

**EFFECTIVENESS OF MUKURU SLUM DEVELOPMENT  
PROJECT (MSDP) HALFWAY HOUSE REHABILITATION  
PROGRAM ON THE REHABILITATION OF STREET  
CHILDREN IN NAIROBI CITY COUNTY, KENYA**

**CATHOLIC UNIVERSITY OF EASTERN AFRICA  
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**NAIROBI, KENYA**

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**DECLARATION**

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

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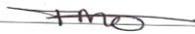
**Signature**  **Date** 06/04/2017

This proposal has been submitted for examination with my approval as the appointed University Supervisor.

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**Signed:**  **Date:** 6<sup>th</sup> April, 2017

This proposal has been submitted for examination with the approval of the department of social sciences and development studies

**Signature**  **Date** \_\_\_\_\_



## **DEDICATION**

To the beneficiaries and the staff of the MSDP Halfway House Rehabilitation Program with whom it was an immense pleasure to work with and who gave me the invaluable privilege of learning with and from them. God keep you all and may He continue to bless the work of your hands.

## **ACKNOWLEDGEMENTS**

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First I would like to acknowledge the Alpha and Omega, God of Abraham, Isaac and Jacob without whom none of this would have been possible. I give thanks for His wisdom, faithfulness, counsel, grace and favor during the period of my study. All Honor and Glory I return to Him. Second I would like to acknowledge my wonderful mother, Everlyn Kithome, a superwoman without whose unwavering support, this study would not have been possible. Many thanks the consistent encouragement, advice, patience and both financial and material support. Third I would like to offer my unfailing gratitude to the Project Coordinator at MSDP, Anne Muthoni for her kindness and assistance together with staff of the Halfway House and all the children who offered invaluable feedback and assistance throughout the duration of the study. God bless you all. Special thanks to my supervisor Dr. Johnson Mavole whose attention to detail and passion displayed during the period of study have been a priceless asset to the success of both the study and the report. His dedication to substance, quality and excellence will remain a source of inspiration in many future endeavors.

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## **ABBREVIATIONS AND ACRONYMS**

ACRWC	-African Charter on the Rights and Welfare of the Child
AIDS	-Acquired Immune Deficiency Syndrome
BCN	-Better Care Network
C & Y	- Children and Youth
CBD	- Central Business District
CBO	-Community Based Organization
CCI	- Charitable Children’s Institution
CRADLE	-Child Rights Advisory Documentation and Legal Center
CSO	-Civil Society Organization
FBO	- Faith Based Organization
FPE	-Free Primary Education
HIV	- Human Immunodeficiency Virus
IMF	- International Monetary Fund
INGO	- International Non-Governmental Organization
MSDP	- Mukuru Slum Development Project
NCBDA	- National Central Business District Association
NCC	- National City Council
NGO	- Non Governmental Organization
NSCC	-New Social Studies of Childhood
SDGs	-Sustainable Development Goals
STI	-Sexually Transmitted Infection
TTM	-Transtheoretical Model
UN	-United Nations
UNCRC	-United Nations Convention on the Rights of the Child

UNICEF	-United Nations International Children's Emergency Fund
USAID	-United States Agency for International Development
USK	-Undugu Society of Kenya

## ABSTRACT

The phenomenon of street children is one which Kenya has experienced in rising increment from the post-colonial period to date. In order to combat this development challenge, the Government of Kenya initiated the establishment of rehabilitation centers to improve the situation of street children youth and families. Despite these efforts the government proved unable to sustain the efforts largely based on meager resource allocation and rehabilitation centers reported high dropout rates. In a bid to support government efforts, NGOs established themselves in the country to address the problem of street children through the rehabilitative approach with a view to family reintegration after equipping them with education skills and different types of training to transform them into contributing members of society and as capable individuals with the ability of determining their own lives and pursuing their own destinies. This study sought to evaluate the effectiveness of NGOs in the rehabilitation of street children within Nairobi City County, Kenya. The research was based on a case study of the Mukuru Slum Development Project (MSDP) Halfway House Rehabilitation Program which employs the Halfway House model of rehabilitation in transforming the lives of street boys between the age of 5 and 17 years. The study was guided by New Social Studies of Childhood theory, Empowerment theory, the Transtheoretical Model of Change and the Halfway House Rehabilitation Model. Both quantitative and qualitative data was gathered through questionnaire, focus group discussions, interviews, document analysis supplemented by observation to determine the role of the MSDP Halfway House Rehabilitation Program on the behavior change, empowerment and capacity building and reintegration of beneficiaries as well as to evaluate the effectiveness of the rehabilitation strategies used. Data was analyzed both qualitatively (using descriptive methods) and quantitatively (Using statistical techniques aided by Microsoft excel Programme). Results were thematically presented. The study determined that strategies used in rehabilitating street children within the halfway house model include transformative strategies which target behavior change, empowerment strategies which target independence, knowledge, awareness and identity and reintegration strategies which equip both beneficiaries and parents or guardians with the skills and materials needed to sustain positive rehabilitation outcomes after exiting the program. The study also determined that the organization is effective in transforming behavior and empowering beneficiaries particularly through its tutorial program and counseling sessions. The major challenges faced by the organization include lack of sufficient resources which limit the effectiveness of sustainable reintegration, customized life skills curriculum which also affects the beneficiaries' confidence in implementing the skills outside the program. It was determined that the organization would greatly benefit from intensive resource mobilization strategies and implementing a brother to brother mentorship program as a means of demonstrating sustainable change to present candidates, creating a peer to peer empowerment and capacity building network as well as a sustainable system of monitoring and evaluation

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Study Background**

According to a report by UNICEF (2005), street children are a global phenomenon with most children on the streets ranging between the ages of 5 and 17 years. The exact number of street children in the world is difficult to quantify based on factors such as difficulties in definitions as well as the lack of a global consensus on the characteristics of a street child. UNICEF quantifies global estimates of street children between 100 million and 150 million. A similar report by UNICEF estimates the street children population as follows: India-11 Million, Egypt 1.5 Million, Pakistan 1 million, Kenya 250,000-300,000, Philippines 250,000, Congo 250,000, Morocco 30,000, Brazil 25,000, Germany 20,000, Honduras 20,000 and Jamaica 6,500 (UNICEF, 2011)

In a bid to address the plight of street children, various measures globally, regionally and nationally continue to be implemented to reduce the number of children living and working on the streets as well as to improve the quality of life of such vulnerable populations. Brazil, for instance has stepped up its implementation of community based developmental support programs aimed at child protection and has operationalized such programs with the intent of shifting interventions from the traditional deviant perspective to interventions that recognize and accentuate the potential and competencies of children and youth living in the streets. (Rizzinni, Barker & Cassaniga, 1999)

In Africa there has also been a similar shift in tackling the issue of street children from reactive which usually involves violence and forced incarceration towards protective interventions which view street children as victims in need of protection in tandem with the

prevailing international human and child rights discourse. An example of such an initiative in Lagos, Nigeria is the NGO Street Child Care and Welfare Initiative working in partnership with the government to provide shelter, education and rehabilitation for children living on Kuramo Beach (Burgess, 2011)

Nationally the Government of Kenya in conjunction with Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs) and other Community and Faith Based Organizations (CBOs and FBOs) have come up with various strategies. In 2003, the Government of Kenya instituted the Street Families Rehabilitation Trust Fund through the Ministry of Gender and Children Affairs in conjunction with the Ministry of Local Government. This initiative led to the establishment of rehabilitation centers with the purpose of catering for children from the streets. The aim of such institutions is to reintegrate street children back to mainstream society via reformation, access to proper education opportunities provided through the Free Primary Education (FPE) program, care and rehabilitation. Due to lack of sufficient finances and other constraints, the government's role in dealing with the street child phenomenon has proved to be ineffective and short lived. It is based on this constraints and results that NGOs have sprung up in the country in a bid to effectively address the plight of street children. NGOs have been recognized as crucial development partners as they have been able to position themselves as credible institutions seeking the interest of the marginalized and vulnerable people in society. In this sense NGOs are able to, based also on their access to various vital resources through international bodies like the UN, IMF and World Bank among others, complement roles of governments in delivery of services targeted towards human development. (Miriti, 2013; Dybicz 2005)

This study focuses mainly on the evaluation of strategies used in the rehabilitation approach employed by NGOs using the case study of the Mukuru Slum Development Project (MSDP) located in South B, Nairobi County which operates a Halfway House Rehabilitation Program aimed at rehabilitating and reintegrating street boys between the ages of 5 and 17. This study aims to fill the knowledge gap on the types of rehabilitation strategies used by NGOs in Nairobi County and provide evidence on the effectiveness or lack thereof of these strategies based on measured outcomes.

## **1.2 Statement of the Problem**

Despite the large number of rehabilitation centers and institutions that are operational in Nairobi to date, there is a worrying trend that demonstrates an increase of street children. Recent studies have indicated that the composition of children currently living in the streets of Nairobi include those children who have run away from rehabilitation centers, those that have been to more than one rehabilitation center or institution and those that have relapsed after being reintegrated back to mainstream society. (Karanja, 2015)

Various factors have contributed to the ineffectiveness of rehabilitation centers and institutions. For example, after the NCC offered to rehabilitate about 300 street children through the National Youth Service Program, due to lack of employment opportunities, a lot of these children and youth returned to their old lives in the streets based on unsustainability of the program. Other reasons contributing to failed rehabilitation and relapsed reintegration include severe corporal punishments within institution, care giving approaches and management styles employed within institutions, various forms of child abuse, rigidity of institutional programs and lack of educational programs compatible with learning capabilities of children from the streets. Individual reasons include addiction to drugs, addiction to money,

inability to adjust, negative peer influence, the desire for the freedom offered by the streets, lack of personal interest and motivation, and psychological problems. (CRADLE, 2004; Gichuba 2003)

There have also been criticisms of the rehabilitative approach as an intervening strategy when dealing with street children. Concerns have been raised over the goals of rehabilitation being set according to western models or perceptions of what childhood should be. The approach is seen to address the physical and social wellbeing, only addressing the factors that led them into the streets while failing to focus on and address those experiences the child underwent while living in the street to ensure their mental, physical, social, emotional and holistic wellbeing. Failure to ensure their holistic wellbeing means that when they are reintegrated back into mainstream society, they are unable to cope and function as normal children and individuals especially in formal schools and return instead to that which they consider normal or familiar-the streets. (Karanja, 2015; Hecht, 2011)

While conducting this study, I came across various academic and research articles and books as well as online journals that pointed to the ineffectiveness of street children rehabilitation centers and institutions in Nairobi and Kenya in general. I noted a failure of the literature in elucidating on the factors that lead to this ineffectiveness. The literature I came across only pointed to various general factors that led to failure but did not examine the strategies used in rehabilitating street children and draw conclusions based on linkages between the strategies used in rehabilitation, their implementation and the outcome of their successful implementation in order to justify or support their conclusions of failure or effectiveness of these institutions.

The aim of this study is to fill this knowledge gap using a case study of an NGO- the MSDP Halfway House Rehabilitation Program. By evaluating rehabilitation strategies used by the rehabilitation program, I hope to provide evidentiary support on the effectiveness or lack thereof of rehabilitation programs established and managed by NGOs targeting street children within Nairobi County and to formulate recommendations based on the evidentiary support that may lead to enhanced effectiveness and sustainability in the implementation of current and future programs of a similar nature.

### **1.3.1 Research Objectives**

#### **Main Objective**

The main objective of the study is to evaluate the effectiveness of the Halfway House Rehabilitation Program conducted by MSDP on the successful rehabilitation of street boys in Nairobi County, Kenya

#### **Specific Objectives**

The specific objectives of the study include:

- i. To establish the role of the MSDP Halfway House Rehabilitation Program on the behavior change of the beneficiaries
- ii. To determine the role of the MSDP Halfway House Rehabilitation Program on the capacity building and empowerment of beneficiaries
- iii. To examine the role of the MSDP Halfway House Rehabilitation Program on the reintegration of beneficiaries into society

- iv. To investigate the effectiveness of the MSDP Halfway House Rehabilitation Program in the rehabilitation of beneficiaries

### **1.3.2 Research Questions**

The study will be guided by the following questions:

- i. What is the role of the MSDP Halfway House Rehabilitation Program on the behavior change of the beneficiaries?
- ii. What is the role of the MSDP Halfway House Rehabilitation Program on the capacity building and empowerment of the beneficiaries?
- iii. What is the role of the MSDP Halfway House Rehabilitation Program on the reintegration of beneficiaries into society?
- iv. Are the strategies implemented by the MSDP Halfway House Rehabilitation Program in the rehabilitation of the beneficiaries effective?

