRC (UN Convention on the Rights of the Child, 1989) which, states that, "children have a right to express their views and they should be taken, seriously in accordance with their age and maturity".

Moreover, allowing street children to express their views, help them not to suffer from behavioural and emotional difficulties, such as low-self-esteem, suicidal feelings, depression and traumatic stress disorder as confirmed by (American Academy of child and Adolescent Psychiatry, 2011). Thus, by helping street children get accessibility to healthcare services, they would be enabled to undergo holistic rehabilitation in an appropriate manner.

4.3.2. The Kind of Healthcare Services Provided to Children

The study sought to find out the kind of healthcare services provided in the charitable children institutions (CCIs) in Mathare Constituency. Thus, the researcher intended to know about the specific healthcare services offered by the CCIs in the study to ascertain if they could enable holistic rehabilitation of street children. This has been presented in Table 4.3.

Table 4.3: Healthcare Services Provided to Children

Category	N	Mean
Spiritual counselling	4	1.00
Psychological therapy	4	1.00
Medical care	4	1.00

Table 4.3, indicate the kind of healthcare services provided in charitable children institutions. The healthcare services offered mean scores were as follows: spiritual counselling (M=1.00), psychological therapy (M=1.00) and medical care (M=1.00). The results in Table 4.3, reveal that, the CCIs in the study provided inclusive healthcare to street children. This has been affirmed in Article 24 of United Nations convention on the rights of the children (1990) states

that, “every child has the right to good quality healthcare, to safe drinking water, nutritious food, a clean and safe environment and information to help them stay healthy”.

4.3.3. Provision of Healthcare Services to Children

Prior to enrollment of the street children into the charitable children institution, they were supposed to undergo a kind of interview in order to identify problems or needs of each street child and the reasons for him/her going to the streets. Other children were identified as drug addicts and with poor health status. The interview conducted paved way for medical check-up and screening to ascertain street children’s physical, psychological and spiritual health status. This was noted by the researcher during the semi-structured interview with one of the primary caregiver who said:

> “…..All street children to be enrolled into our Centre are first to taken to a health specialist to identify their physical fitness, drug addiction or Hiv/aids status. In cases that regards to hopelessness in the child’s life, the Centre manager invites a religious minister’s for spiritual counselling. This is done in order to know each child general health status before they are enrolled in the institution. The children who are found to be Hiv positive like Desmond are given special care and even treated with ARVs drugs. Children who happen to suffer from physical problems are given first aid and those with serious injuries and mental problems like Muthoni are sent to Mathari Government Hospital for physiotherapy and psychotherapeutic care. Some children are taken to private health centres like Baraka health Centre or to the Shining hope for community (SHOFCO)”

Once the problem of the street child was discovered, relevant treatment procedure followed and he/she would be entered in the list of those receiving institutional healthcare.

This could be either psychological therapy, medical care or spiritual counselling. For the children who needed special care they were referred to Victoria Joy organization in Kasarani or to the Catholic sisters’ convent in Kariobangi. This was revealed to the researcher during the interview with one of the primary caregiver who said:

> “ For street children who need special healthcare, auntie (Centre manager) takes them to Victoria Joy centre or to the Catholic Sisters Convent in Kariobangi who takes care of less fortunate children.”

According to Njoroge (2009) many street children get enrolled to rehabilitation institutions, when they are already drug addicted and therefore need to be treated on drug related problems before any training can take place. This is paramount as it prepares street children to undergo holistic rehabilitation, while they are in a charitable children institution (CCI). After the enrollment of street children in a CCI, the caregivers and primary caregivers continue taking care of them psychologically, physically and even spiritually. When difficult cases arises, the children institution welcomes technical personnel to come and help them. This situation was noted by the researcher as he was interviewing one of the primary caregiver who said:

> "……We usually care the children in our Centre, medically, psychologically and even spiritually but for the cases which we are unable, we asks for help from the experts in the Government, NGOs and the Church. We are always grateful to the clinical officers from Mathari Hospital, who come to treat our children, medically and even psychotherapeutically. Our children also receive physical, psychological and spiritual counselling from the Catholic Priests, Brothers, Sisters and Pastors from Protestants Churches who come for holy mass and spiritual teachings"

This help street children to forget their psychological torture and start conducting themselves as normal children. Moreover, providing street children with healthcare services enhance their holistic rehabilitation.

3.4. Adequacy of Healthcare Services to Street Children

In this section the study sought to determine whether street children received adequate healthcare services in their institutions to enable them undergo holistic rehabilitation. The findings are presented in Figure 4.5.

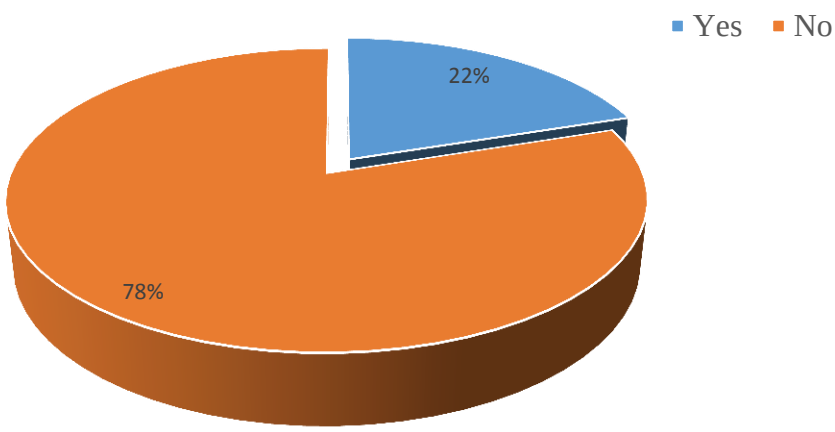

Figure 4.5: Adequacy of Healthcare to children

According to Figure 4.5, the majority of caregivers 78% (n=7) responded that, the street children in their institutions, got adequate healthcare services while only 22% (n=2) responded in the contrary way. The responses of most participants are in line with Article 24 of United Nations Convention on the rights of the children (1990) that highlights, "Every child has the right to enjoy the highest attainable standard of healthcare by treatment of illness and rehabilitation healthcare as it is of central importance, because the enjoyment of various other rights is based on the extent to which health of a child is protected".

4.3.5. Effectiveness of Healthcare Services on street children

The study sought to determine whether the healthcare services offered in charitable children institutions (CCIs) were effective to enable street children to go through holistic rehabilitation in the location of the study. The outcomes of the results are presented in Figure 4.6.

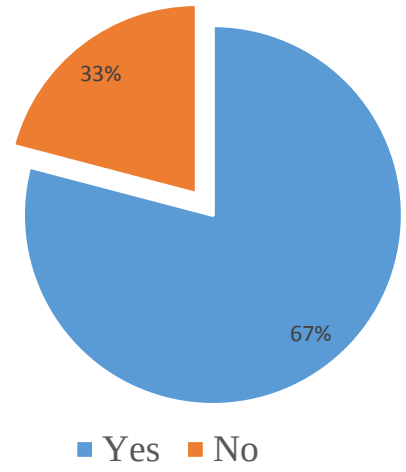

Figure 4.6: Effective Healthcare on Children

According to Figure 4.6, only 33% (n=3) of caregivers in various institution who disagreed that healthcare services offered in charitable children institutions (CCIs) were ineffective to enable street children, go through holistic rehabilitation, while 67% (n=6) of majority participants responded that, the healthcare services provided were effective enough to support the street children in their CCIs. The results in Figure 4.6 depicts that, the healthcare services offered are effective enough to enhance holistic rehabilitation of street children in the location under the study.

4.4. Objective 2: Educational Services Affecting Holistic Rehabilitation of Street Children

4.4.1. The Kind of Educational Services Provided to Children

The study sought to find out the kind of educational services provided in the charitable children institutions (CCIs) in Mathare Constituency. Thus, the researcher intended to know on the specific educational services offered by the CCIs to know whether they enhanced holistic rehabilitation of street children. This has been presented in Table 4.4.

Table 4.4: Educational Services Provision to children

Category	N	Mean	Std. Deviation
Life Skills	4	1.00	.000
Formal Education	4	1.00	.000
Vocational Training	4	2.00	.000

Table 4.4, indicate the kind of educational services provided in charitable children institutions. The services offered mean scores were as follows: formal education (1.00), life skills (M=1.00) and vocational training (M=2.00). The study results in Table 4.4, indicates that, vocational training had attained the mean score of (M=2.00) which was the highest according to the responses outcome. The results in Table 4.4, depicts that, the majority children service providers did not offer vocational training in their CCIs. However, the institutions sent street children to the equipped institutes for the vocation trainings as it was revealed to the researcher through one of the primary caregivers during the interview who said:

> " For those students who passes their examinations in our institution, the Centre manager take them into other institutes which offer trainings that suit the candidates who needs those kinds of trainings"

Moreover, the necessity of vocational training to a street child has been emphasized by Nyerere, (2009) and Nilsson, (2010) who acclaims that, the kind of training enable street children under rehabilitation to access to opportunities in labour markets demand in Non-Governmental Organizations, private public sectors and government institutions where these children are empowered by achieving self-reliance.

4.4.2. Adequacy of Educational Services in Children Institutions

The study sought to examine whether the educational services offered in the charitable children institutions were adequate to enhance holistic rehabilitation of street children. The outcome are shown in Figure 4.7.