### **1.4 Premises or Assumptions**

The study is guided by the following assumptions:

- i. That the children enrolled in the MSDP Halfway House Rehabilitation Program fit into the acceptable definitions and categories of street children as defined by UNICEF.
- ii. That the staff employed at the Halfway House by MSDP are professionals with relevant qualifications and well versed in knowledge concerning various aspects and characteristics of street children populations, with valuable and integral work experience central to the aims and objectives of this study.

- iii. That all participants and respondents involved in this study are of a sound mind, without any mental incapacities capable of deciding whether or not to participate of their own free volition
- iv. That any records and different types of information availed to the researcher from the Organization while conducting the study will be accurate without any intentional alteration of existing data for the purposes of misleading the study.
- v. Rehabilitation strategies employed by MSDP Halfway House Rehabilitation Program are effective

## **1.5 Justification of the Study**

The study is warranted based on the fact that there is very little literature on the rehabilitation strategies used by NGOs in Nairobi County to effectively rehabilitate street children. Secondly while conducting my preliminary research through existing secondary data, I did not come across any source that assessed, in detail the rehabilitation strategies used by NGOs, as well as the nature of the implementation of these strategies together with the outcomes of the implementation of these strategies. The study aims to provide evidentiary support to support existing literature which may be generalized as well as to establish new areas of research relevant to providing practical solutions to the alleviation of the street children phenomenon in Nairobi and other urban centers in Kenya.

At a time when development goals have also become globalized through the Sustainable Development Goals (SDGs), this study is necessary since it aims to establish whether current strategies employed in dealing with street children that aim to promote good health and wellbeing, quality education, zero hunger, reduced inequalities and sustainable

cities and communities are effective. It is my conviction that the findings of this study and recommendations resulting from it will be relevant to enhancing both the achievement and sustainability of these SDGs, not only to MSDP but to other similar institutions and organizations looking to promote holistic development among marginalized and vulnerable populations.

## **1.6 Significance of the study**

The study aims to provide the MSDP Halfway House Rehabilitation Program with a valid assessment and evaluation of the effectiveness of its rehabilitation strategies based on evidence collected through academic research. This will enable the organization, where necessary, change, improve or enhance existing program objectives and various systems of implementation relevant to the successful realization of the organization's mission and vision

The study also aims to generate knowledge relevant to the academic field and social work practice through the assessment of existing rehabilitation practices conducted by NGOs. It seeks to fill the knowledge gap regarding the effectiveness of existing rehabilitation practices and strategies used by NGOs targeting street children in Nairobi County. This will go a long way in supporting and advocating suitable legislative policy recommendations put forward by NGOs regarding successful rehabilitation of street children within the country's relevant legislative bodies and current legal frameworks.

## **1.7 Scope and Delimitation of the study**

The study focused on the effectiveness of rehabilitation strategies used by NGOs in Nairobi County to rehabilitate street children. The study used the case study of MSDP Halfway

House Rehabilitation Program located at Lungalunga informal settlements in Starehe sub-county located in the larger Nairobi County. The study involved the 12 candidates currently enrolled in the institution from October to December 2016 as well as 5 employees involved in the implementation of the program

While there are other rehabilitation centers dealing with street children within the same location of South B and Lungalunga, the MSDP Halfway House was selected based on access and existing relationship established with the institution during the period of my field attachment there. Secondly as opposed to sampling multiple rehabilitation centers, the MSDP Halfway House Rehabilitation Program was the only such organization sampled for the study based on financial constraints, bureaucracy associated with accessing such institutions and the legal complexities and levels of clearance needed while dealing with research involving not just children, but vulnerable children. The 12 candidates were selected based on time considerations as during the period of my study they were undergoing rehabilitation and were to be reintegrated back into their families and society in general after the stipulated 6 month period. An NGO was chosen as a case study as opposed to a government rehabilitation center based on easier access to existing records and participants which may prove difficult or bureaucratic in a government institution. Additionally the study's aim was to demonstrate the role of NGOs in the effective rehabilitation of street children within Nairobi County, Kenya.

## **1.8 Site Description**

### **Mukuru Slum Development Project (MSDP) Halfway House Rehabilitation Program**

MSDP is an internationally funded local NGO located within South B in Nairobi County whose activities are centered on provision of livelihood activities, empowering

children and youth as well as provision of various trainings to the residents around the informal slum of Mukuru. The NGO was founded in 2006 as a conglomeration of several development projects being implemented within Mukuru informal settlement. MSDP seeks to empower members of the Mukuru community to attain the capacity to participate in their own development by intervening through various initiatives and projects in assisting the poor and vulnerable residents in improving their lives.

### **Halfway House Rehabilitation Program for Street Children**

Under the Children and Youth (C&Y) Department, MSDP also runs a Halfway House rehabilitation program for street boys located in Lungalunga, Starehe sub-county. The program targets at risk street boys between the ages of 5 and 17 years. These children are recruited from South B, South C residential areas or the adjoining areas within the slums and informal settlements. The goal of the program is to support vulnerable children usually rescued from the streets by providing them access to basic needs, counseling services and formal education through school referrals and placements after rehabilitation. The children are placed in the center for a period of six months after which they are reintegrated into society or referred to further institutions for further rehabilitation based on case assessments. The halfway house also provides drug and abuse rehabilitation, street rescue, therapeutic activities, counseling, home visits and reintegration.

The core tenets of the program include effective rehabilitation of street boys through informal education conducted at the center with the aim of reintroducing the boys back to academic education and changing negative attitudes while fostering positive ones with regard to academic education; empowering the boys through administering a social and life skills

curriculum intended to raise their awareness as well as equip them with effective strategies of implementation and the provision of group and individual counseling sessions to enhance self-esteem and mental health. In order to create and maintain a conducive environment for the rehabilitation of the boys, even after leaving the program, sustainability strategies such as home visits, follow ups, business startups targeting the livelihood of parents and reintegration are usually employed.

The program is implemented using the Children Act of Kenya 2001, No 8 as well as in-house child related policies such as the MSDP Child Management Behavior Policy and the MSDP Child Protection Policy.

## **1.9 Limitation of the study**

The study involved street children who have very limited concentration spans not only based on the fact that they are children but also based on some effects related to drug use before being enrolled into the center. They also have certain inclinations such as attention seeking, exaggerations and storytelling to cement their images among their peers. This made it a little difficult to obtain accurate responses and I had to rely on information obtained from staff members as well as body language to ascertain the truth of their responses. Some respondents were also not willing to open up during the focus group discussion based on issues with self-esteem as well as speech problems. The interviews had to be conducted in Kiswahili or interpreted into Kiswahili and Sheng from English since most respondents were not well versed in the English language. Interpretation from English to Kiswahili and Sheng posed various challenges since some concepts such as empowerment are not easily interpreted since they are relatively new concepts within the context of language.

Time was very limited since most respondents were a few weeks from being exited and reintegrated back with their families. The interviews and discussions with the children had to be conducted quickly and due to this, I was unable to obtain recommendations from the children themselves regarding the Halfway House Rehabilitation Program.

Some records such as those to do with finances could not be accessed in order to fully assess effectiveness and sustainability of the Halfway House Rehabilitation Program conducted by MSDP.

## **1.10 Theoretical Framework**

The study is based on the new social studies of childhood tenets, the empowerment theory, the transtheoretical model of behavior change and the Halfway House rehabilitation model

### **New Social Studies of Childhood**

This relatively new theoretical perspective was developed in response to a lack of research on childhood and children within a social context. Previously children were studied indirectly through various disciplines such as education and family contexts where the socialization theory dominated. In previous studies children were seen as human becomings rather than human beings. This implied that children could only be seen as integral contributors to society after becoming full-fledged adults through the process of socialization. Previous frameworks viewed children as incompetent and incomplete, a perspective held by most African cultures where children are to be seen and not heard. (Mtonga, 2011; Kehily Ed., 2009; Besten, 2009)

This theoretical perspective views children as capable social actors with social capital and agency capable of self-determination. James and Proust (1997) describe the agency of children as their ability to be active in the determination of their own social lives, the lives of those that are around them and within the societies which they live. The fact that street children are able to survive on the streets surrounded by extremely difficult circumstances and also establish social networks which work as social capital, demonstrates their agency and capabilities in managing their lives. (Rantalaaho and Teige, 2006)

Kehily ED., (2009) further divides the paradigm of the New Social Studies of Childhood into three discourses paramount towards involving children in policy formulation and practice. These discourses are categorized as a needs discourse, a rights discourse and a quality of life discourse. The needs discourse is centered on identifying the basic needs of children and ensuring these needs are met. The rights discourse seeks to identify and establish the rights and entitlements of children and direct action towards promotion of these rights and entitlements. Finally the quality of life discourse seeks to interpret the characteristics and constitution of a 'good' quality of life based on children's perspective and directing action towards enhancing their quality of life.

The new social studies of childhood has received various criticisms centered on the structural and individual constructs of childhood. The argument put forward is that how society views children and how children view themselves may conflict. There is also the question of whose perspective should matter most in the construction of interventions- society's or the child's and to what degree should one affect the other. Additionally views on what childhood is and should entail vary among cultures and western concepts of childhood should not be allowed to dictate the childhood of eastern cultures (Ryan, 2008). Despite this, the new social

studies of childhood represents a paradigm shift toward a human rights discourse where children are now seen as a key determinant and participants in the successful delivery of universal rights. My study is based on this theoretical perspective since it argues for the participation of children in policies and development interventions targeting them. This study approaches the children as important participants and contributors towards the monitoring and evaluation process. Christensen and James (2006) support this view by arguing that children must be approached as respondents, informants, competent commentators and participants in issues affecting their lives as it is crucial to begin to view interventions based on their perspectives.

## **Empowerment Theory**

The theory proposes that empowerment involves both processes and outcomes and suggests that the outcome of processes result in a level of empowerment. This Empowerment theory endorses that empowerment approaches vary based on populations and context. This theory especially calls to question western based intervention strategies used in developing countries' development initiatives. There are three types of empowerment; individual, organizational and community empowerment (Zimmerman, 2000).

M. Rocha explains the concept of empowerment using the 'ladder of empowerment which is fabricated as an axis where *"(1) the steps move progressively from less to more – from individual to community empowerment; and (2) each step on the ladder represents a good faith effort by organizations to facilitate a specific type of empowerment with its own methods, goals, and appropriate locus"* (Rocha, 1997: p32). This theory stresses the experiences of

power from the individual to the community level and how these experiences can be incorporated to empower both the individual and the community.

Empowerment theory within the context of the study uses the concept of empowerment as an effective approach in designing development interventions intended to bring about social change. In this approach, “community participants have an active role in the change process, not only in implementing a project, but also in setting the agenda. Participants can help identify measurement issues and help collect assessment and evaluation data. The evaluation process not only includes participants in its planning and implementation, but the results are also shared” (Zimmerman, 2000; p 45)

The empowerment theory and empowerment model used in social work has been criticized of being a rhetoric used mostly by non-governmental organizations to garner material resources and support. There has also been pointed out a gap that exists linking empowerment to self-efficacy. This has especially been the case where empowerment targets communities and collective groups while at the same time downplaying the role of individual empowerment and self-determination. Empowerment should not only be about material support and resources but should also involve non- material resources and interventions meant to empower the individual as well. The empowerment discourse has also been attributed to reducing social workers to moralizing agents rather than effective change agents or facilitators for their clients (Leonardsen, 2005)

This study is based on assessing the effectiveness of rehabilitation strategies used by MSDP Halfway House on the rehabilitation of street children in Nairobi. Based on the empowerment theory, the study aims to measure the level of individual empowerment of the

street children and to make recommendations meant to empower the organizational processes and outcomes which will in turn enhance individual empowerment which consequently sustained over a period of time will lead to overall community empowerment as these reintegrated children begin to implement similar strategies as recognized change agents within their families and communities.

## **Transtheoretical Model of Change**

The transtheoretical model of behavior change is a model that describes how people modify a negative or problematic behavior or how they acquire positive behavior. It is a model that describes intentional change based on the decision making of an individual that is realized through various stages of change. This model is drawn from various theories of behavior change such as the social cognitive theory which asserts that behavior, personal factors and environmental factors interact in a complex manner to facilitate change through various stages presented by the TTM. (Oldenburg, 1999)

TTM identifies change as a process rather than as an event. This process unfolds over a period of time through various stages and may occur in linear manner. However the nonlinear progression is more common since individuals may regress to earlier stages from previous ones or recycle through various stages as a means of maintaining the positive behavior acquired. (Prochaska & Velicer, 1997)

These stages of change are identified as precontemplation, contemplation, preparation, action and maintenance stage. The precontemplation stage is where individuals are not ready to change behavior because they are not ready for help or are unmotivated to change their behavior. The contemplation stage is where an individual sets goals of future change based on

the awareness of the pros of instituting that change but also battling with the disadvantages. This stage may be characterized by behavioral procrastination. Individuals in this stage are not prepared for the more traditional action-oriented programs that expect participants to act with immediate effect. The preparation stage is the stage in which the individual intends to take immediate action. It is at this stage that most people are recruited into existing action-oriented programs as they are ready to engage in intervention based activities. During the action stage individuals will have made observable lifestyle modification that lead to acquisition of positive behavior (s). In the final stage of maintenance, the individual maintains the actions which led to the acquisition of positive behavior (s) in order to prevent relapse. In this stage, individuals do not exert themselves as in the action stage but tend to grow more confident when they consistently maintain and continue in the change. (Prochaska, Johnson & Lee, 1998)

Adams and White (2004) argue that progression from one stage to another cannot be translated as actual behavior change but should instead be seen as motivators to actual behavior change. Stage matching interventions should be coupled with stronger motivation and intentions to bring out actual behavior change which can only be observed in the long term after the model has long been implemented. The generalization of the TTM model has been seen as a weakness since individuals and circumstances vary. The application of TTM must be tailored to suit individuals and different sets of circumstances to become an effective motivator for behavior change.

I have chosen to incorporate it into my study as rehabilitation of individuals involves instituting psychological, behavioral and even attitudinal change and empowering these individuals with the skills and capacities necessary to maintain the new change even after exiting rehabilitation programs. The study described the effectiveness of various rehabilitation

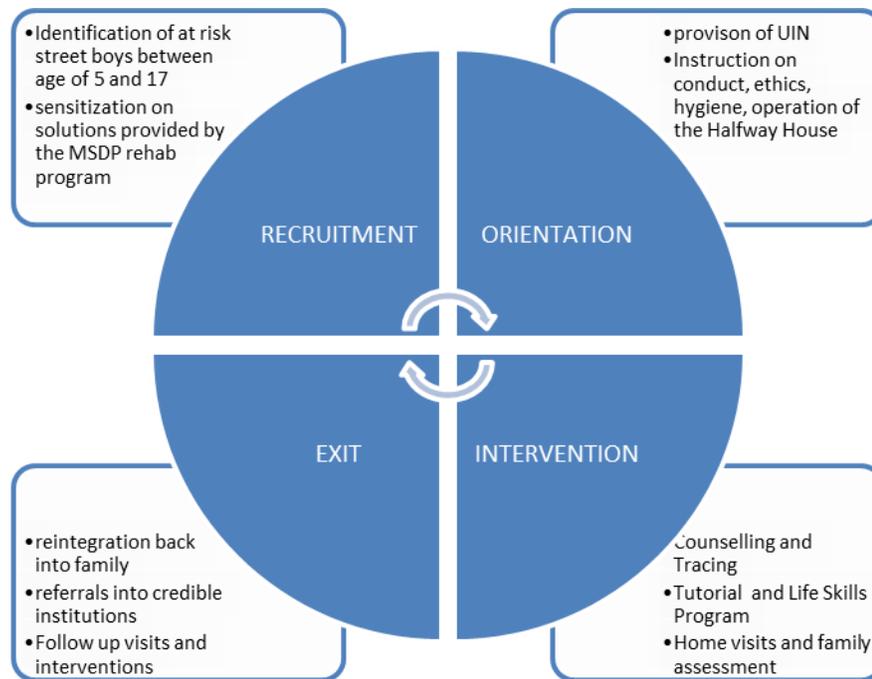
strategies used by the MSDP Halfway House Rehabilitation Program targeting behavioral change in the street children undergoing rehabilitation and established the sustainability of these strategies by determining the success of the maintenance stage of those that have been exited and reintegrated into mainstream life.

## **The Halfway House Rehabilitation Model**

This model is used by NGOs engaging in the rehabilitation of street children within Nairobi. This is where street children are enrolled either part time or full time into the center and participate in daily activities such as informal learning, group counseling sessions and other activities related to transforming an individual. Most Halfway Houses are residential in nature and are usually located in small towns, rural areas or the slums. They are equipped by highly professional staff and volunteers with varying treatment approaches from the authoritarian to humanistic approach. Most operate on limited budgets and usually take in a small number of children for a period of between six months to a year with the intention of rehabilitating and reintegrating them back into mainstream society. (Oliver, Keller, & Alper, 1970)

This model is based on social intervention which is expected to promote the well-being of the children through engagement, empowerment and provide service linkages to local resources (Alem and Laha, 2016). This study was conducted within the MSDP Halfway House which favors a humanistic and protective approach in rehabilitating street children.

Figure 1 is a diagrammatic representation of the rehabilitation model employed by MSDP at the Halfway House Rehabilitation Program



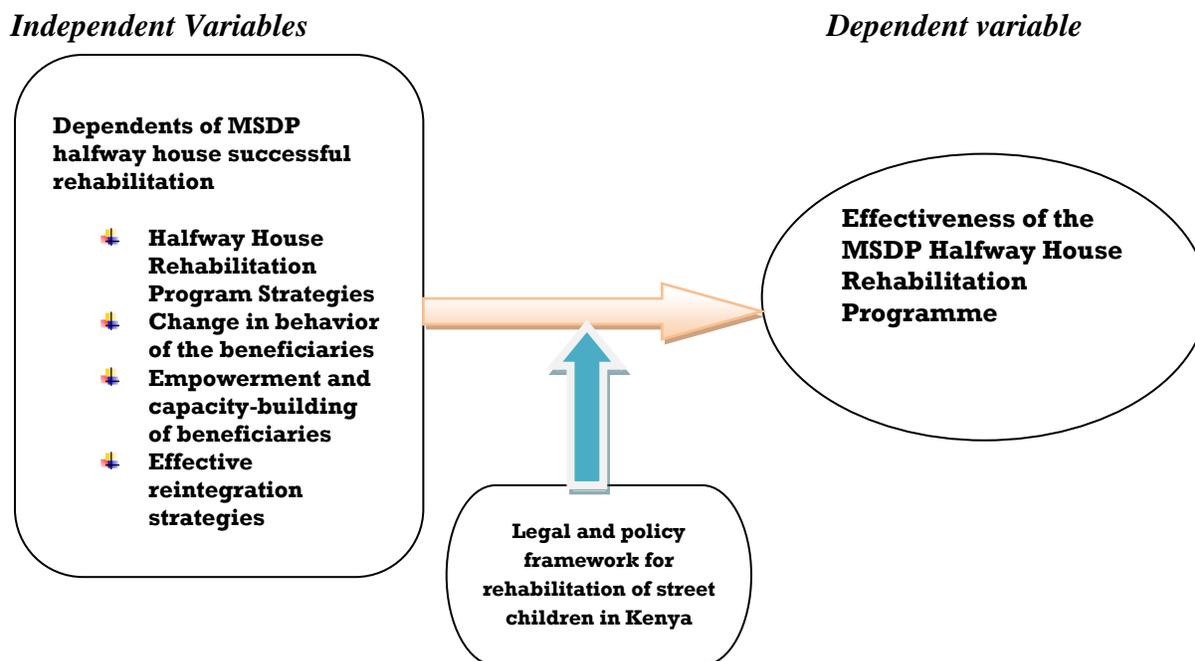
**Figure 1: The Halfway House Rehabilitation Model**  
**Source: Author’s own conceptualization, 2017**

### 1.11 Conceptual Framework

Miles and Huberman (1994) describe the purpose of a conceptual framework as “(a) identifying who will and will not be included in the study; (b) describing what relationships may be present based on logic, theory and/or experience; and (c) providing the researcher with the opportunity to gather general constructs into intellectual “bins” (Miles and Huberman, p. 18).

The conceptual framework below was used to guide this study. It is a representation of independent, intervening and dependent variables that interact within the context of the street children, rehabilitation strategies and the legal and policy framework of rehabilitation in Kenya. The success of a program or project is largely determined by the outcome on its beneficiaries. The Halfway House Rehabilitation strategies aim to transform the behavior of

beneficiaries, empower them and successfully and sustainably reintegrate them back into mainstream society. To achieve this, both international and national legal and policy frameworks must be considered during implementation. When all these factors interact effectively and efficiently, the desirable outcome of effective rehabilitation is achieved.



**Figure 2: The Effectiveness of Rehabilitation Strategies Conceptual Framework**  
 Source: Author’s own conceptualization, 2017

### 1.12 Operational Definition of Terms

For the purposes of this study the following terms will be used in relation to the contexts provided

**Street children** refers to those children who have lived and worked in the streets for a period of more than one month either as a result of abandonment, running away from home or school or as a result of orphan hood and those that fit the working definition put forward by UNICEF

**Candidate** refers to street children who are currently enrolled in a rehabilitation program, center or institution established and operated by an NGO for the sole purposes of rehabilitation.

**Halfway House** refers to a rehabilitation approach consisting of residency within a physical residence established by an NGO for the sole purpose of rehabilitating and reintegrating street children for a period of no longer than three months.

**Rehabilitation strategies** are those strategies employed by an organization dealing with street children with the intention of achieving the holistic and sustainable wellbeing of the individual currently enrolled in a center or institution established and operated by an NGO for the sole purposes of rehabilitation.

**Effective rehabilitation strategies** are those strategies that lead to overt attitude and behavior change and modification on street children enrolled in a rehabilitation program established and operated by an NGO.

**Sustainability/Sustainable rehabilitation strategies** refers to the ability of rehabilitation strategies formulated and implemented by an NGO dealing with the rehabilitation of street children to transform children currently enrolled in the center or institution while simultaneously equipping these children with coping skills to actively and effectively sustain the transformation after exiting the rehabilitation program and after reintegration into families and schools.

## **CHAPTER TWO: LITERATURE REVIEW**

In this chapter, literature will be reviewed thematically and gaps identified after every theme.

### **2.1 Halfway House Rehabilitation Strategies**

Due to the inability or demonstrated failure of the government in offering basic needs and services to the poor and vulnerable populations in both the rural and urban slums, NGOs in Kenya have taken a central role in providing services targeting street children and other vulnerable children. NGOs seek to fill the gaps in humanitarian and development efforts that cannot be met by the local government or the state. (Alem and Laha, 2016; Oyugi, 2004)

A study commissioned by the NCBDA, in 2001 concluded that there are more than 351 registered children homes (now CCIs) and rehabilitation homes in Nairobi sponsored by various collaborative partners like the government, NGOs, INGOs, FBOs and CBOs. These institutions deal mainly with rehabilitation of street children with the main aim being reintegration.

The rehabilitation model views children as victims of abuse, poverty and other intervening variables beyond their control and NGOs seek to rehabilitate and protect them from such environments and contributing factors. (Mbugua, 2012; Boyce, 2010) Rehabilitation centers on sustainable transformation and reintegration of beneficiaries. Unlike drop in centers, a halfway house focuses on offering residency to street children undergoing rehabilitation for a period of 6 months to a year. This is done to remove them from the negative influences of the street or even unstable home environments. This model of rehabilitation has been used in countries such as Russia, Rwanda and even India yet literature on the analysis and effectiveness of the model is very limited. The halfway house ensures that the basic needs of

the children such as food, shelter and clothing are met while at the same time providing services such as counseling, basic education and sensitization on issues affecting these children with the sole purpose of ensuring that they will not return to life on the streets when rehabilitation is concluded.

Existing literature on halfway houses as models of intervention in the rehabilitation of street children is extremely sparse since halfway houses are mostly affiliated with drug addicts. In Kenya for instance, there is no definitive literature that distinguishes between the different approaches of rehabilitation models, with every model, even those like the halfway house which is residential in nature being referred to as an institutional rehabilitative approach. Yinda (2009) distinguishes the residential care programs for street children from the institutional programs in that residential programs, similar to the halfway house, seek to offer the children an environment similar to a home setting which is more natural and more desirable in sustaining effective rehabilitation. Organizations in Kenya other than MSDP Halfway House Rehabilitation Program that employ a similar model in the rehabilitation of street children include the Undugu Society of Kenya (USK).