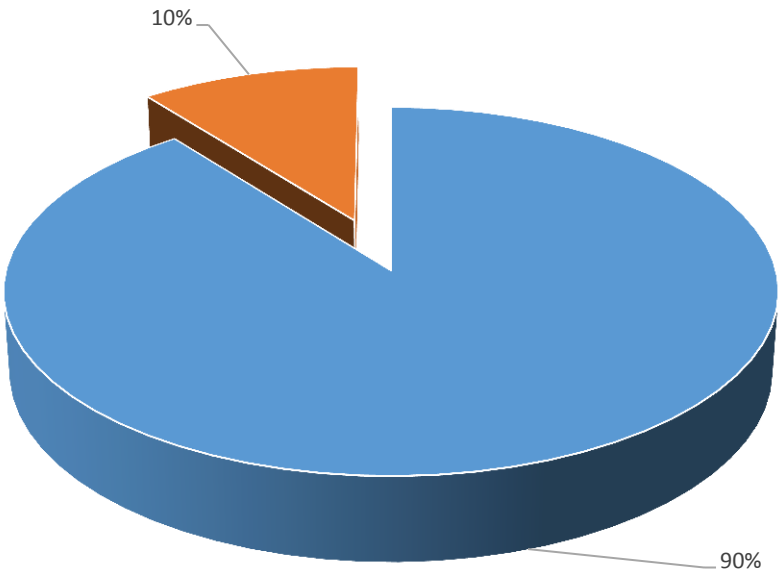

Figure 4.7: Adequacy of Educational Services

The results in Figure 4.7, indicates that, the minority 10% (n=2) of teachers disagree that the educational services offered were not adequate while the majority of teachers 90% (n=17) agrees that, educational services offered in charitable children institutions were adequate to carry out holistic rehabilitation of street children. This has been supported by (UNICEF, 2009) views that, every child has a right to education which is a fundamental human right. Moreover, education provides an individual with knowledge, adequate skills to uphold success and self-esteem in one's life. According to Figure 4.7, only 10 % (n=2) of the

teachers disagreed that, the educational services provided in the institutions were not adequate. This is responses concurs with the views of one of the former rehabilitee during interview who said:

> "..... In the children institution that I grew in, we were provided with various educational services. The children in that institution were so gifted in different talents such as ballgames, drama, athletics and singing as well as gifted in dancing but there was nobody to ensure the development of their talents"

The responses gathered from the former rehabilitated child in one the charitable children institutions (CCIs) reveals that, despite of most the teachers responding that the services offered were adequate, the educational services lacked the services that are related with talents development. This coincides with Republic of Kenya report of (2009), which notes that the majority of Kenya's population comprises of youth aged between 15-29 years, vulnerably suffering from antisocial behaviours, violence and with talents but having no opportunities to exploit or market/develop those talents. As result of idleness, many youth/children turn to negative activities such as crime, violence and drug abuse.

Consequently, much of the educational services provided in CCIs did not include talents development related to sports which could enhance health, physical and psychological wellbeing of the street children under rehabilitation.

Talents development in charitable children institution could help street children gain self-esteem and change their previous antisocial behaviour of the street life by being re-socialized with other members of the community. Subsequently, there is need for children service providers to include various talents developmental services such as sports, arts, drama, singing and even dancing to enhance holistic rehabilitation of street children. Moreover, talents development could rehabilitate street children by stimulating opportunities, hence to develop their full potentials for attaining self-actualization (Kang'ethe, 2010 & Clarke, 2012).

4.4.3. Effectiveness of Educational Services

The study sought to find out whether educational services offered in charitable children institutions (CCIs) were effective to enhance holistic rehabilitation of street children in the study location. The outcomes of the study are presented in Figure 4.8.

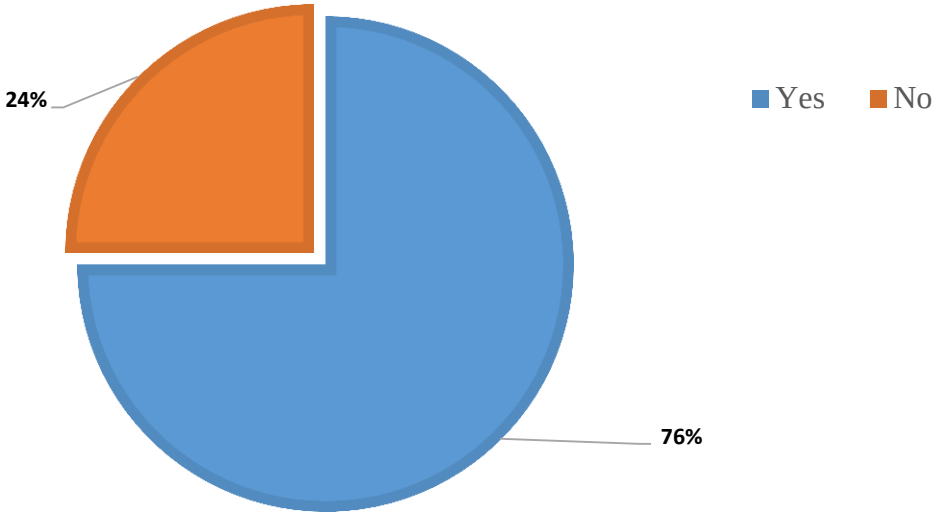

Figure 4.8: Effectiveness of Eductional Services

According to Figure 4.8, the majority of teachers in various institution 76% (n=14) felt that educational services rendered in their respective charitable children institutions were effective to enhance holistic rehabilitation of street children, while 24% (n=5) of participants responded that, educational services were not effective. The findings in Figure 4.8 implies that; much of the educational services provided in the institutions proved to be effective in promoting behavior change, self-esteem and self-reliance among street children in the

children institutions under the study. This agrees with Gichumba, (2009) who observes that rehabilitation services/programs in charitable children institution, are focused towards giving knowledge and skills to children, leading to employment or self-employment after exiting from the institutions.

The findings in Figure 4.8, implies that educational services offered in the institutions were effective to enhance holistic rehabilitation of street children. Likewise, the researcher noted these effective educational services offered, during the interview, where many of the former rehabilitees had a positive attitude towards the educational services offered. Some of them mentioned that, they had acquired numerous skills after being provided with the training in their institutions. The researcher noted that there were other street children, who had been sent to technical school, where some of them had even attained Bachelor's degrees in computer technology. During the interview one of the former rehabilitee said:

> "….I was taken by auntie (manager of the Centre) to Catholic University of Eastern Africa and now, I have a degree in computer science. I do give back to the community by helping my young brothers and Sisters in this institution. I am still working with a certain institute in Town"

The researcher encountered another former rehabilitee, after being directed by his friend, who had trained in computer technology and journalism and he was working with an NGO but still helping as an assistant social worker in the Centre, where he was brought up. The researcher also met other former rehabilitees who had trained as drivers and helping in the institution where they were rehabilitated.

The researcher happen to meet other two former rehabilitated children. One of them was called Alex who introduced the researcher to two ladies whom, they had been enrolled in same children institution and brought up since they were small children. One of the ladies was studying Journalism at Kenya Institute of Mass Communication, while the other one was

a student of sales and marketing at Nairobi Institute of Business Studies which is along Thika road.

Moreover, the results in Figure 4.8 and the interviews conducted by the researcher confirms that, the educational services offered in charitable children institutions were effective. This has been confirmed by Undugu Society of Kenya (2012) that asserts, education provision empowers the children to become productive and responsible individuals in the society (USK, 2012).

4.4.4. Teaching Methods and Role Modelling of Teachers

The study sought to determine the teaching methods and role modelling of teachers serving in charitable children institutions. Thus, it was important to ascertain to know whether the teachers' methods of teaching and role modelling affected holistic rehabilitation of street children in charitable children institutions (CCIs). The results are presented in Table 4.5.

Table 4.5: Teaching Methods and Role Modelling of Teachers

Category	N	Mean	Std. Deviation
Role modelling	5	1.00	.000
Teaching Methods	4	1.00	.000

In Table 4.5, the caregivers (participants) were asked to give their responses regarding the teachers' teaching methods and role modeling on enhancing holistic rehabilitation of street children in the CCIs. The results in Table 4.5, confirms, role modelling of teachers attained the mean score of (M=1.00). That implies that, the teachers serving in various CCIs acted as role models, while rehabilitating street children to attain good behaviours and moral virtues as it has been affirmed by the (America Academy of Child and Adolescent Psychiatry, 2011). Moreover, it also concurs with Bandura (1977) theory which states that, human behaviour is learned through, observing and imitating others as role models.

Role modelling of teachers was also noted by the researcher during interview, where the former rehabilitee said:

> " The teachers who taught us when, I was staying in the institution where grew-up, were behaving well. This made some of us even to be attracted by their characters and even decided to imitate them. For some of the teachers who showed bad examples they were asked to leave by the manager"

In Table 4.5, the teaching methods of teachers got the mean score of (M=1.00) according to caregivers' (participants) responses. This reveals that, the teachers serving in various CCIs used appropriate and effective training methods in rehabilitating street children. This has been recommended by Adunola (2011) who asserts that, to facilitate the process of knowledge transmission, teachers should apply appropriate and effective teaching methods that suit particular objectives and equivalent outcomes. Moreover, Chittom, (2012) emphasizes that, for the teachers to effectively implement the planned educational program, they must employ diverse styles to teach the pupils as different pupils require different styles of teaching in order to grasp the curriculum content that will in turn lead to effective educational services provision. The results in Table 4.5, depicts that, teachers in the institutions employed teaching methods and role modelling to bring effective holistic rehabilitation of street children. However, the teachers serving in various charitable children institutions are supposed to increase their efforts in order to make holistic rehabilitation of street children a reality.

4.5. Objective 3: Managers' Competences Affecting holistic rehabilitation

4.5.1. Managers' Professionality

The study sought to assess the professionality of various managers running charitable children institutions. This was meant to verify whether the managers had undergone, for relevant trainings that could effectively enable them carry out holistic rehabilitation to street children. The managers' responses are presented in Table 4.6.

Table 4.6: Managers' Professional Trainings

Category	N	Mean	Std. Deviation
Social work	4	1.00	.000
Medical training	2	1.50	.707
Child psychology	4	1.00	.000
Religious training	3	1.00	.000
Education	2	1.00	.000
Financial Accounting	4	2.00	.000
Management	2	1.00	.707

The results presented in Table 4.6, shows the professional trainings that managers had trained concerning child affairs. The following were the mean scores according to managers' responses: social work (M=1.00), child psychology (M=1.00), religious training (M=1.00), education (M=1.00) and management (M=1.00). The results in Table 4.6 implied that, managers' professional trainings helped them to understand the street children better and enabled them to cope up with the challenges that children face. This is in line with (Narayan, 2012) who asserts that, for quality assurance, street children need to be carefully managed by qualified child service providers who can offer the right kind of care to a street child (Narayan, 2012).

The study results also indicates that medical training had scored (M=1.50). The outcomes in Table 4.6, depicts that the majority of managers were not competent in matters pertaining to the healthcare of children. This created a gap in child healthcare that was supposed to be filled, as it seems that many of the managers depended on caregivers and primary caregivers to offer healthcare services to street children in their charitable children institutions.