The main strategies used in this rehabilitation model include basic training and education, individual and group counseling, life skills training, capacity building and empowerment and reintegration and follow ups to ensure that both rehabilitation and reintegration is effective

## **2.2 Rehabilitation and Behavior Change**

Life on the streets is extremely challenging. In order to survive, children will resort to drug abuse, violence and even stealing. This lifestyle leads to the acquisition of negative

behaviors rationalized by the need for survival. (CRADLE, 2004; Mukherjee 2014) One of the goals of rehabilitation is to ensure that negative behaviors acquired from street life are transformed into positive behaviors. *“Behavior modification refers to using strategies to get a child to change by providing tools to reinforce positive behaviors and change negative ones.”*(D’Souza, 2008) While studying male adolescent street children in India, D’Souza identified five phases which led to positive behavior change and modification in the rehabilitation of street children. The first involved outreach and contact with the children and the second involve detoxification of those who were dependent on drugs. Phase three to five, which were relevant to this study, were enrollment of the children into residential rehabilitation programs which was to ensure “therapeutic community living”, counseling together with the provision of social and academic education and finally reintegration which was used to measure the success of the behavior change.

Since most of these children come in with self-esteem issues as well as psychological trauma, counseling is most often employed during rehabilitation to establish individual identity and responsibility as well as change the mindsets of the children by offering them effective coping strategies and outlets as well as assurances of hope and solutions. (Silungwe and Bandawe, 2011) Counseling coupled with life skills training allows these vulnerable children to unburden themselves, to find safe spaces for expression and awareness as well as obtain positive behaviors to help them become healthy and productive members of the community after reintegration

## **2.3 Rehabilitation, Empowerment and Capacity-Building**

Gichuba, (2003) reiterates that rehabilitation is an intensive, insidious and deliberate strategy which aims to give skills to children living on the streets to enable them become self-reliant. Self-reliance regards both awareness of the individual and his ability to effectively cope in mainstream society. Kiragu (2005) attributes the failure of the NARC government's rehabilitation program for 300 street children at the National Youth Service (NYS) through the Nairobi City Council (NCC) to lack of employment opportunities after reintegration into society. The presence of street children and street families has also been linked to increased crime rates in Nairobi, particularly within the Central Business District (CBD). In a bid to curb this, Pokhariyal, Muthuri and Muthur (2003) after studying the increasing crime rates in Nairobi recommended the setting up of vocational centers in order to provide training and education to street families as a means of empowering such vulnerable populations to support themselves.

Institutions that focus on the rehabilitation of street children focus on education as well as vocational training as a means to impart awareness, knowledge and skills to individuals to ensure that they are able to sustain themselves after exiting form the program.

Educational empowerment has been cited as the best means of intervening in the problem of street children. This not only makes them aware of their situations and factors facilitating these circumstances, but also equips them with critical thinking skills and tools necessary in helping them navigate their day to day lives and harness their futures in a manner that promotes positive progress and future endeavors. Literacy enables them become a part of the world and its progress and achievements (Njoroge and Ndung'u, 2014; Holland, 1998)

Empowerment of street children is a necessary component of capacity building. This involves knowledge of their value to themselves and the society. In the context of rehabilitation empowerment and capacity building is implemented within both legal and policy frameworks. An example of such frameworks include the United Nations Child Rights Convention (UNCRC) of 1989 and the African Charter on the Rights and Welfare of the Child (ACRWC) ratified by Kenya which set the impetus and benchmark for establishing interventions targeting the protection of the interests of children as well as their unimpeded development and growth within a humane context. The country has also established the Children's Act of 2001 which addresses issues to do with the care and protection of children, the administration of children's institutions, rights and responsibilities of children, the role of parents and government in protecting these rights and consideration of the child's best interests in decision making processes affecting them (Maroun and Grasso, 2006).

Kenya is also a signatory to the Sustainable Development Goals (SDGs). The SDGs promote holistic and sustainable development goals targeting vulnerable populations as well as the global society in general. Within the context of street children whose facilitating factors are greatly attributed to poverty levels (CRADLE 2004), the SDGs in the national context aim to end poverty, eliminate hunger, promote good health and wellbeing, provide quality education and reduce inequalities. These fall under goal 1, 2, 3, 4 and 10 respectively ("Sustainable Development Goals", 2015). These interventions drawn from exiting frameworks are thus based on addressing the deficiencies crucial to the holistic development of the child based on universally acceptable standards. (Aliya, 2013)

Capacity building is often introduced through both formal and informal education within the halfway house rehabilitation model with the goal here being to ensure that

candidates of the program are able to read and write at a basic level and provide both social and academic skills that will ensure they are able to keep up at mainstream schools after reintegration. Institutions dealing with youth such as the Mwangaza Institute and Mary Immaculate Rehabilitation Center offer vocational training skills to older candidates in courses such as masonry and carpentry to ensure that they are able to earn a living by themselves.

Institutions dealing with younger populations such as MSDP which deals with children between the age of 5 and 17 years also focus on building the capacity of guardians and parents. This is especially true of their socioeconomic conditions. In this case empowerment and capacity building focuses not only on the individual but also the community. In a study commissioned by the National Children's Council of Rwanda in March 2012, the report concluded that rehabilitation strategies that also empowered parents and guardians of the children through psychological support and various material and financial support were more effective in their outcomes and realization of program objectives. A similar conclusion was appropriated by a USAID report in conjunction with Save the Children organization on the "Urban Street Children Empowerment and Support Program" in Indonesia in 2005.

## **2.4 Rehabilitation and Reintegration**

According to the Better Care Network, an international organization dealing with children without proper family support globally, reintegration is defined as "*The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.*"(2013).

Institutions and organizations dealing with street children work toward family reintegration as opposed to institutional referrals. This is based on the belief that children have a better chance at a healthy life when placed in a family setting as opposed to an institutional one which is rigid and an unrealistic replacement of the family set up. Additionally, reintegration should be both effective and sustainable through a combination of various strategies such as conducting consistent home and school follow ups, provision of material and financial support in pressing circumstances for a limited time and the provision or enhancement of sustainable livelihoods for the guardians or relatives of the child where possible. (Delap and Wedge, 2016)

In Kenya reintegration strategies include exit from the program and reintegration into families. During the rehabilitation process, existing relatives of the children are traced by the organization and briefed on the child's progress. Some organizations also conduct regular home visits during this period to ensure that the home environment is prepared and suitable for the reintegration of the child. Where children have no relatives they are referred to institutions known as Charitable Children's Institutions (CCIs) formerly known as children's homes. Organizations then conduct consistent follow up visits for a period as a means of monitoring the progress and outcome of reintegration both on the candidate and his environment.

## **2.5 Chapter Summary**

The literature review has discussed thematically the rehabilitation strategies used by the halfway house model to rehabilitate and reintegrate street children. The review also focused on the role of rehabilitation in changing the behavior of beneficiaries, empowering street children through various capacity building measures and the role and strategies of reintegration used.

The review also identified existing gaps within the field of study in relation to the effective rehabilitation of street children in Kenya.

## **CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY**

### **3.1 Introduction**

This chapter presents the research design and methodology that are used in the study. It looks at the research design, study methods, study population, sampling techniques, data collection methods and analysis procedures, data reliability and validity and ethical considerations within the context of the research.

### **3.2 Research Design**

The study used the explanatory case study research design which is useful to develop theory, evaluate programs and develop interventions (Baxter and Jack, 2008). The explanatory case study design is used in seeking to explain presumed causal links in real life interventions by linking program interventions with program outcomes (Yin, 2003). The study evaluated the effectiveness of the MSDP Halfway House Rehabilitation Program by measuring the program outcomes based on the rehabilitation objectives of the program interventions. The design uses a single case study of the MSDP Halfway House Rehabilitation program with a view to evaluating the effectiveness of the program.

Mixed methods of research were used to design data collection tools that confirmed the relevance and effectiveness of the MSDP Halfway House Rehabilitation Program. Questionnaires, interview and Focus Group schedules, and document analysis supplemented by observation were used to collect relevant data for this study.

### 3.3 Study and Target Population

In this study, the target population is the street children enrolled in various rehabilitation centers managed by NGOs within Nairobi County while our study population is composed of the street boys aged between 5 and 17 years enrolled in the Halfway House Rehabilitation Program managed by MSDP in Nairobi County.

The origin of street children in Kenya is linked to the arrests and detention of adults in the colonial days which left children on their own having to fend for themselves. Kisirkoi, Mse and Shed (2016) in their paper 'Education access and retention of street children: Perspectives from Kenya' conclude "that out of the 53 children interviewed the reason for leaving home was as follows: Lack of food/ money (poverty) 14(27%), Parent's separation and domestic violence 7(13.3%) Boredom, adventure and peer influence 13(25%), Parents negligence 16(30%), Born on the streets (2.3%), Harsh teachers 1(2.3%). Parents negligence with 16(30%) played the greatest role in sending children to the streets. Other factors include failure of parents to show love to their children, neglect by alcoholic parents, intentional abandonment based on a child's disability, rural to urban migration, rising rates of HIV/AIDS related deaths and the overall loosening family bonds and structure.

In Kenya, street child estimates range from between 250, 000 to 300,000. According to statistics from SMILE Foundation Kenya, a registered NGO working with street children in Nairobi, the number of street children as confirmed by the Consortium of Street Children (CSC) in 2007 in Nairobi alone was 60,000. The same report indicates that half of the street children population in Kenya is concentrated in Nairobi with the greatest populations

concentrated in the following informal settlements respectively: Mukuru-40%, Dandora/Maili Saba-31% and Mathare/Eastleigh/Pangani-28%. (Smile Kenya, 2012)

Mukherjee (2014) categorizes challenges that street children face while living and working on the streets into three: Socio-educational, Physical and Physiological. Socio-educational challenges include poverty and illiteracy, wastage and stagnation, violence, prostitution and trafficking. Physical challenges include injuries, lack of adequate nutrition, sexual and reproductive health problems which include STIs and HIV/AIDS infections, unwanted pregnancies and abortions. Psychological problems include trauma based on experiences in the streets, aggression, insecurity and anxiety, low self-esteem, identity crisis and a skewed perception of moral and social values.

Various challenges are faced by organizations dealing with the rehabilitation of street children. These challenges included lack of sufficient resources such as funds and competent staff, limited space and the escape of children from institutions based on factors such as failure to adapt to new surroundings, inability to stay off drugs and adult enforced discipline and authority.

This study focused on street boys between the age of 5 and 17 undergoing rehabilitation at the MSDP Halfway House Rehabilitation Program in Lungalunga Starehe sub-county within Nairobi County. Between 2013 and 2016 the Halfway House has successfully rehabilitated over 180 street boys and reintegrated them into society where less than 15 have dropped out and returned to the streets to date.

### **3.4 Sample and Sampling Techniques**

A sample represents a subset or subgroup of the entire population. The sampling unit of this study is the MSDP Halfway House Rehabilitation Program located in Lungalunga which is under the Starehe sub-county within Nairobi County. The sample size consists of 12 street boys currently enrolled at the MSDP Halfway House Rehabilitation Program aged between 5 to 17 years, and 5 staff members employed at the Rehabilitation center. While conducting this study, 50 files were assessed to obtain information related to the effective rehabilitation of street children.

The selection of the sample is based on the application of non-probability sampling techniques. The selection of the MSDP Halfway House was based on purposive sampling technique while selection of the sample size was based on convenience sampling. Purposive sampling was applied based on the fact that MSDP Halfway House met the selection criteria of the study while convenience sampling of the sample size was applied based on availability of the respondents.

### **3.5 Methods and Instruments of Data Collection**

Data collection methods are those techniques of gathering data. Instruments of data collection are those tools used in data collection and include questionnaires, interviews, observation and reading. (Anum, 2016)

Mixed research methods were used to collect relevant data for this study. The study used questionnaires, interview and focus group schedules, analysis of organizational files coupled with observation.

The instruments of data collection include structured and unstructured questionnaires administered to both the children and staff members. The structured questionnaires were administered to the children while the unstructured/open ended questionnaires were issued to both the children and staff members during the focus group discussion and individual staff interviews. The questions in the structured questionnaire, 14 in total, were constructed in a bid to gauge self-awareness, behavioral and attitudinal change, knowledge, and psychological health and transformation. Questionnaires issued to the staff members were used to assess the conduct, success and challenges of the rehabilitation program. The focus group was held in a bid to assess the impact of the rehabilitation program on the beneficiaries. Participant observation guidelines and criteria intended to monitor the day to day implementation of the rehabilitation strategies by staff members as well as to monitor body and verbal responses of rehabilitation candidates during implementation of the rehabilitation strategies.