In order to fill the gap, as revealed in Table 4.6; managers should employee caregivers, who are capable and qualified enough to enable street children attain adequate physical, mental

and spiritual health status as noted in Article 14 of the African Charter on the Rights and Welfare of the Child (ACRWC). Thus, through the caregivers' capabilities, this would enhance holistic rehabilitation of street children within the charitable children institutions in Mathare Constituency and the society at large. The results in Table 4.6 still, reveals that, financial accounting attained the mean score of (M=2.00) which was the highest. This indicates that, the majority of managers running children institutions had not gone for financial accounting and hence they were unable to manage finances of their institution in proper manner.

Besides that, the managers lobbying for funds for their charitable children institutions are required to manage them in transparent and accountable manner to avoid programs failures (Malunga & Banda, 2009). According to Table 4.6, it seems that most the managers in the location of the study lacked financial accountability and transparency.

4.6. Objective 4: Caregivers' Characteristic Affecting Holistic Rehabilitation of Children

4.6.1. Capabilities of Caregivers in the institutions

It was important to find out whether the caregivers serving in various CCIs were capable of enhancing holistic rehabilitation of street children. Thus, the study sought to ascertain whether the caregivers in charitable children institutions had undergone through the necessary trainings. The outcomes are presented in Table 4.7.

Table 4.7: Capabilities of Institutions Caregivers

Category	N	Mean	Std. Deviation
Childcare	4	1.00	.000
Social work	3	1.00	.000
Behaviour Management	3	1.00	.000
Counselling	4	1.00	.000

Table 4.7 indicate a list of trainings that caregivers had undertaken for serving street children in charitable children institutions. The trainings mean scores were as follows: childcare (M=1.00), social work (M=1.00), behaviour management (M=1.00), counselling (1.00), while the Standard Deviation was zero (0).

The results from Table 4.7, reveals that the caregivers serving in various charitable children institutions had attained the necessary trainings on child affairs. This agrees with the 'Training manual for children institutions in Kenya, 'where essential competences (childcare, social work, behaviour management, and counselling) have been recommended by Ministry of Gender, Children and Social Development. Moreover, caregivers serving in the charitable children institutions are also supposed to supplement their trainings, through exchanging visits to other charitable children institutions that are best models in childcare, protection, rehabilitation and adaptation of street children into the community as it has been recommended by the (Republic of Kenya & UNICEF, 2013).

4.6.2. Capabilities of Primary Caregivers in the institutions

It was important to establish the primary caregivers' capabilities to ascertain whether, they were equipped with the required skills to enhance holistic rehabilitation of street children in the charitable children institutions (CCIs). The results have been presented in Table 4.8.

Table 4.8: Capabilities institutions Primary Caregivers

Category	N	Mean	Std. Deviation
Trained Caregivers	4	1.00	.000
Advanced Trainees	4	1.00	.000

According to Table 4.8, the participants' (managers) responses mean scores of primary caregivers who had trained in the (CCIs) was (M=1.00) with the (Standard Deviation of zero (0). Furthermore, the mean score the caregivers who had gone for advanced trainings was (M=1.00).

Thus, the results in Table 4.8, depicts that the majority of primary caregivers serving in various CCIs had attained the required education for effective training (Eurydice, 2009). However, many of the primary caregivers hardly got opportunities to advance their trainings and this demoralizes them, in their caregiving services (NCCS, 2011). This might have been constrained by lack of sufficient funds in charitable children institutions as confirmed by Thomas de Benitez (2011) who assert that, the NGOs responsible for delivering social wellbeing services to children are poorly funded and this results too many staffs, being underpaid including the caregivers in the institutions.

Subsequently, Mercer (2009) observed that for the success of the rehabilitation services, the staff in the CCIs should be specifically trained to help the street children develop long-range goals to inspire a desire for an independent and productive living. Additionally, the primary caregivers are supposed to be undergoing for advanced trainings by attending workshops, courses and staff development programs to enable them create strong bonds with street children and to become more responsive to all children as stipulated by the National Institute of Child Health and Human Development (NICHD, 2009), that the higher the caregivers

education level, the prediction is the higher quality care and better developmental outcomes for children.

4.7. Objective 5: Availability of Funds Affecting Holistic Rehabilitation of Street Children

4.7.1. Availability of funds from Foreign Aids, Government and Local Funding

The study sought to examine if the government, local donors and the international donors were involved in availability funds to enhance holistic rehabilitation of street children at CCIs in Mathare constituency, Nairobi County. The results have been presented in Table 4.9.

Table 4.9: Availability of funds in the institutions

Category	N	Mean	Std. Deviation
Government	5	2.00	.707
Local donors	5	2.40	.894
International Donors	5	3.40	.894

The results in Table 4.9, depicts that the government, local funding and international donors were involved enabling the CCIs to access funds for holistic rehabilitation of street children. According to the responses of the caregivers, the government scored the mean score of (M=2.00) with the (Standard Deviation of .707), implying that government of Kenya through the Ministries of Gender, Children and Social Development support street children's rehabilitation services with basic needs such as food, clothing, shelter, health and psychosocial, education, vocational skills and small scale business for self-reliance. The government also register and set aside land for constructing institutions dealing with street children as conferred in (Onwong'a, 2013; The Standard Digital News, 2015, July 12).

According to Table 4.9, the local donors scored the mean score of (M=2.40) and with the (Standard Deviation of .894), denoting that the local donors within the area of operation are also involved in contributing funds for street children's rehabilitation services in whose future

is uncertain. Those funds from the local donors catered for services that included: feeding, sheltering, healthcare, formal and non-formal education, psychological and spiritual counseling. The local donors provided these services to street children with aim of rehabilitating and transforming their lives into responsible, reproductive individuals ready to adapt into the community. This has been confirmed in (Undugu Society Kenya, 2012).

In Table 4.9, the international donors scored the mean score of (M=3.40) which is the highest with the (Standard Deviation of .894). This indicates that most of the funding in charitable children institutions comes from the international donors. This is supported by Solomons (2012) and Migai, (2013) who asserts that, if the street children's institutions in Africa are not funded, some of them will be faced with closing down due to lack of enough funding.

4.8. The Achievements of Street Children in Holistic Rehabilitation

The study sought to determine the achievements of street children in the charitable children institutions (CCIs) operating in Mathare Constituency, Nairobi County. The results are presented in Table 4.10.

Table 4.10: Children' Achievements in Holistic Rehabilitation

Category	N	Mean	Std. Deviation
Behaviour change	4	1.00	.000
Self-Esteem	4	1.00	.000
Self-Reliance	3	1.33	.577

Table 4.10, indicate various achievements of street children enrolled in charitable children institutions according to the responses of managers. The outcomes in Table 4.10, shows the achievement mean score of behaviour change of street children was (M=1.00).

The outcomes in Table 4.10, reveals that there was change of the negative or antisocial behaviour among the street children in the institutions. This concurs with Rememnyi (2011), who affirms that, through enabling street children access to basic learning activities build their emotional, cognitive and social competences skills which eventually lead to behaviour change. Moreover, Narayan, (2012) asserts, it requires cognitive and behavioural techniques to change the negative thoughts, behaviour and emotional distress acquired in the streets. This involves operational conditioning and social learning approaches, to alter problematic behaviour in the street children.

The results in Table 4.10 also shows, self-esteem of street children scoring the mean score of (M=1.00) with a (Standard Deviation of .577), implying that various the CCIs enabled street children to gain self-esteem. Wainaina (2013) emphasizes that, street children's poor-esteem could be rebuild by enacting in place important ways such as trust, effective communication and respect.

Table 4.10, still indicates that, self-reliance had scored the highest mean score of (M=1.33) with the (Standard Deviation of .577), following the managers' responses that are shown in Table 4.10. This implies that, some of the CCIs are not equipped with necessary facilities to

rehabilitate street children to become self-reliant. Nevertheless, the children service providers, still enhance children's trainings for self-reliance through sending them to suitable training institutes. Since only a person who is self-reliant can be successful and no any outside would take away from his/her personal satisfaction as confirmed by (Emerson, 2015).

4.9. The Adaptation of Street Children into Community

It is was paramount to evaluate adaptation of street children rehabilitated in charitable children institutions. Thus, the study anticipated to ascertain whether the institutions could enable children to adapt into normal community living. The results have been presented in Figure 4.9.

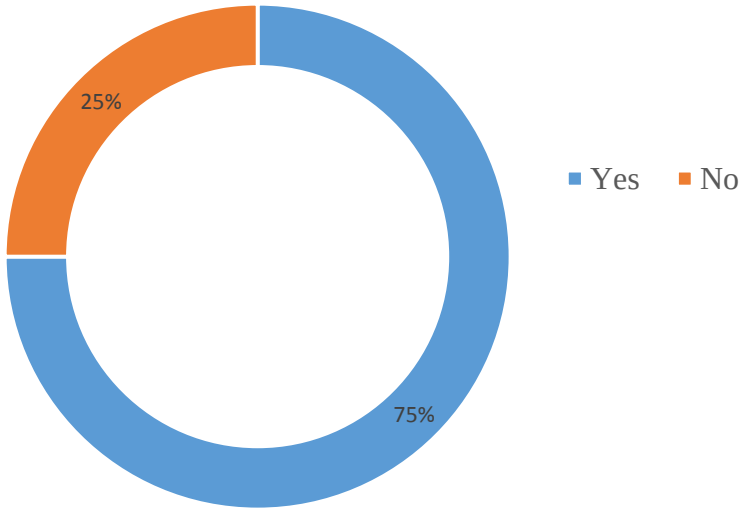

Figure 4.9: Adaptation of street Children into community

According to Figure 4.9, 75% (n=3) of managers were confident that, their children institutions were capable of helping the street children adapt into normal community setting while the remaining 25% (n=1) of managers responded that they were not sure. This

coincides with Muya (2009) and Onwong'a, (2013), who notes that, NGOs, faith based organizations and community based organizations run remedial and preventives services seeking to enhance street children's holistic rehabilitation.

The findings implies that many of the charitable children institutions in Mathare Constituency rehabilitate street children with aim of transforming their antisocial behaviour to gain self-esteem and ultimately become self-reliant to enable them adapt into the community.

4.10. Summary of the Major Findings and Discussions

This section presents a summary of the major findings of the study. The main purpose of the study was to assess the socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. The study participants were selected from four (4) charitable children institutions. The participants participated in the study composed of 76 participants. They included 4 managers, 5 caregivers, 19 teachers, 27 primary caregivers and 21 former rehabilitees.

4.10.1. Preparing Street for holistic rehabilitation services

Prior to enrollment of the street children into charitable children institutions (CCIs), they were interviewed in order to identify problems or needs of each street child and reasons for him/her going to the streets. This kind of interview prepared way for medical check-up and screening to ascertain street children's physical, psychological and spiritual status. Moreover, interviewing a street child before he/she is enrolled helped to know, the kind of training that could be suitable to transform him or her.

4.10.2. Services offered in Children institutions

The holistic rehabilitation services provided to street children were psychological therapy, medical care, formal education, spiritual counseling, life skills and vocational training. It was

also noted that talents development activities did not exist among the services provided in the charitable children institutions in the study location.

However, the findings revealed that, most of those rehabilitation services were adequate and they promoted behaviour change, self-esteem and self-reliance, enabling street children under rehabilitation services to adapt as members of the community. Furthermore, the services offered were effective and they transformed positively, the street children's lives and therefore enabled them to change their past lifestyle, through gaining positive behavior change, acquisition of knowledge and vocational training skills which were expected to empower street children to gain self-esteem and become self-reliant after exiting from the charitable children institutions.

4.10.3. Teaching Methods and Role Modelling of Teachers

The majority of teaching staffs serving in the charitable children institutions CCIs) were qualified and they also acted as role models. This helped street children under rehabilitation to attain suitable skills and moral values. Moreover, the study findings also revealed that, the teachers offering services in various CCIs used appropriate and effective teaching methods to facilitate the process of knowledge transmission, for the trainees to grasp the curriculum content that in turn led to effective educational services provision.

4.11. Capabilities of Caregivers and Primary Caregivers

The outcomes of the study further reveals that most of the caregivers serving in various charitable children institutions had gone for the necessary rehabilitation trainings and they had attained the required educational qualifications and experiences on child affairs. Nevertheless, many of the primary caregivers serving in charitable children institutions hardly got opportunities to advance their trainings. For example by attending workshops, courses, and other staff development courses.

4.12. Competences of Managers in Children institutions

The findings of the study also depicts that, the majority of managers running charitable children institutions, had worked in their respective children institutions for long and thus having enough experience, which enabled them to deal with street children.

Despite that, fifty percent of managers lacked the expected educational qualifications for running their institutions as required by the Kenyan government. Besides that, the findings indicated that, most of the managers had not gone for medical training. This implies that much of the healthcare services towards in the CCIs were done by the caregivers in conjunction with the primary caregivers. Moreover, the findings of the study indicates that, the majority of managers running children institutions had not gone for financial accounting and hence they were unable to manage finances of their institution in proper manner. Consequently, this implies that most of the managers were unable to manage the funds they accessed from the well-wishers, sponsors and donors in transparent and accountable manner.

4.13. Availability of Funds in Children Institutions

The findings of the study still reveals that, the government of Kenya, local donors and international donors were the main funding sources which enabled the institutions to operationalize their street children rehabilitation services in Mathare constituency, Nairobi County. Consequently, the study finding also indicates, much of the funds for providing services and paying salaries for the staffs came from the international donors. Lack of adequate and inconsistent funding raises questions about the constancy of the provision of the rehabilitation services in the institutions.

Therefore, if the street children's institutions in Mathare Constituency, Nairobi County, are not funded, some of them might face closing down due to inadequacy of funding. The findings still, depicts that, government of Kenya, assist in registering and issuing land for

construction and by funding children institutions in Mathare Constituency, Nairobi County and the entire society. However, the procedure used in funding in Kenya takes too long for approvals to be made which might even stagnate the street children rehabilitation services as confirmed by (Olum, 2015). Therefore, the government is urged to strategize on effective ways to accelerate funding to CCIs dealing children's services to enhance holistic rehabilitation of street children.

4.14. Conclusion

The chapter was about the presentation and analysis of the results obtained from various participants. The outcomes of the chapter has led the researcher to reach the objectives of the study. The research questions inquired by the researcher in chapter one have been achieved through the findings. Most of the findings in this section of study, were in coherence with the literature review in chapter two. The outcomes established would enrich theological reflection in chapter 5 and action plan for the problem of the study in chapter 6.

CHAPTER FIVE
THEOLOGICAL ANALYSIS AND REFLECTION

5.0. Introduction

This chapter outlines theological reflection as an effort to understand more broadly and deeply the lived experience in the light of living faith, scripture, church's social teachings and the resources of tradition. Holistic rehabilitation of street children is aimed at reforming their lives for adaptation into normal community set-up. This is a joint effort work that involves the street child, the institution, the family and entire society. In the whole of this process, spirituality has to become a part of everyday life. How faith experience inspires all these participants in regards to street children life is crucial.

5.1. Theological Reflection

Theological reflection is not merely engaging in theology but it entails peoples' experience of God in their daily life encounters. Pierli and Keber (2000) assert that, living faith enlighten by the scripture , church's social teachings and the resources of tradition lead to deciding courses of action in response to the needs of the people. Thus, theological reflection is a genuine dialogue that seeks to hear from our own beliefs, actions and perspectives as well as that of our traditions (Reed-Bouley & Reed-Bouley, 2007).

We have to engage values and altitudes of people that are also very essential for transformation of human development. Therefore theological reflection is a method of connecting one's experience through the light of faith and wisdom that leads individuals to make decisions or discern a response to a life situation as explained in the methodology of social ministry (Parise, 2013).

Theological reflection has to do with the human persons' deep need of making meaning in people's lives. Faith is a powerful motivating force in regards to good or evil. Development of people has to deal with and regard human person with dignity as he or she is created in the image and likeness of God (Imago Dei) as noted in Genesis: 1:26. A human person is created fundamentally good and needs social relationships. Consequently, the configuration of human social set up becomes vital. In order to accomplish this, we have focused from the aspect of experience, conversion with the wisdom of Christian tradition and other sources identified to bring a new meaning of living for individuals/persons who are vulnerable neglected, out-casted, poor, helpless and living without hope and especially the street children.

5.2. The street Children's View of God

Each and every human person has an ability of a world view. This world view of an individual should help him/her understand the reality in an appropriate manner. God lives with human beings and suffer with them and especially the most rejected and weakest. Just like adults, children too regarding to their developmental stages have their own ideas of God. To build anything in children we must start from their views of God.

Puras (2011) notes that, children concept of God is greatly influenced by their family's faith or institutions around them, for those who have not known their biological family. Children are precious gifts for the parents and have to be taken care of and not left to themselves like street children who are really the protagonists of our study. Our responsibility is to assist them to discover their true identity as children of God in their condition of being exploited, orphaned and neglected.

Street children also need to experience themselves as productive stewards of God's gifts and also for other people. In this regard, the basic question on their belief in God was recognized. This has been acknowledged by the former street children who had passed through various charitable children institutions that their beliefs in God gives them strength to face and overcome difficulties. This was revealed by one of the former rehabilitee undergoing stress, due to lose parents and some of the relatives, during the interview who said:

> " Relationship with God helps us not to lose hope when we are faced with difficult moments. I know that God loves every one and myself and so He is always with me though my parents, brothers and sisters died"

The response of the former rehabilitated child reveals the living experience of the street children who are neglected by some of the members of the community.

5.3. African View and Teachings on Children

In Africa, children are a great gift and as such very important and highly valued and loved. A childless marriage was and practically a failure and source of torture. In some African societies, marriage is not fully consummated until the wife has had a child birth. Generally there is general abomination of barrenness in most African societies.

How unhappy is the woman who fails to get children! As such "motherhood is extremely important because of cultural expectation for protection and continuity of the lineage" (Getui, 2014). A childless woman in Africa suffers physically, mentally and psychologically. Spiritually and socially as she is a laughing stock. In fact even today like in the past, marriages still fail due to lack of children.

Moreover, according to traditional African religion, people were reincarnated in children according to the belief on reincarnation. Children were not only highly accorded respect by the members of the society but it was the duty and responsibility of the society to ensure their protection and proper socialization. Mivanyi (2006) notes that the African family structures is

patrilineal in kinship and that the responsibility of ensuring that street children grow up with proper care is a responsibility of general public. For that reason, Badamasiuy, (2009) highlights some of the African religious provisions of treating children. These are values like equity, benevolence and also fostering.

In African culture children were expected to obey and respect their parents and other elderly persons in the society. In addition, they were supposed to listen and follow instructions without argument. Unfortunately, this kind belief has been forwarded in some of the street children institutions where children cannot even air their views out. This was discovered by the researcher when one of the former rehabilitee (Old girl) said:

> " Some of us are talented in music, dancing and drawing but we are not allowed to express our views and feelings and even concerning the abilities that we have to the management of the institution"

Furthermore, this mixed feelings of the former rehabilitated child of not being involved in matters ,that concern them goes against the decree of article 12 of the UN Convection on the children rights which declares, "children have the right to express their views" Thus, the children service providers dealing with street children should adhere to that by take children opinions into consideration.

5.4. The Value of Children in the Light of the Scripture

God gives a true value of children. He commands human person to "be fruitful and multiply" (Genesis 1:28). The marriage blessing in psalms 128:3-6 also present us with the fact that children are a blessing. In the Bible, children have been occasionally being at risk. The book of Job includes heartbreaking passages about the neglect and exploitation of children (See Job, Chapter 24).

Despite that, street children have been always suffered, there is one thing abundantly clear in the scripture that, God has a special place in His heart for those children who are orphaned,

vulnerable, abused, neglected and hungry like the street children, whom we have today in our contemporary society. This has been demonstrated in the Bible where the disciples of Jesus Christ are rebuking children but Jesus said, “Let the children come to me and do not prevent them for the kingdom of heaven belongs to such as these,” (Mathew.19:13-15). Jesus reaction was one full of compassion and warm welcome. This is the call for the church in dispensing her motherly care to street children in our society.

Children are the greatest blessing which God has bestowed on men and women. Yet, the reality is that many children experience a lot of sufferings. From the moments of their lives, some are rejected, abandoned and neglected, where many end-up in the streets. Some people in our society usually hate street children, forgetting that children did not bring themselves in this world and their suffering are only reasons for us to love even more (Pope Francis, Vatican radio, 2015-04-08).

The scripture clearly shows that God is annoyed about the bad treatment of children in the society. Our Heavenly Father warns again and again throughout the Bible, commanding, “Don’t touch my precious children!”(Exodus, 22:24; Psalm 68:6, Ezekiel 16:4-14, Deuteronomy, 24:17). Jesus warned of terrible consequences for anyone harming His children by saying, “It would be better that a millstone be hung around his/her neck and be drowned in the depths of the sea” (Mathew.18: 6). Hence, God’s loving and jealous character is more than protection and defense of His children (Deuteronomy 24:17, 27:19). Indeed, God entrusted His own son to humankind as a vulnerable child, by presenting the baby Jesus nurtured by a weak family in Jews society.