### **3.6 Research/Data Collection Procedures**

Data collection procedures put in mind the nature of the subjects of the research who are children. The researcher introduced the nature of the study as well as her intent and institution of learning and stated the purpose of the study in a simple manner ensuring that participants understood. The staff member translated where necessary and participants were free to ask questions for further clarification. Questionnaires were administered to the children on two separate occasions. The unstructured questionnaire was used during the focus group discussion which was led by the institutional counselor with the researcher present.

Translations to Kiswahili or sheng were provided together with further clarifications from the researcher and further explanations offered as required from the children. Though the focus

group discussion was to be originally held in two separate periods, time constraints led to one general session.

The structured questionnaire was issued to the children by the counselor and researcher with translations provided where the children are unable to understand the questions in English. During both the focus group discussions and the administration of the structured/closed questionnaire, the researcher, using observation guidelines and criteria took note of respondents' body language, tone of response and other various stipulated indicators.

During staff interviews, the researcher employed the use of open ended unstructured questionnaires to each participant. Observation was based on researcher's guidelines and criteria on a day to day basis during researcher's participation as a teaching volunteer in the Halfway House tutorial program. Observation was not based on a rigid schedule but rather on notable occurrences and sightings that occurred from moment to moment. Observations were jotted down in a notebook set aside for that specific purpose. Assessment of children's and organizational files, records and documents was also carried out based on the study's objective of evaluating the effectiveness of the rehabilitation program.

### **3.7 Data Analysis Procedures**

Qualitative and quantitative data were collected for this study. Qualitative data was first coded and voices analyzed thematically by description. Pattern matching and Explanation building were also used in qualitative data analysis. Pattern matching involves the comparison of predicted patterns and/or effects with those that have been empirically observed, and the identification of any variances or gaps. Explanation building aims to analyze the case study data by building an explanation about the case. The intent here is to build a set of causal link

on why or how something happens. As in pattern matching, explanation building looks at the variance or gaps between initial predictions and outcomes presented by the case study evidence, and tries to explain the cause of the variance as well as develop interventions and recommendations that will remove the variance and ensure a match between initial predictions and outcomes presented by the case study evidence (Baskarada, 2014)

Quantitative data was analyzed using statistical methods. Microsoft excel Programme as a tool was used to analyze the quantitative data. After the data was analyzed, interpretation of the information was done to give meaning concerning the effectiveness of the MSDP Halfway House Rehabilitation Program.

### **3.8 Reliability and Validity**

Reliability is based on the degree to which the instruments gave similar results over a number of repeated trials. Reliability of this study was established through the use of triangulation of data collection methods. Triangulation is *“the combination of methods in the study of the same phenomenon or construct; a method of establishing the accuracy of information by comparing three or more types of independent points of view on data sources (for example, interviews, observation, and documentation; different investigations; different times) bearing on the same findings.”* (Baskarada, 2014, p.8)

Different data collection methods were used in a bid to capture the same data using different avenues. The similarity of results guarantees the reliability of the research design.

Validity was established through item analysis. Staff members were vital in assessing the relevance, inclusion and effectiveness of the questions in the questionnaires based on their personal and professional years of experience in working with street children undergoing

rehabilitation at the Halfway House. Corrections and clarifications were made to the questionnaires based on such analysis. Furthermore, responses of children in the focus group discussions were also confirmed or negated by the staff members fully aware of the children's backgrounds and other circumstances. This allowed the researcher separate the tall tales told by some children from the truth given in the responses.

### **3.9 Ethical Considerations**

The nature of this study involved children who are a special population thus various ethical considerations had to be deliberated also based on the sensitive nature of the work carried out by the Halfway House Rehabilitation Program conducted by MSDP.

Permission had to be obtained from MSDP to conduct the research intended only for academic purposes and all research material handed over to the organization at the conclusion of the study. Participants also had to be given awareness of the purpose and aims of the study and given the choice of participating or not. The anonymity of the children as subjects of the research was paramount in order to protect their identities and ensure their privacy and confidentiality which is also linked to that of their families.

The Halfway House Rehabilitation Program is made up of 5 on site staff members who were used in the study. Based on such a small number it was a matter of utmost importance to ensure protection of responses and any sensitive information of the participants which may lead to damage of employee reputation and even jeopardizing his/her job. In a bid to protect staff informants, any personally identifying information from the research data was excluded and responses were, as far as possible, generalized.

# **CHAPTER FOUR: DATA PRESENTATION AND INTERPRETATION OF FINDINGS**

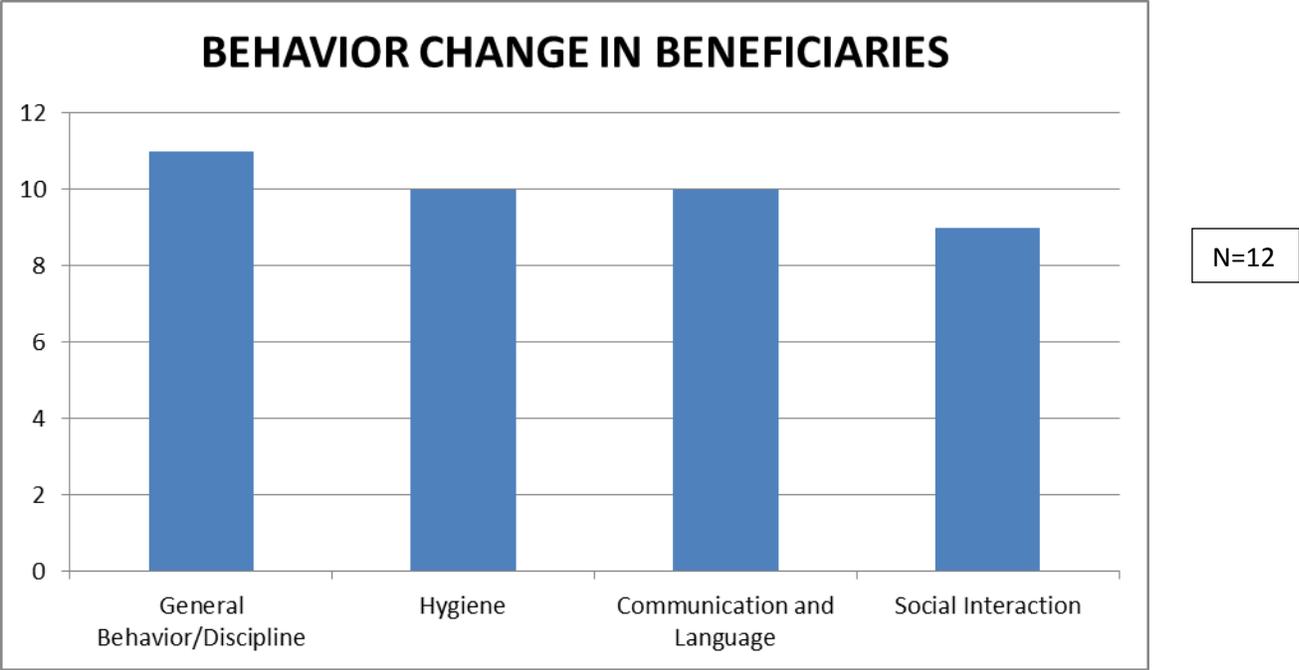
## **4.1 Introduction**

This chapter collectively presents data collected from field work and gives an interpretation based on meeting the overall objective of the study which was to evaluate the effectiveness of the Halfway House Rehabilitation Program conducted by MSDP on the successful rehabilitation of street boys in Nairobi County, Kenya.

## **4.2 The Role of the MSDP Halfway House Rehabilitation Program on Beneficiaries Behavior change**

The Halfway House Rehabilitation program seeks to transform the lives of street children through various strategies aimed at behavior change, empowerment and capacity building as well as reintegration into main strategies. In order to effect behavior change among candidates, various strategies such as individual and group counseling, a social and life skills curriculum are implemented within the program. Indicators used in this study that were used to mark changes in behavior included hygiene, general discipline, use of communication and language as well as social interaction dynamics amongst the participants of the study. Information relevant to this objective of the study was collected and analyzed from structured questionnaires, focus group discussion and document analysis supplemented by observation.

Figure 3 is a representation of the quantitative data collected in a bid to assess the role of the MSDP Halfway House Rehabilitation Program on the beneficiaries' behavior change where  $n=12$



**Figure 3: Behavior Change in Beneficiaries**

Strategies used to effect behavior change among candidates are highly successful with a greater proportion of candidates showing marked improvements in the area of discipline, hygiene, proper and respectful use of language and communication as well as social interaction. In some cases, such as that of candidate x, a lack of change in behavior was based on his inability to cope with speech problems and his inability to open up regarding the effects of his home life. In such candidates it becomes difficult to tailor rehabilitation strategies to their personal needs making the outcome ineffective. Candidates showed a great improvement in terms of aggression towards others. For example during the focus group discussion where they were asked to describe the difference between life on the streets and the Halfway House, Candidate B stated

*“Maisha ya streets nikusurvive, saa zingine unapigwa na lazima upigane pia ama unashikwa na kanjo na unafungiwa lakini halfway imenifunza violence haifai. Kutoka niingie hapa at*

*least nimeona sichapi watoi wadogo kama vile nilikuwa nikifanya kwa streets. Mtu akiniudhi sai mimi huambia teacher tu”* (Life on the streets was about survival and I would be beaten and I also had to fight. Sometimes the city council officers would arrest and jail us. Halfway House has taught me that violence is not the solution. Since I enrolled into this program, I don't beat children younger than me like I did living on the streets. If anyone offends me I just report to the teacher)

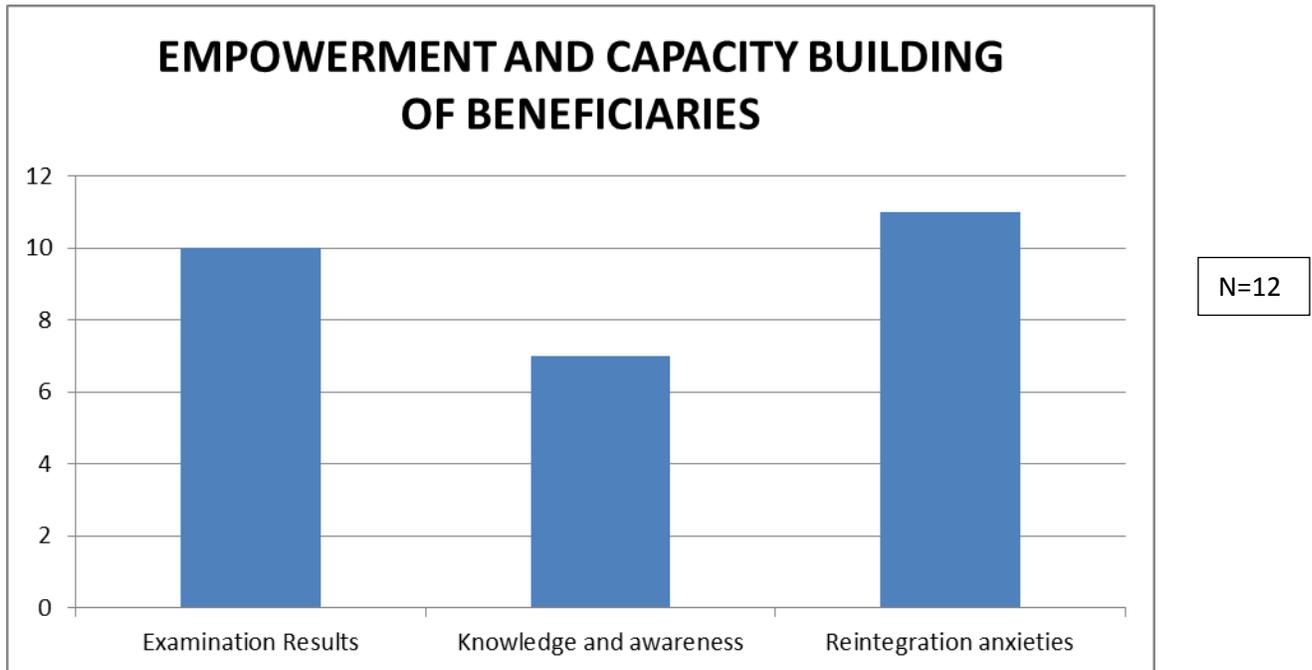
The assessment of the findings determines that rehabilitation strategies coupled with a humanistic approach in NGO interventions in the lives of street children is effective. The humanistic approach uses counseling as a tool of understanding the root causes of negative behavior in an individual and coming up with matched intervention strategies to effect positive behavior change. The findings are also in line with the Transtheoretical Model (TTM) theory which was also used to guide the study. According to TTM, negative behavior can be successfully modified or transformed into positive behavior change through a series of activities and interventions matching the different stages of change. During the Halfway House Rehabilitation Program, candidates are in the action stage and clearly demonstrate the will to change and maintain that change even after reintegration into mainstream society. The findings also affirm the role and effectiveness of the halfway house rehabilitation model and the MSDP Halfway House Rehabilitation Program in the transformation of street children specifically the imparting of positive behavior on the beneficiaries.