Infinite love symbolically provides a model of trust and responsibility which sets an example for God’s interaction with all humanity which show to us about the importance of children. The justification for special protective guardianship of street children who are at risk is

clearly demonstrated and mandated throughout the scriptures. This help to understand that God's heart is broken when children suffer.

God identifies Himself with the poor so strongly that, caring for them is akin to serving God. "Whoever is kind to the poor lends to the Lord" (Proverbs 19: 17). On the other hand, "Those who oppress the poor insult their Maker" (proverbs14:31). This theme reappears in Jesus' parable of the sheep and goats (Mathew 25:31-46). In this parable Jesus surprises the righteous with His insistence that they had fed and clothed him: "Just as you did it to one of the least of these who are members of my family you did it to me." Since, Jesus names the poor as part of His people.

Moreover, the followers of Jesus are to show care to street children as if they were serving the Saviour Himself. The act of loving God and our neighbour are two sides of the same Gospel coin. They are inseparable and related. At the end of the day, how we treat the poor and vulnerable (street children) is a measure of whom we truly worship. Hence, street children want justice not pity. They desire deep respect like any other human person and not to be undervalued.

5.5. Social Teaching of the Church on Street Children

God call us to become collaborators in creative process of renewing the world. This creation in God's image leads to catholic understanding of the dignity of human person's socially, the common good, solidarity and human rights. The personal and common growth is only possible when there is recognition of human dignity in each and every one in the society.

The Church is the sign in history of God's love for humankind and of the vocation of the whole human race to unity as children of one Father (Second Vatican Ecumenical Council, 1965). Through her social doctrine, the Church intends all men and women to lead a

humanitarian livelihood that is up to the standard of God's plan of love in history, an integral and harmonious humanity that is capable of creating a new socio-economic and political order, founded on the dignity and freedom of every human person to be brought about peace, justice and solidarity.

The Church social doctrine insistently points out the need to respect the dignity of children. "In our today's society, a special attention must be devoted to vulnerable ones like street children by developing a profound esteem for their personal dignity and a great respect and generous concern for their rights. This is true for every child but it becomes all the more urgent the smaller the child is and the more it is in need of everything, when it is sick, suffering or handicapped" (Pope John Paul II, 1982).

The situation of a huge number of the world's children is not pleasing, due to the lack of favourable conditions for their holistic integral and holistic development despite the existence of a specific international juridical instrument for protecting their rights (Cf. convention rights, 1990). These are conditions connected with lack of healthcare or adequate food supply, little or no possibility of receiving even a minimum of academic formation or inadequate shelter.

Moreover, other serious problems remain still unsolved such as the phenomenon of street children, child marriage and children being used in armed conflicts (Pope John Paul II, 1996). The social teaching of the church is against children being deprived education and normal childhood. Hence, the church insists that every possible assistance must be given to the care, education and rehabilitation of children like those who dwell in the streets (Pope John Paul II, 1999).

5.5.1. Social Justice and Social Love for Street Children

Man was created "in the image of God" and that he is capable of knowing and loving his Creator (Genesis: 1:26). Moreover, the human person is and is supposed to be the principle, the subject and the completion of all social institutions. Human person was appointed by God to be the master of all earthly creatures; being made little less than the angels and crowned with glory and honor (Pope Paul IV, 1965). Consequently, the human society has the sacred responsibility in as far as social justice and social love is concerned.

The government, society and the church has a moral obligation of ensuring social justice to street children. Moreover, the church as the followers of Christ is urged to continue being at forefront by making a fundamental 'option for the poor' by speaking for the voiceless, defending the defenseless such as street children. Likewise, the church has a responsibility to assess life styles, policies and social institutions in terms of their impact on the poor (U.S. Catholic Bishops, no.16, 1986).

In a society damaged by deepening divisions between rich and poor, the Christian tradition recalls the story of the Last Judgment (Mt 25:31-46) that instructs us to put the needs of the poor and vulnerable first. In as far as holistic rehabilitation of street children is concerned, there should be a networking and collaborative ministry between the charitable children institutions (CCIs), church, community and the government, aimed at working for the street child by ensuring that, their needs are met. Pope John II in his *Sollicitudo Rei Socialis* (1987) referred the emergency of a global solidarity in our society where priority should be given first to the building of a society in which the basic needs of every human person are met.

Consequently, human beings are called to do justice by creating and refining social structures that uphold the inherent dignity and facilitate the fundamental sociality of all human beings. As individuals living in the society, we need to strive for personal righteousness,

responsibility for ourselves as well as societal justice and responsibility for one another (Kammer, 1991). The church, government and community should be open their hearts to street children and recognize their responsibilities in regards to receiving them (Psalms 68:6), relieve street children's hurts, defend their rights and seek to provide long for those poor and vulnerable children.

5.6. Conclusion

As people of God within the society we should be ready to open our homes to the street children and show them what it means to be part of the community member. We ourselves were vulnerable and helpless as street children when God in Jesus came to our rescue (Philippians, 2:1-11). Thus, holistic rehabilitation of street children should be aimed at transforming their lives. Consequently, it should be a reflection of what God has done for us.

CHAPTER SIX
MINISTERIAL ORIENTATIONS AND STRATEGEIS

6.0. Introduction

The chapter presents comprehensive conclusion of the study. It relates to the findings of the study with the other studies in the literature review. The study proposes ways in which holistic rehabilitation of street children can be enhanced more and more to enable the rehabilitated children adapt as members of the community. The main objective was to assess how the socio-economic factors affect holistic rehabilitation of street children at the charitable children institutions in Mathare constituency, Nairobi County, and the entire society. Consequently, the study aims to make holistic rehabilitation of street children a reality.

6.1. Accessibility of healthcare service to children

The study established how healthcare services affect holistic rehabilitation of street children in Mathare constituency, Nairobi County. The healthcare services provided to street children in the four selected charitable children institutions were psychological therapy, medical care and spiritual counselling. According to the responses of the participants, the health care services provided were adequate, effective and they enabled holistic rehabilitation of street children.

6.2. Educational Services provision to children

The research established educational services on the holistic rehabilitation of street children in Mathare Constituency. The kind of educational services provided to street children were formal education, life skills and vocational training. According to the participants' responses of the study, educational services provided were adequate, effective and they enhanced holistic rehabilitation of street children. Consequently, talents development services were not stimulated in the charitable children institutions.

6.3. Managers' Competences in Children Institutions

The study established the professionality of managers' to ascertain their competences in holistic rehabilitation of street children. Moreover, the findings of the study depicts that, the majority of managers in the CCIs had long experience, but fifty percent of them, had not attained the expected educational qualifications to manage as required by the government of Kenya. Besides that, the findings also showed that, most of the managers had not gone for medical and financial accounting trainings. Therefore, the majority of managers in the study location were poor in financial management and healthcare provision

6.4. The Capabilities of Caregivers and Primary Caregivers

The study has established the caregivers' capabilities, regarding holistic rehabilitation of street children. The findings reveals that, the caregivers in charitable children institutions had undergone through the necessary trainings but the primary caregivers did not have opportunities to go for further trainings.

6.5. Availability of Funds to Children institutions

The study has established the availability of funds to children institutions in the location of the study. The findings reveals that, the government of Kenya, local donors and international donors were the main funding sources which enabled mangers to run their street children institutions in Mathare constituency, Nairobi County. Consequently, the study findings also indicates, much of the funds for providing services and paying salaries for the staffs came from the international donors. Therefore, if the street children's institutions in the location of the study are not funded, some of them might close down due to lack enough funds for operation. The findings reveals that, the government of Kenya support the institutions with funds, registering new street children institutions and issuing land for construction.

Nevertheless, the government funding is not liable since, the procedure of acquiring those funds is no efficient enough to enable quick provision of services for holistic rehabilitation of street children.

6.6. Strategic Suggestions towards Holistic Rehabilitation of Street Children

Holistic rehabilitation aims at transforming the past negative behaviour of street children, enable them gain self-esteem and become self-reliant in order to adapt into the community. Hence, social transformation develops a positive change in the whole human life by recuperating the true identity as human beings created in image of God and also discovering our true vocation as co-workers, recreating our world and her people.

However, holistic rehabilitation of street children is a process that needs partnership and collaboration of various stakeholders. Social transformation methodology engages alliance formation and advocacy to bring positive changes for human development. For street children to be rehabilitated in a holistic rehabilitation approach, a number of stakeholders should be involved to collaborate with CCIs like the local community, government, churches/FBOs, local and international NGOs.

6.6.1. Charitable Children Institutions Involvement

Children institutions as the main entity undertaking holistic rehabilitation of street children have to be prepared in terms of finances and human resources. Moreover, the CCIs should also organize their time accordingly as the most important resource which can also effectively enhance this holistic rehabilitation (Delvin, Kift & Karen, 2012). Consequently, the CCIs need to engage various stakeholders to enhance holistic rehabilitation of street children to strive. These are the street children, caregivers, former rehabilitated children (Old boys and girls), local community, churches, government, business people, traditional and political leaders, health workers, educationists and international donors who are crucial for street

children services support. The CCIs have to learn from various resources that already exist to be informed in order to rehabilitate street children in a holistic rehabilitation approach.

Strategies:

Charitable children institutions have to form a holistic rehabilitation team involving caregivers, managers, primary caregivers, teachers, former rehabilitated children, doctor/nurse, psychologist, social workers and spiritual counsellor. The team has to foresee all the activities involved in holistic rehabilitation process. Moreover, all the CCIs staffs have to undertake competences building through further trainings, seminars, workshops and meeting scheduled on monthly basis.

The CCIs management need to develop a review process that conducts assessments before they enroll a street child in the institutions. Likewise, the management of various CCIs should be making follow ups schedule for the former rehabilitees. This has to be done by the caregiving staffs in conjunction with CCIs managers and in collaboration with the local authorities (children's department officer and chiefs). It is the responsibility and mandate of the institutions to support the former rehabilitated children to enable them adapt to into community effectively. Thus, the assessment and discussion with the CCIs management and the local authority should enlighten the institutional staffs on what needs should be addressed for effective holistic rehabilitation.

Moreover, the street children's institutions should ensures the wellbeing and rehabilitation of those children, through the collaboration of Association of Charitable Children Institution of Kenya (ACCIK), a national network of legally registered charitable children institution which is guided by both international and national laws and standard on child care.

Endeavoring to support the government in ensuring all children in Kenya fully enjoy their prescribed rights (Okello, 2011; Silungwe & Bandawe, 2011).

6.6.2. Street Child Participation and Holistic Rehabilitation

The street child under rehabilitation in the CCIs should be involved in effective holistic rehabilitation services. The CCIs team and other staff should ensure full participation of the street children in the decision making sessions.

Strategies:

During the counselling sessions, children should be encouraged to share their feelings concerning holistic rehabilitation and adaptation into community setting. Each street child views and feelings should be given an adequate weight. Both spiritual and psychological therapy/counselling should take individual and group approach. This must be carried out by a counselling specialist but if he or she is not available, the caregiving staffs can do it.

Apart from formal education and vocational training provision to street children, the CCIs are supposed to provide life skills services to the street children under holistic rehabilitation. Moreover, the CCIs should appreciate and nurture talents of these children under their care. This should be fulfilled through practical life skills lessons in pertains to cooking, hygiene, gardening, sports, music, drawing, budgeting, self-esteem and critical thinking stimulation. Traineeships are to be exercised to street children under rehabilitation. Additionally, street children who have done some vocation training can be paired with local artisans to train and enhance labour market skills.

The CCIs should also involve the street children into active activities like child parliaments, child councils to conduct forums, this will empower children to gain confidence in airing their opinions, over issues regarding their lives within and without the institution. Moreover, the CCIs should expose street children to life in the community by practically organizing various visits, during school holidays to enhance establishment of a strong sense of belonging in the community to a street child.

6.6.3. Local Community Mobilization and Participation

Active participation by the local community is to be encouraged to make the street children's holistic rehabilitation, understood and relevant at the local community level. Raising awareness to local communities on the importance of their support to rehabilitated street children that is vital.

The CCIs, local authorities, church, CBOs and NGOs should promote this and with the locals. The families/guardians and locals should be sensitized and mobilized through, awareness raising campaigns, meetings and seminars to support the street children's holistic rehabilitation initiatives. This should be complemented by the use of media such as radio and local languages to educate the locals. Moreover, formation of street children rehabilitation committees within the locals for raising awareness at all levels through advocacy and social mobilization is paramount. This will nurture a supportive environment for the street children holistic rehabilitation.

6.6.4. Advocacy for Raising Awareness at all Levels

Advocacy, in its basic meaning, is the representation and defense of another individual or a group. Moreover, advocacy efforts are sometimes overlooked when planning awareness-raising, campaigns and lobbying but can be crucial in ensuring support from government, church, local community, civil societies, funding foundations and business communities within the operation location of the CCIs and also from the foreign countries.

Following the general view of the study findings, it is revealed that, there is still much to be done if holistic rehabilitation of street children is to be effectively implemented to enable them adapt into the community. Consequently, there should be a well strategized advocacy and lobbying to advocate for most of the challenges affecting holistic rehabilitation of street children. This can be addressed effectively at policy level by involving political, religious and

opinion leaders as well as well as civil society for the formulations of policies that will enable friendly and supportive environment to enhance holistic rehabilitation in Mathare Constituency, Nairobi County and the entire society.

6.6.4.1. Government

The study findings revealed the government of Kenya, has been involved in funding, registering and issuing land for establishment of charitable children institutions (CCIs). Moreover, the government ought to take more responsibilities of supporting holistic rehabilitation of street children by facilitating staffing, training, monitoring and evaluating street children rehabilitation services countrywide. It has also an obligation of making better policies which will empower CCIs to run rehabilitation services of street children in holistic rehabilitation approach.

Consequently, these children institutions should employ advocacy and lobbying by forming strategic alliances and partnership with national and county governments by meeting the politicians while focusing at all levels of the government but targeting on the cabinet secretaries (ministers) and other officials with authority and power to provide funds to enable holistic rehabilitation of street children.

6.6.4.2. Civil Society

Business communities, NGOs and Community Based Organizations should collaborate with the CCIs to enhance holistic rehabilitation of street children i.e. by feeding, sheltering, offering healthcare, formal and non-formal education, and through enabling street children in the institutions to attain psychological and spiritual counseling. Moreover, these organizations should provide these services to those children with aim of rehabilitating and transforming their lives into responsible, reproductive individuals ready to adapt into the community.

6.6.4.3. Church

The church has a moral obligation of ensuring holistic rehabilitation to street children. Moreover, the church as the followers of Jesus Christ is urged to continue with her moral support, by speaking for the voiceless, defending the defenseless such as street children. However, the church has a mandate of empowering the street children institutions management and the other staffs through training and supporting them with funds. Moreover, the church should also not hesitate to empower the poor, in order to reduce the problem of street children in the contemporary society. Additionally, the church through her ministry should work in collaboration with the government and other stakeholders in promoting holistic rehabilitation of street children.

6.6.6.4. Local Community

In advocacy for social mobilization, there would be enabling environment to allow the locals to support holistic rehabilitation services to street children. The strategies to be used may include: engaging influential leaders to enhance holistic rehabilitation; building stakeholders' awareness through comprehensive situational analysis in collaboration; through advocacy and lobbing activities; by supporting social mobilization efforts at the local community level; formation and training of peer support groups among the youth using the schools and churches within the locality as the base. The local community members should also welcome the rehabilitated children to participate in community activities. Moreover, there is need for the locals to overcome the culture of segregation or out casting to street children.

6.7. Collaboration and Networking

Network and Collaboration of stakeholders in realizing holistic rehabilitation of street children and empowering them adapt into community is a paramount and critical issue. The FBOs, CBOs, community volunteers, business people, government, local and international

NGOs should network up to the grass root levels. This can effect holistic rehabilitation of street children by enabling them adapt into the community.

6.8. Forming Holistic Rehabilitation Team

The researcher will form holistic rehabilitation team that will include: former rehabilitees from the institutions operating in Mathare Constituency, Nairobi County. Each institution will bring forth the leader to be part of this team. The members of this team will include representatives from government offices; representatives from the church groups, parents/guardians representative as well as a local community leader representative. The office of this team will be in St. John Paul Catholic Church Compound in Mabatini ward which is within Mathare Constituency.

The leaders of this team will be elected on annual basis. Furthermore, the researcher of this study will be the interim coordinator as he tries to implement the recommendations from this study. The representative from each organization will be presenting their individual institutions into this rehabilitation team.

The purpose of this holistic rehabilitation team is as follows: To follow each rehabilitated street child individually; Engage on the empowerment programs on street child, family/guardian and the locals; The team will be dealing with matters regarding to each institution with a focus of forging forward for holistic rehabilitation; The team will also come up with plan of actions to follow, concerning on how to solve the problems of each institution; To find ways of implementing the government strategies for empowering the rehabilitated street children to adapt into the community; To evaluate the holistic rehabilitation process within each institution so as to improve services

To get people involved; the rehabilitation team will plan for symposiums and meetings with general public and leaders from the civil society, church, government and representatives from international agencies to present real situation hence to find solutions. This is in line with the Empowerment Theory of alternative Development by Friedmann, (1992) and Rocha (1997) who believes that, long-term change can only be brought about if citizens, CBOs, NGOs, the state and international agencies treat the problem like that of street children phenomenon in a holistic rehabilitation approach.

Subsequently, that kind of community sensitization, then leads people to getting organized and set for action in order to change their perceptions and mindsets on the street children. The review of the completed action is to be based on the wise saying: Start by doing what is necessary, that is possible and suddenly you are doing the impossible. This earth, you can take with you only what you have given: a full heart enriched by honest service, love, sacrifice and courage (St. Francis of Assisi).

6.9. Dissemination of the Thesis

The dissemination of this study results will be done through sharing, soft or hard copy give to CCIs that formed the population, government children office and the church as whole. This will be furthered practically through the holistic rehabilitation team to be formed. Some articles of the research project will also be published.

6.10. Conclusion

This chapter is a response in what probably would be done, concerning socio-economic factors affecting holistic rehabilitation of street children. The charitable children institutions (CCIs) to keep on scrutinizing street children to identify problems before they are enrolled in the institutions. Interrogating the street children to ascertain their physical and psychological, intellectual and spiritual status. Moreover, this will help the CCIs management to know, the kind of training that could be suitable to transform their lives.

The services provided by CCIs to street children were psychological therapy, medical care, formal education, spiritual counseling, life skills and vocational training. Besides that, most of the CCIs did not offer talents development activities to the street children under rehabilitation. Nevertheless, most of the services were adequate to transform street children's lives. Furthermore, the services offered were also effective to empower street children change their antisocial behaviour, gain self-esteem, become self-reliant and later enabled to adapt as members of the community.

Most of the teaching staffs in the charitable children institutions CCIs) were qualified and they also acted as role models. Thus, this helped in enhancing holistic rehabilitation of the street children as they could be imitated by them. Moreover, the teachers offering services in various CCIs used appropriate and effective methods while teaching the learners/children, in order to grasp the curriculum content that in turn led to effective educational services provision.

Moreover, the majority of the caregivers in charitable children institutions had gone for the necessary rehabilitation trainings. Subsequently, the caregivers had attained the required

educational qualifications and experiences on childcare affairs. However, many of the primary caregivers in various CCIs, could not get opportunities to go for further trainings.

The majority of managers running CCIs were the oldest compared to the other staffs. Moreover, they had worked in their respective children institutions for long and thus they had enough experience, which enabled them to deal with street children. Despite that, most of the managers had not attained the expected qualifications for running CCIs as required by the government of Kenya. Besides that, quite a number of managers had not gone for medical training and hence much of the healthcare in the CCIs was done by the caregivers in conjunction with the primary caregivers. Likewise, the majority of managers, running children institutions had not gone for financial accounting training and hence they were inefficiently unable to manage the funds, they obtained from the well-wishers, sponsors and donors in transparent and accountable manner.

The government, local donors and international donors were the main funding sources which enabled the (CCIs) to provide services in Mathare Constituency, Nairobi County. Consequently, much of the funds used to offer services and paying salaries for the institutions staffs came from the international donors.

Therefore, if the street children's institutions were not funded, some of them might face closing down due to inadequacy of funding. Moreover, the government funded the established street children institutions. It was also involved in registering and issuing land for construction to individuals or groups willing to initiate a children institution.