### **4.3 The Role of the MSDP Halfway House Rehabilitation Program on the Empowerment and Capacity-Building of Beneficiaries**

In a bid to empower the lives of candidates enrolled in the Halfway House Rehabilitation Program, the organization conducts a tutorial program meant to adequately prepare the children for mainstream schools when they are reintegrated. The tutorial program aims to ensure that all candidates are equipped with basic reading and writing skills, and are able to understand and appreciate different concepts presented in different subjects and that they will also be able to keep up and cope in a formal school setting. One of the objectives of the tutorial program is to ensure that all candidates are able to obtain a 50% mark outcome at the end of every examination. The Halfway House also implements a life skills curriculum that is used to create awareness of issues affecting candidates such as aggression, decision making, Child Rights and Responsibilities, drug abuse and its effects among other contemporary issues. The main aim here is to create awareness within the child to ensure that he understands that which is expected from him in society and that which he has a right to demand from it as well. The life skill curriculum aims to equip the candidates with practical coping skills that he will be able to implement once he has been reintegrated into society.

The indicators used in this study to measure the role of the MSDP Halfway House Rehabilitation Program in empowering and capacity building of the beneficiaries included, examination results, knowledge and awareness of rights and issues affecting the candidate and candidates' reintegration anxieties.

Figure 4 represents the quantitative data collected and assessed to determine the role of the MSDP Halfway House Rehabilitation Program on the empowerment and capacity building of beneficiaries where the sample size used n=12



**Figure 4: Empowerment and Capacity Building of Beneficiaries**

The assessment of examination results determined that 10 out of 12 candidates were able to obtain or surpass the 50% target mark. However, during the conduct of examinations 7 of the 12 candidates had to be assisted by the teacher in Kiswahili translations. Various concepts also had to be simplified so that they could understand. This is due to the challenge of limited staff where one teacher is available for all students and teaches all classes. One staff member stated

*“We acknowledge that some children need more time to learn to read and write more than others but we are understaffed and it is difficult to allot the appropriate time to each student.”*

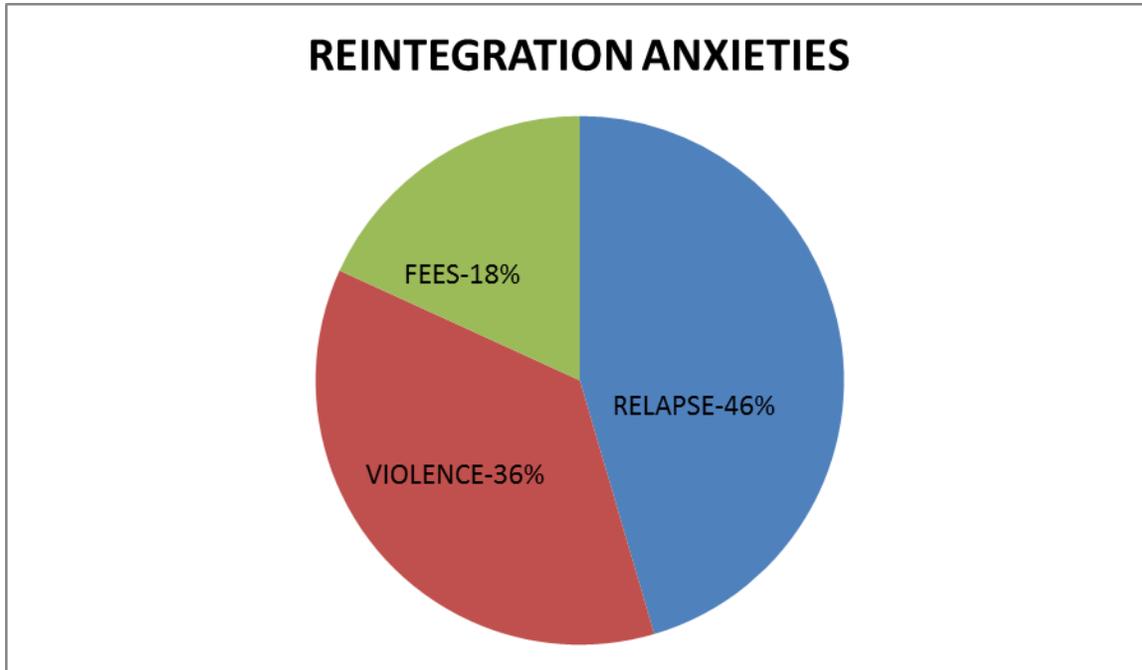
This is a major challenge faced by the organization and this is attributed to a lack of sufficient resources which would be needed to hire more staff members. Some candidates have reading disabilities while others, due to drug abuse history; find it difficult to sit still long enough to learn something. However candidates demonstrated a desire to study and to learn new things and even where translations and explanations were needed they were quick to understand what it is that was being asked of them. During the focus group discussion, it was clear that most candidates did not quite grasp the true role of education in their lives with most viewing it as a societal prerequisite. Only 4 out of 12 participants expressed the need to continue on in their education past standard 8 yet they still expressed their desires to become business owners, pilots, social workers and even doctors. When asked to state what part of their stay in the Halfway House they enjoyed most, those who expressed (3 out of 12) the tutorial program is what they enjoyed most, stated this in terms of adult interaction with the teacher as opposed to the academic content. Candidate P stated

*“Nimefurahia mateacher wetu. Nikishindwa na kitu namwambia na anaisaidia. Pia ananiongelesha na ananionyesha njia nzuri.”* (I am happy about our teachers. When something is too difficult for me I tell her and she helps me. She also counsels me and shows me the right path)

Participants also displayed a keen knowledge and awareness of issues such as child rights and drug abuse. However when asked about their fears, 11 out of 12 respondents expressed this in terms of reintegration. This could be viewed as an indicator that coping strategies present in the life skills curriculum are ineffective based on the fact that there is a gap between the theory and practical approach. 5 of the 11 candidates were anxious about relapsing back into drug use and abuse after being reintegrated. They linked this to peer

influence and their inability to cope. 4 of the 11 candidates feared violence either at home or by strangers while 2 of the 11 expressed a fear of not being able to attend formal schools due to lack of fees.

Figure 5 is a representation of the reintegration anxieties expressed by the respondents



**Figure 5: Reintegration Anxieties**

Reintegration anxieties indicate the beneficiaries' lack of confidence in the capacity building strategies implemented through the life skills curriculum. When interviewed a staff member pointed out that this may be due to the fact that the present curriculum is generic and generalized and is not solely tailored to reflect the reality of the candidates. The formulation of customized Halfway house life skills curriculum was viewed as a key solution to deal with the ineffectiveness presented by present strategies.

The program integrates the UNCRC convention and is effective in ensuring that candidates are aware of their rights. There however seems to be a gap between knowledge and application of these rights as well as the responsibilities that coincide with them. Capacity building strategies need to be tailored in the practical application of these rights incorporating the experiences of candidates so that they are able to understand and relate to them easily. The findings of the study also confirm a critique of the empowerment theory where there exists a link between empowerment and self-efficacy.

During the implementation of the program, candidates appeared confident and content but the question on the future, especially after reintegration brought out a lack of individual confidence and ability to translate learned skills into coping mechanisms. The findings also confirm that the views of the candidates are crucial in implementing and realizing the objectives of the program as contended by the New Social Studies of Childhood (NSSC). It is also evident that the coping needs voiced by the children, which differ based on culture, experiences and circumstances among other factors, should be incorporated into the formulation and reformulation of capacity building strategies based on identifiable gaps.

#### **4.4 The Role of MSDP Halfway House Rehabilitation Program on Reintegration of Beneficiaries into Society**

To prepare candidates for reintegration, the MSDP Halfway House Rehabilitation Program takes into account both environmental (communal/familial) and individual factors. Successful reintegration is linked to the support of the community/family towards the candidates that have graduated from the program as well as the ability of the candidate to cope

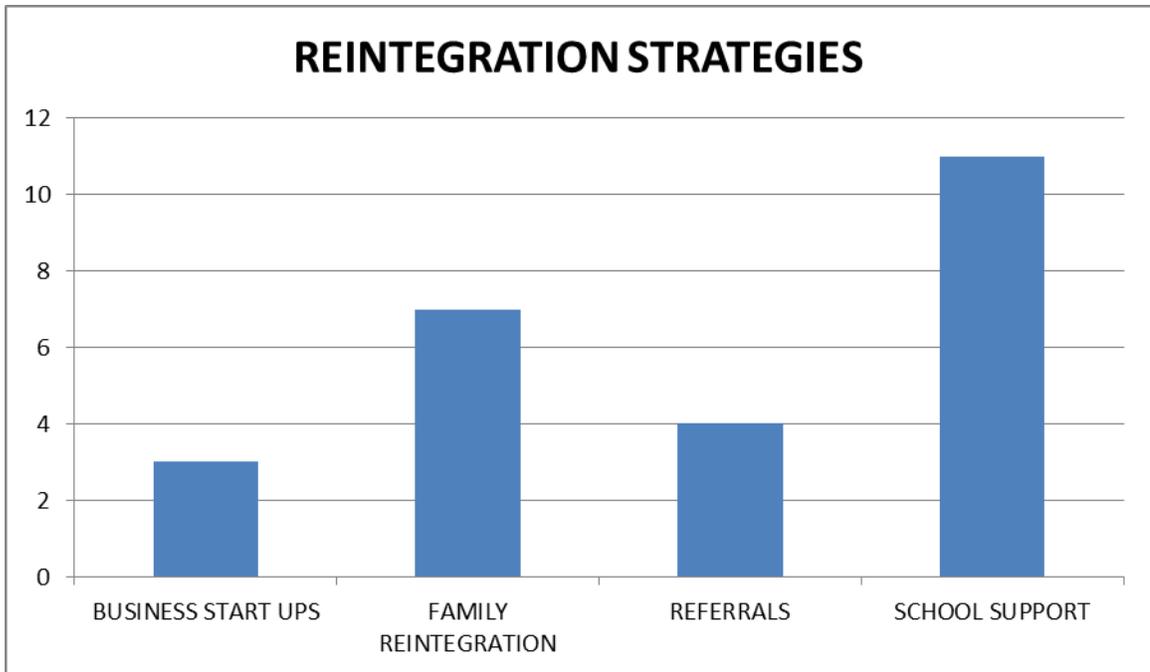
in mainstream society. The program implements various strategies meant to ensure successful reintegration. These strategies include:

- Business startups. This is where resources, including funds and entrepreneurship training, are offered to parents of the candidates who have been assessed as willing and capable of running a small-scale successful business enterprise. This is done to ensure the parents are able to meet the needs of their children long after the conclusion of the program
- School support. The program offers school support to candidates once they have graduated from the program. The support is in the form of enrollment and first term fees as well as uniform and other material supplies needed when they are accepted into formal mainstream schools
- Family reintegration. The best outcome of reintegration is family reintegration. Based on interviews from staff members this is because a child needs the family set up in order to develop well and to learn to cope and operate efficiently in mainstream society. Institutions fail to offer this since they are rigid which may sometimes negatively affect the child
- Referrals. Where a family assessment has been carried out and the results are negative or where the candidate has no traceable relative or guardian, the candidate is referred to a Charitable Children's Institution (CCI). Where the counselor or social worker has determined that the candidate requires more rehabilitation, he is referred to a different rehabilitation institution with more capacity and resources willing and able to effectively rehabilitate the child. These referral institutions such as Mwangaza and Mary Immaculate Rehabilitation Center offer vocational training skills to the

candidates which is necessary for capacity building and individual socio-economic empowerment

- Follow ups. The success of the reintegration strategies is determined by candidate follow ups. At the MSDP Halfway House Rehabilitation Program, follow ups are carried out for each candidate for a period of up to two years. The social worker conducts follow ups of the home, school and/or institutions of referral. This is to monitor progress of the candidates and to stage effective interventions where needed in a bid to ensure rehabilitation and reintegration remain successful

Figure 6 represents the quantitative data gathered in a bid to establish the role of the MSDP Halfway House Rehabilitation Program on the reintegration of beneficiaries where n=12

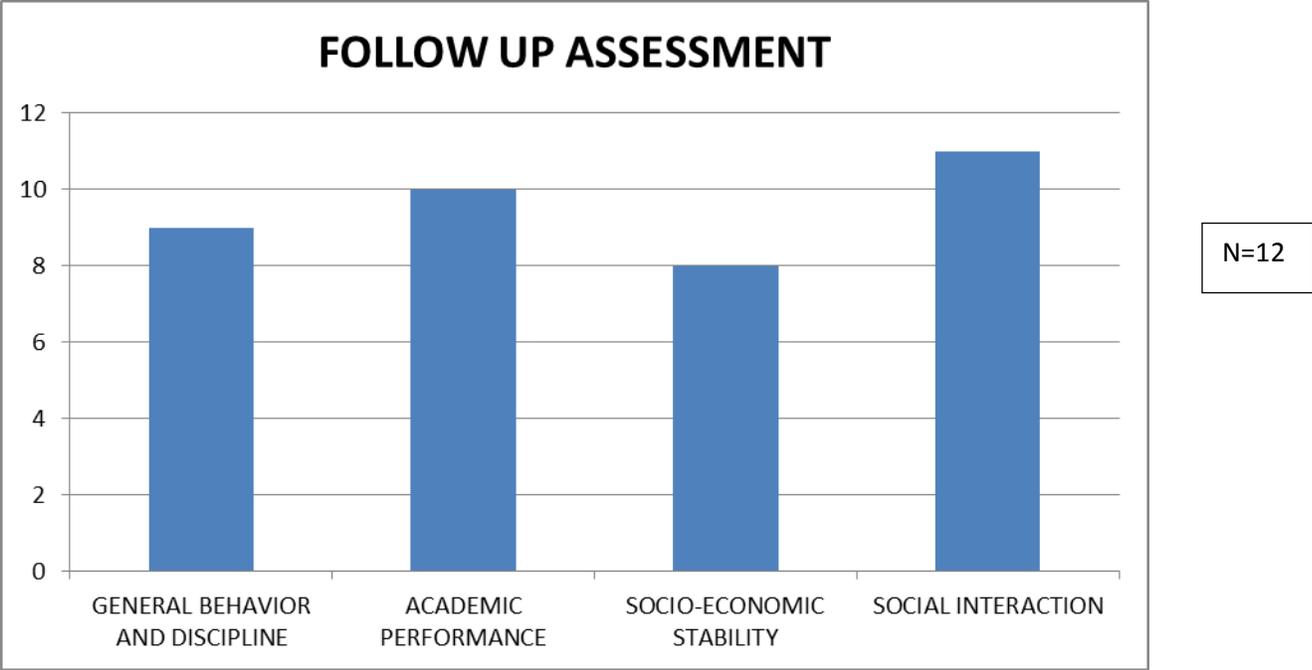


**Figure 6: Reintegration Strategies**

The findings of this study determine that the reintegration strategies used by the organization are effective. Out of 12 candidates, 11 were reintegrated. One candidate however had to remain at the Halfway House since his relatives could not be traced and also owing to his very young age. 7 candidates were successfully reintegrated into their families while 4 were referred to CCIs and other rehabilitation centers based on orphan hood, extremely difficult home environment or need for further intensive rehabilitation. Family reintegration exceeded referrals. School support was offered to all candidate exited and reintegrated and all candidates successfully placed into formal schools. The rate of business startups offered to parents of the candidates was low owing to a lack of resources, a major challenge still being tackled by the organization.

In order to determine the success of reintegration based on follow ups, files of former candidates were randomly sampled between 2013 and 2015 to assess the follow up reports to ascertain the effectiveness of the reintegration strategies on program beneficiaries. Indicators used in this study to determine the success of reintegration based on follow up reports include general behavior and discipline, academic performance, socio-economic stability and social interaction

Figure 7 is a representation of the quantitative data collected and assessed based on follow up reports of candidates who exited the program between 2013 and 2015. The sample size used  $n=12$



**Figure 7: Follow-up Assessment**

Follow-ups were conducted by the social worker at home, school and in the referral institutions. 9 out of 12 candidates were termed well behaved and disciplined both at home and in school while 10 of the 12 candidates were assessed as average to above average performers in their school work and based on examination results. The results determine that more than half of the candidates assessed were able to cope with mainstream life. However where there were behavioral issues and extremely low academic performance as well as absenteeism, the social worker linked these to destabilizing factors stemming from the home environment. For example 4 out of the 12 candidates were having a hard time paying school fees. Candidate P1 had to eventually drop out and find menial work to supplement the meager family income. One candidate also had a relapse and had to be readmitted back into the program in 2016.

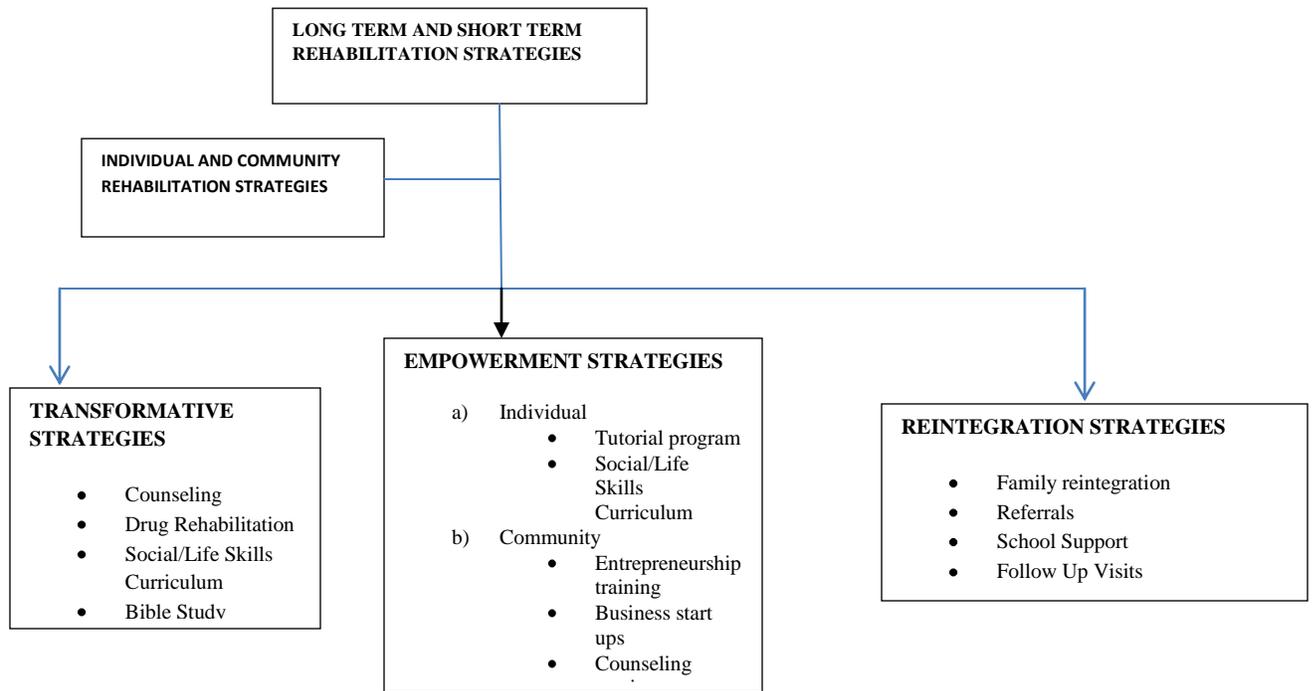
The implementation of the MSDP Halfway House Rehabilitation Program factors into account the empowerment model. The link between individual, communal and organizational

empowerment is demonstrated through the reintegration strategies. Socio economic empowerment of the family ensures that the candidate once reintegrated can have his needs met thus eliminating a major cause of the street child phenomenon. Where reintegration is successful, organizational objectives are met and where gaps are identified within the reintegration strategies based on follow up assessment, the organization adjusts its strategies toward a more effective outcome. The reintegration strategies are aimed at the maintenance stage identified in the Transtheoretical Model (TTM) of behavior change where the strategies are tailored to ensure that positive rehabilitation outcomes can be maintained by the individual as well as his family after reintegration into mainstream society. The reintegration strategies also take into account the importance of sustainable development goals which place high value in reducing poverty level and inequalities, ensuring all children can access quality education as well as promoting the holistic well-being of vulnerable populations. This is especially clear through the business startup and entrepreneurship training as well as the material support offered to candidates and families of the candidates enrolled in the program.

#### **4.5 The Effectiveness of the MSDP Halfway House Rehabilitation Program Strategies on the Rehabilitation of Beneficiaries**

The strategies used by the MSDP Halfway House Rehabilitation Program in rehabilitating street children are classified into three. These include transformative strategies which aim at behavior change of beneficiaries and include counseling as well as implementation of a life skills curriculum. The second is empowerment strategies aimed at creating awareness within candidates and arming them with practical coping skills needed to succeed in mainstream society. The third are reintegration strategies which include follow ups,

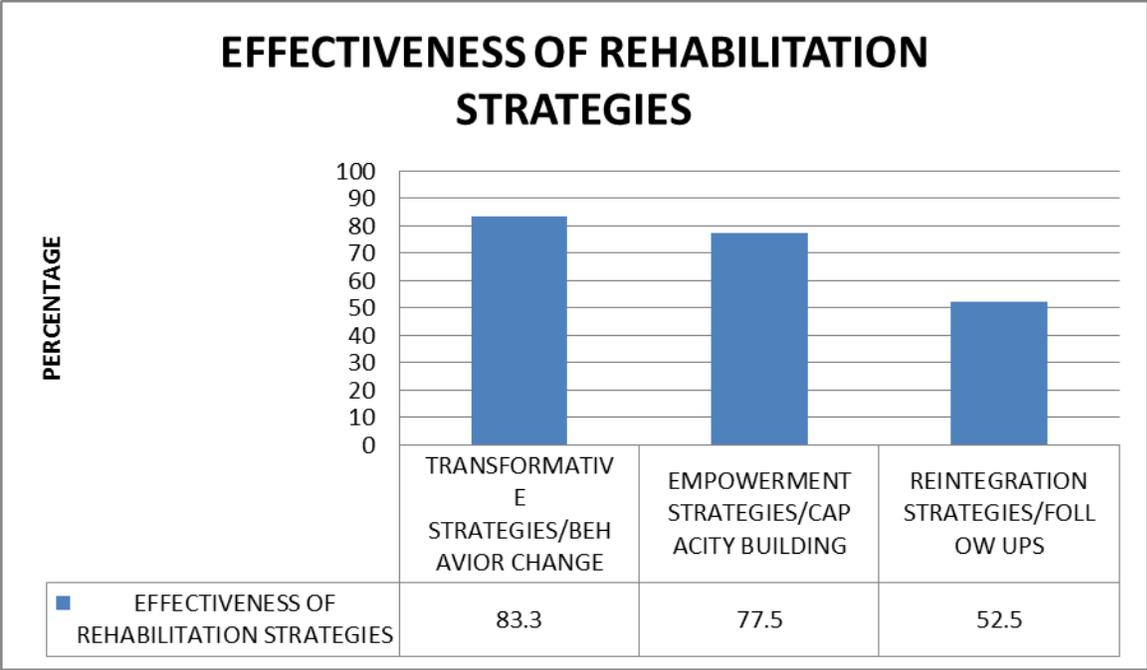
family reintegration, referrals and business startups. Figure 8 represents the rehabilitation strategies implemented in the MSDP Halfway House Rehabilitation Program



**Figure 8: MSDP Halfway House Rehabilitation Strategies**

**Source: Own conceptualization of MSDP Half way house Rehabilitation strategies, 2017**

Figure 9 represents the effectiveness of the MSDP Halfway House Rehabilitation Program strategies based on the quantitative analysis of collected data



**Figure 9: Effectiveness of Rehabilitation Strategies**  
**Source: Researcher’s Field data**

Transformative rehabilitation strategies are the most successful while reintegration strategies the least successful. The data collected determined that the challenge of resources was the major cause linked to the outcome of reintegration strategies particularly in the implementation of successful business startups. Children whose parents or guardians are unable to pay fees over a period of time end up dropping out and returning to the streets either out of boredom or survival. The home environment also remains a great impediment to successful reintegration and maintenance of successful rehabilitation. The study determined that the rehabilitation strategies used by the MSDP Halfway House Program are effective but there is room for improvement if existing challenges are addressed effectively.