Finally, holistic rehabilitation of street children is not automatic but a gradual process. The main push factors, leading children to the streets and later enrolled in charitable children institutions should be addressed. Hence, various stakeholders need to join efforts for greater

mobilization and networking, addressing socio-economic factors that affect holistic rehabilitation of street children. Likewise, the stakeholders should continue with effective strategies for the wellbeing of rehabilitated children, geared towards their adaptation into the community.

The government, the civil society and the church are supposed to collaborate by empowering the poor in both urban and rural areas economically. Moreover, these stakeholders should begin with the families at grass roots (rural areas) as advocated by Freidman (1992) and Rocha (1997) in the Empowerment Theory of Alternative Development who asserts that, by initiating human development projects for employment and self-reliance to reduce the rate of poverty. This will reduce the flow of children in the streets and their enrollment into charitable children institutions in Mathare Constituency, Nairobi County and the entire society.

The civil society and church in collaboration with the government have to take a more active role in socio-economic empowerment, acting almost as a "parent" or at least an advocate for the empowerment of a street child. Thus, this will be through the support and strength of 'more powerful others' (Friedmann, 1992).

Therefore, every individual, group, government and the church and other stakeholders should join hands to strategize on a long term solution on the street children phenomenon in our society by employing the holistic rehabilitation approach in the rehabilitation services.

6.11. Recommendations

The following recommendations were based on the findings and conclusion of this study.

That charitable children institutions dealing with street children should be upgraded to a better standard that can enable holistic rehabilitation of street children. Likewise, the services

offered in the CCIs should be well structured to include entertainment services such as drawing, drama, music and sports for talents development.

The study recommended that there should be a stable funding to ensure adequate and effective services in the CCIs. Moreover, the government and other stakeholders should strive to stabilize the funds flow through enactment of policies to cater for services and payment of CCIs staffs. Likewise, the County governments in partnership with national government and international bodies, should develop street children rehabilitation action plans, policies and budgetary allocations in the CCIs. Additionally, the charitable children institutions should also make efforts to initiate income generating projects to support the rehabilitation services and the staffs in their CCIs.

The institutional staffs as well as children under rehabilitation, faced a number of challenges during the rehabilitation process which included children getting sick and some being HIV positive. The study recommended a need to mainstream the children rehabilitation healthcare services in order to enhance responsive healthcare needs. Consequently, by ensuring the CCIs have their own health specialists and facilities, will enhance holistic rehabilitation of street children.

Moreover, CCIs can collaborate with the ministry of health to ensure free and mobile voluntary counselling tests (VCT) are accessible in the street children rehabilitation institutions.

The study discovered various strategies to improve rehabilitation services such as sensitizing the locals on the street children phenomenon. The study therefore, recommends that the local community to be sensitized on the need to contribute to the wellbeing of these children in their localities. Thus, the locals should be sensitized on various ways of participating to

improve holistic rehabilitation services to street children. Consequently, the local community should also be encouraged to take initiatives by funding street children's programs. Moreover, they should be sensitized on the importance of accepting, accommodating and giving rehabilitated street children mutual support upon exiting from rehabilitation institutions.

The ministry of gender, children and social development to formulate and enforce policies to guide training and recruitment of the primary caregivers, managers and other institutional staffs to ensure the CCIs are ran effectively, hence to enhance holistic rehabilitation of the street children. The government should also organize refresher training courses for the institutional staffs to ensure, they are up-to-date with new approaches that continue to promote the holistic rehabilitation processes in the CCIs. The government through the ministry of gender, children and social development to intensify supervision through monitoring and evaluation of charitable children institutions. Moreover, the ministry of gender, children and social development to ensure, children institutions have adequate staffs to avoid overworking that affect them, resulting to ineffective provision of services in the CCIs.

6.12. Suggestions for Further Research

This study suggests that further research can be conducted on the role of charitable children's institutions' socio-economic contribution to the holistic rehabilitation of street children in Kenya with a bigger sample size. The researcher also proposes that another area for further research in line with the current study can include an intervening variable(s) order to establish if the findings can be more statistically significant in terms of holistic rehabilitation of street children in Kenya or other developing countries.

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APPENDICES

Appendix: i

Letter of introduction

Dear Participant,

My name is Kamara Simon Muriithi, a Student at Tangaza University College, and (a Constituent of the Catholic University of Eastern Africa). I am pursuing a Master of Arts Degree in Social transformation with specialization in Management. Carrying out this research is a part of my graduation requirements. Thus, I am undertaking a study about the socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. You are invited in this study by providing your views. Your acceptance to participate in this study will help inform, future resolution and enhancement on street children's holistic rehabilitation. I humbly submit my request for your time while being attended or responding to a set of questions concerning holistic rehabilitation of street children. The information you give will be treated with confidentiality, hence it is only for academic purposes. Therefore your name is not necessary in this study.

Thank you in advance.

Kamara Simon Muriithi
Mobile phone number: +254 715 403 737

Appendix: ii

Questionnaire for Managers/Directors

The purpose of this questionnaire is to gather information, concerning the socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. All the information given will be strictly used for academic study purposes. It will be treated with highest confidentiality.

Instructions: Please give your opinions honestly and comprehensively by answering questions or ticking (√) where appropriate**.**

1 .Name of institution _____

2. Your title in this institution_____

3. Gender: Male ( ) Female ( )

4. Age bracket: 20-25 ( ) 26-35 ( ) 36-40 ( ) 41-45 ( ) 46-50 ( ) 51 and above years ( )

5. Highest qualification:

Certificate ( ) Diploma ( ) Bachelor's degree ( )
Master's degree ( ) Doctorate Degree ( )

6. Number of years directed/managed the institution:

1-5 ( ) 6-10 ( ) 11-15 ( ) 16- 20 ( ) 21-25 ( ) 26- 30 ( ) 31years and above

7. Which of the following professional training have you undertaken concerning child care affairs? Tick as many as possible.

Kind of Training	**Yes**	**No**
Social Work		
Medical training		
Child psychology		
Religious training		
Education		
Financial accounting		
Management		

Any other specify_____

8. Total number of children enrolled in your institution_____

9. Age of children: 1-5 ( ) 6-8 ( ) 9-12 ( ) 13-17 ( )

10. Do you provide the following services to children in your institution?

Services	**Yes**	**No**
Spiritual counselling		
Psychological therapy		
Medical care		
Life skills training		
Formal education		
Vocation training		

11. Are there any other services provided by your institution that are not captured in number11 above? Please list these below:
_____
_____
_____
_____

12. Do the services provided in your institution adequately help in holistic rehabilitation of children enrolled in your institution?

Yes ( ) No ( )

13. Does your institution rehabilitate the enrolled children holistically to enable them achieve the following?

Category	**Yes**	**No**
Behaviour change		
Self-esteem		
Self-reliance		

15. Do you have children who have undergone holistic rehabilitation in your institution?

Yes ( ) No ( )

16. If the answer is yes in number 15, can you please indicate the number of children who have undergone holistic rehabilitation and able to fit into society? _____

17. How many caregivers are there in your institution? _____

18. Have your caregivers done any training?

Yes ( ) No ( )

19. Which of the following trainings that your caregivers have trained?

Kinds of Trainings	Yes	No
Child care		
Social work		
Behaviour change		
Counselling		

Any other (Specify) _____

20. Where do you get funds to manage your children institution?

Category	yes	No
Government		
Local donors		
International donors		

21. How would you rate Local donors, International donors and the government concerning funding of your institution? In the scale of 1-5 where: 1 = excellent, 2 = very good, 3 = good, 4 = fair, 5 = Poor

Category	5	4	3	2	1
Local donors					
International donors					
Government					

Thank you for taking your time.

Appendix: iii

Questionnaire for Caregivers/Social workers

The purpose of this questionnaire is to gather information, concerning the socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. All the information given will be strictly used for academic study purposes. It will be treated with highest confidentiality.

Instruction: Please give your opinions honestly and comprehensively by answering questions or ticking (√) where appropriate.

1. Name of institution_____

2. Gender: Male ( ) Female ( )

3. Age bracket: 20-25 ( ) 26-35 ( ) 36-40 ( ) 41-45 ( ) 46-50 ( ) 51 and above years ( )

4. Number of years worked in the institution:

1-5 ( ) 6-10 ( ) 11-15 ( ) 16- 20 ( ) 21-25 ( ) 26- 30 ( ) 31years and above

5. Highest qualification:

Certificate ( ) Diploma ( ) Bachelor's degree ( )

Master's degree ( ) Doctorate Degree ( )

6. Does your institution help enrolled street children access to healthcare services?

Yes ( ) No ( ) Not sure ( )

7. Are the healthcare services adequate to enable street children undergo holistic rehabilitation?

Yes ( ) No ( ) Not Sure

8. Does the healthcare provided in your institution effective to enhance holistic rehabilitation of street children?

Yes ( ) No ( ) Not Sure

9. Does the teaching methods and role modelling applied by teachers in your institution effectively influence holistic rehabilitation of children in your institution?

Category	**yes**	**No**
Role modelling		
Teaching methods		

10. If the answer is yes in number 8, Please give your reasons:_____

_____

_____

_____

11. If the answer is no in number 8, can you give your reasons?

_____
_____
_____
_____

Thank you for taking your time.

Appendix: iv

Questionnaire for Teachers

The purpose of this questionnaire is to gather information, concerning the socio-economic factors affecting holistic rehabilitation of street children in Mathare Constituency, Nairobi County. All the information given will be strictly used for academic study purposes. It will be treated with highest confidentiality.

Instruction: Please give your opinions honestly and comprehensively by answering questions or ticking (√) where appropriate.

SECTION A:

1. Name of institution_____

2. Gender: Male ( ) Female ( )

3. Age: 20-25 ( ) 26-35 ( ) 36-40 ( ) 41-45 ( ) 46-50 ( ) 51 and above ( )

4. Number of years worked in the institution:

1-5 ( ) 6-10 ( ) 11-15 ( ) 16- 20 ( ) 21-25 ( ) 26- 30 ( ) 31years and above

5. Highest qualification:

Certificate ( ) Diploma ( ) Bachelor's degree ( )

Master's degree ( ) Doctorate Degree ( )

6. Are the educational services adequate to enable street children undergo holistic rehabilitation?

Yes ( ) No ( ) Not Sure

7. Are the educational services provided in your institution effective enough to enhance holistic rehabilitation of street children?

Yes ( ) No ( ) Not Sure

8. If the answer is yes, in number 7 how does they help?

_____

_____

_____

_____

9. If the answer is no, in number 7, can you please give your reasons?

_____

_____

_____

_____

10. Would you consider the services of your institution as adequate to meet the needs of holistic rehabilitation of street children?

Yes ( ) No ( ) Not sure ( )

11. If the answer is yes in number 11, can you please give your reasons?

_____
_____
_____
_____
_____

12. If the answer is no in number 11, please give your reasons?_____
_____
_____
_____

13. Does your institution adequately helped children undergo holistic rehabilitation to enable them adapt into normal society setting?

Yes ( ) No ( ) Not sure ( )

14. If the answer is yes in number 14, how many have been able to adapt to normal society setting? _____

15. If the answer is no in number in 14, please give your reasons._____
_____
_____
_____

Thank you for taking your time.

Appendix: v

Interview Guide for Primary Caregivers

1. Please explain in your opinion the factors that lead children to end up in the streets.
2. Please explain briefly how you enroll children in this institution?
3. In your opinion, how are the services provided in your institution able to improve the future of the enrolled children?
4. In your role, how do you take care of the children's physical health?
5. Please explain briefly how do you solve the psychological and spiritual needs of children in this institution?

Thank you for taking your time.

Appendix: vi

Interview Guide for Former Rehabilitees

1. How long were you in the rehabilitation program?
2. Please explain some of the services that were provided to you in the rehabilitation institution.
3. Explain your views on the impact of the services provided by the institutions to help in holistic rehabilitation of street children.
4. Explain your opinion of the role played by role modelling in holistic rehabilitation.
5. Suggest some of the ways which can help institutions involved in holistic rehabilitation to improve the future of street children.

Thank you for taking your time.

Appendix: vii

Research Budget

Undertakings	**Details**	**Total amount (KES)**
Resource retrieval	Internet, database, journal portal subscription, library access	11,000
Data piloting	Questionnaires and interview schedules	8,000
Data collection	Questionnaires and interview schedules	15,000
Data coding and transcription	Entering questionnaires into SPSS and transcription of interview guides	5,000
Data analysis	Inferential statistics consultancy	6,000
Typesetting	Typing report	2,000
editing and formatting	Checking layout, grammar, typographical errors	5,000
Printing	Draft and final reports	3,000
Photocopying copies	Final report	1,500
Binding	Final report	2,500
Transport and communication	Traveling and phone calls	10,000
Sub-Total		59,000
Contingency (10%)	10% of the total expenses	7,600
Grand Total		66,600

Appendix: viii

Study Thesis Timeline

Activities	August 2016	September, 2016	October, 2016	November, 2017	December, 2017	May, 2018
Gathering proposal background resources						
Developing Literature						
Developing methodology and data collection instruments						
Piloting of data collection instruments						
Submission of proposal draft and Review						
Submission of final Thesis draft, Defense and Review						

Appendix ix:

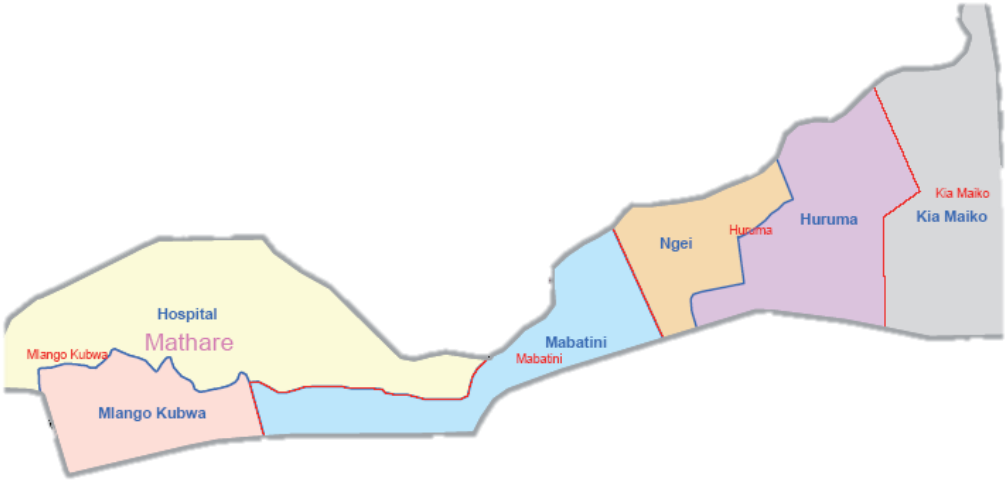
A Map of Nairobi County

Appendix: x

The Location of Mathare Constituency

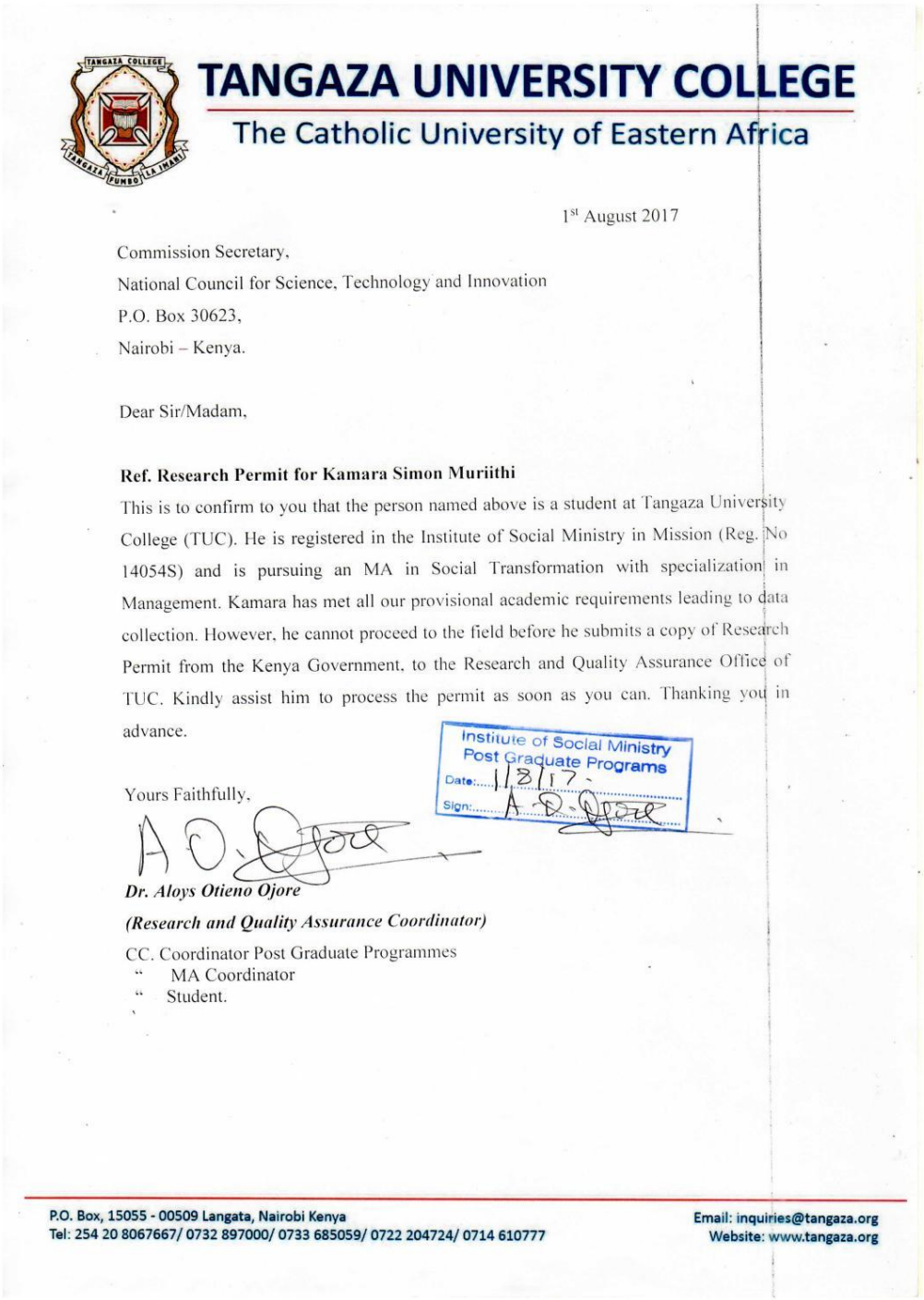
Appendix xi

A Map showing the Wards that Combines Mathare Constituency



Appendix xii

Research Authorization letter from Tangaza



TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

1st August 2017

Commission Secretary,
National Council for Science, Technology and Innovation
P.O. Box 30623,
Nairobi – Kenya.

Dear Sir/Madam,

Ref. Research Permit for Kamara Simon Muriithi

This is to confirm to you that the person named above is a student at Tangaza University College (TUC). He is registered in the Institute of Social Ministry in Mission (Reg. No 14054S) and is pursuing an MA in Social Transformation with specialization in Management. Kamara has met all our provisional academic requirements leading to data collection. However, he cannot proceed to the field before he submits a copy of Research Permit from the Kenya Government, to the Research and Quality Assurance Office of TUC. Kindly assist him to process the permit as soon as you can. Thanking you in advance.

Institute of Social Ministry
Post Graduate Programs
Date: 1/8/17
Sign: A.O.Ojore

Yours Faithfully,

A.O.Ojore

Dr. Aloys Otieno Ojore

(Research and Quality Assurance Coordinator)

CC. Coordinator Post Graduate Programmes
" MA Coordinator
" Student.

P.O. Box, 15055 - 00509 Langata, Nairobi Kenya
Tel: 254 20 8067667/ 0732 897000/ 0733 685059/ 0722 204724/ 0714 610777

Email: inquiries@tangaza.org
Website: www.tangaza.org

Appendix xiii

Research Permit

THIS IS TO CERTIFY THAT:
MR. KAMARA SIMON MURIITHI
of TANGAZA UNIVERSITY COLLEGE,
14413-800 WESTLANDS,has been
permitted to conduct research in
Nairobi County

on the topic: *INFLUENCE OF SOCI0-ECONOMIC FACTORS ON HOLISTIC REHABILITATION OF STREET CHILDREN IN MATHARE SUB-COUNTY, NAIROBI COUNTY,*

for the period ending:
16th August,2018

Permit No : NACOSTI/P/17/42179/18734
Date Of Issue : 16th August,2017
Fee Recieved :Ksh 1000

.....
Applicant's Signature

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

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.

REPUBLIC OF KENYA

NACOSTI

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No.A 15297

CONDITIONS: see back page