## 4.6 Summary

This chapter presented the findings obtained from the analysis of quantitative and qualitative data obtained during the study to determine the effectiveness of the MSDP Halfway House Rehabilitation Program on the rehabilitation of street boys in Nairobi County, Kenya. The data was presented using charts and diagrams and arranged thematically based on the specific objectives outlined in the study.

The findings determined the important role and effectiveness of the MSDP Halfway House Rehabilitation Program on the rehabilitation of street children in Nairobi County, Kenya. Behavior change, empowerment and successful reintegration were clearly demonstrated in the findings. However challenges that hamper the effective implementation of the program toward its beneficiaries were also highlighted. These challenges include a lack of sufficient financial, human and material resources. The lack of a customized life skills curriculum was also linked to the limitations in capacity building and empowerment strategies. The greatest obstacle to reintegration of candidates was attributed to the home environment and lack of financial resources.

The MSDP Halfway House Rehabilitation Program is effective based on analysis of the findings. However there exists an opportunity to become much more effective through addressing existing challenges and revision of strategies and ways of implementing strategies through sealing identifiable gaps.

## **CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This study set out to evaluate the effectiveness of street children rehabilitation programs conducted within Nairobi County by NGOs using the case study of the MSDP Halfway House Rehabilitation Program located in Lungalunga. The study was conducted over a period of three months where twelve candidates currently enrolled in the program were selected through convenience sampling as participants for the study. The candidates participated in a focus group discussion and were also administered to questionnaires for the purpose of data collection and analysis. Staff members of the Halfway House were also interviewed and organizational files, records and documents assessed. The study also employed observation as a means of data collection. Qualitative and quantitative data was collected and analyzed to determine the role of the MSDP Halfway House Rehabilitation Program on behavior change, empowerment and capacity building and reintegration of beneficiaries.

### **5.2 Summary of Findings**

The findings determined that beneficiaries were positively affected by the program. This was marked through behavioral changes and transformation according to the transtheoretical model of change (TTM) which views change as a continuous process. Based on the program and the theoretical model, change must also be upheld after the period of rehabilitation. The organization seeks to ensure this transformation is upheld through various empowerment and reintegration strategies. Empowerment strategies are directed not only towards the candidate but also towards his environment, especially his home environs. The

organization through its activities, acknowledges that empowerment is a multifaceted strategy which incorporates both the external and internal. Education and awareness are seen as key supporters of empowerment which are linked to transformation of the individual as well as his circumstances. MSDP through the rehabilitation program has sought to empower the children acknowledging that children have voices and are capable of determining the outcomes of their lives once they are given tools of awareness and empowerment. The tutorial and life skills program conducted at the Halfway House employs these concepts to transform children from victims to capable individuals.

The study concludes that the program is effective in as far as positively impacting beneficiaries since indicators of positive behavior change were observed in the candidates.

The children display an appreciation and awareness on the need to change and the need to be able to maintain that change outside of the Halfway House. They display a willingness to engage with society and be engaged by it. The greatest concern noted from the findings is the lack of confidence expressed by participants in sustaining the rehabilitation or change inculcated into them by the institution after they leave. Candidates displayed awareness on Child Rights but were unaware of how to implement these rights and did not understand their roles as change agents. Interestingly, candidates seem to place a greater priority in group identity and belonging rather than individualism. When expressing why they approved of the tutorial program, most referred to the interaction with their teachers rather than the academic content. Belonging is seen as a basic need alongside food, clothing and shelter which may explain why most run away from homes where they are rejected in order to find acceptance and camaraderie on the streets.

However reintegration remains a challenge to the organization. This may be due to a lack of sufficient resources which would provide for longer periods of rehabilitation as well as critical tools such as accommodation facilities, more staff and material resources for family and individual support. Despite the various challenges, the organization is able to transform the lives of its beneficiaries through intensive and successful recruitment and rehabilitation. Perhaps the greatest achievement of the program is with regard to the tutorial program which gives street children the gift of literacy and a hope for a future by preparing them for mainstream school.

### **5.3 Conclusion**

The Halfway House Rehabilitation Program is undoubtedly crucial to the successful rehabilitation of street children because it helps in transforming their circumstances and outlook through education, counseling and provision of basic social and life skills. The program has also demonstrated the importance of ensuring that rehabilitation of the individual is sustainable in the long term by economically empowering guardians and parents through various business startups and entrepreneurship training to offer sustainable livelihoods as well as through offering counseling and awareness to the parents. The program is effective but could be more effective where challenges such as resource constraints are addressed and where empowerment strategies targeted at the beneficiaries are redirected intensively into practical application and coping skills as opposed to pure sensitization. This is intended to create sustainable transformation of both the candidate and his environment through responsible, critical and transformative thinking and action.

## 5.4 Recommendations to Organization

Based on findings resulting from the study, the following plans of action are recommended to the organization.

- 1) Integrate aggressively into the Halfway House Social and Life Skills curriculum the following elements to equip future candidates with practical change-sustaining and coping skills.
  - Human and Child Rights. Children must understand their rights and what they are entitled to as well as the significance of these rights and the responsible manner in which to implement them.
  - Group/Social Identity Vis a Vis Individual identity. The children need to be aware of the differences and importance of group identity and social identity and to understand what constitutes a healthy relationship with others and a healthy view of self. It is only then that children may begin to place a healthy value on themselves and demand the same display of value from society.
  - Role of children as change agents. In order to transform the candidates of the rehabilitation program from a mentality of powerlessness into one of sustainable empowerment, it is crucial to equip the children with an awareness and appreciation of their capabilities and abilities to becoming change agents not only in their individual circumstances but within their families and societies as well. This will not only empower the children but give them healthy future goals and perspectives.

- Types of education, their role and significance in transforming situations and empowering individuals and groups. This will instill into future rehabilitation candidates a deep appreciation on education and empowerment
- Practical coping skills. These may include teaching the children safe reporting mechanisms, ways of dealing with negative peer pressure by effecting their own positive peer pressure and critical thinking in relation to drug abuse and violence in particular

2) Establish a Brother to Brother Mentorship Program. A Brother to Brother Mentorship program should consist of graduates of the rehabilitation program, who have gone on to be success stories or have displayed great transformation in their lives since graduating from the program. The goal here is to be able to demonstrate to present candidates of the rehabilitation program that change is not only achievable but also sustainable. The mentorship program is significant because:

- Current candidates of rehabilitation program will have a mentor and real life role model to seek to emulate or to benchmark
- Big Brothers will fulfill the displayed need from respondents to find a place to belong. The findings indicate that respondents place a great need in not only belonging but being accepted. During the discussion, through group interaction, the respondents showed a great need for inclusivity. They wish not only to be included but understood. A Big Brother is someone who will have walked in their shoes and will be able to give them that understanding, inclusion and acceptance

- Mentorship Program could be used as an attractive recruitment tool. Children from the streets seek a place of acceptance, understanding and belonging. Where they are assured that they will have someone to relate to, it may be easier to convince them to give the program a try.
- Big Brothers will be proven testimonials/ success stories to present candidates who will be able to see, know and understand that change is both possible and sustainable
- Big Brothers will be able to capture information that candidates do not feel comfortable in sharing during one-on-one and group counseling sessions, either due to their past experiences with adults or based on their own personal reasons. It is expected that it will be easier for rehabilitation candidates to open up to them. In this way no information is lost and future program objectives and policies may be recommended based on such information.
- The Mentorship Program represents a sustainable Monitoring and Evaluation System. Big Brothers will consist of former rehabilitation program candidates. It will be easy to track their progress over the years as well as the progress of current candidates in order to make more accurate program evaluations.
- It is an avenue to support and engender child/youth leadership while incubating child/youth leaders. As Big Brothers engage candidates, they will be engaged in various forms of child leadership through peer to peer education, problem identification and problem solving. This will also inspire current candidates to understand fully that children are capable of instituting change and understand the ways in which to implement that change.

3) Resource Mobilization. Efforts need to be garnered toward resource mobilization.

Resource constraints present a big challenge to the effectiveness of the program and mobilization of resources will be sure to present a great opportunity to the organization.

The Halfway House Rehabilitation program has proven effective and has demonstrated that it is able to do more should financial, human and other material resources be obtained especially in support of candidates and their families after reintegration.

Resource Mobilization should be based on:

- Financial resources which will increase amount of funds set aside for business startups and other vital material and social support crucial to the sustainable rehabilitation of the children and their families. Secondly availability of finances will ensure that facilities at the Halfway House will be expanded to not only accommodate more candidates but to also meet CCI standards required by the government
- Human resources. An increase in the number of teachers to meet the various demands of the candidate population is required to further boost the effectiveness of the program. Some candidates require more attention and tutoring more than the rest. In this way the organization will successfully sustain a “no child left behind” policy
- Sponsorship programs. Without a doubt, education plays a vital role in the sustainable rehabilitation of street children. In order to sustain this, sponsorship programs could be successfully instituted by the organization so as to ensure that, despite conditions of poverty, these children are able to continue with

education until university level to make something of their lives and transform the lives of their parents or siblings.

- 4) Creation of a Day Scholar Program. The study found that the candidates fear relapse after graduating from the program. The creation of a day scholar program where children could come in for counseling and other group activities such as continuous life skills training and peer to peer education would ensure that they have a strong foundational support to continue upholding the transformation in their lives. Providing such a link would also ensure that emergency interventions based on follow ups are efficiently and effectively implemented. A day scholar program may also nurture existing talents in the children such as football and performance by inducting the children into other sections of the MSDP Children and Youth (C&Y) department such as the Sports Association and the Skills Center.
- 5) Formulation of Halfway House Life Skills Curriculum. One challenge faced by the program with regard to its beneficiaries is the existing life skills curriculum which is borrowed and generalized from other avenues. The curriculum is not specifically tailored to the children and this presents challenges in terms of explanations offered by the facilitator or understanding among the candidates. The candidates of the rehabilitation program form a special population of vulnerable children and as such, a life skills module should be customized to incorporate their experiences and challenges as a means of equipping them with practical and relevant skills as well as incorporating experiences and examples they can easily relate with as opposed to ambiguity.

## 5.5 Recommendations to Policy Makers

The findings of the study conclude that though candidates may possess a slight to average awareness of their rights and responsibilities, there exists a gap between knowing these rights and actively implementing them. The candidates are also aware that education plays a crucial role in empowering them and transforming their lives and circumstances but there is a gap between the two concepts of empowerment and education. During the study, candidates' views of education were more to do with a societal requirement rather than empowerment. Most had a negative view towards academic but seemed to enjoy the social aspects of education such as social and life skills as well as bible study.

- 1) In order to effectively rehabilitate street children, legislators, policy makers and policy implementers need to provide a way forward to such organizations with regard to translation of theory into practice. How do you teach a street child that he or she is entitled to rights, something which he/she has never had? How do you teach such a population to value these rights and learn to view them as practical tools of change and transformation? How do you inculcate successfully such tools and values into the minds of vulnerable children who have been exposed to various forms of trauma so that they are no longer children per se or adults? Policy making and implementation needs to be looked at in terms of sustainable change and transformation. This transformation needs to be looked at as a continuous process, needing regular assessment and adjustment, rather than a destination.
- 2) Children are also individuals equipped with the ability to affect themselves as well as their environments positively or negatively, with this in mind, programs and policies that focus on the rehabilitation of children need to capitalize on the social capital or

agency demonstrated by children who have lived and worked on the streets. Policy and program indicators should shift to measure the success of outcomes based on the ability of one rehabilitated child to positively influence and also rehabilitate (albeit informally) and empower other street children. Focus should shift from the child as an end in him/herself to the child as a means to the end of empowerment. In this way, strategies and policies shift towards transformative objectives rather than purely result-based objectives.

## **5.6 Areas of Further Study**

Based on the findings of this study, the researcher wishes to make the following recommendations for further research.

- 1) A comparative study and analysis between existing intervention strategies used by both the government and NGOs in the rehabilitation of street children and their effectiveness in order to inform on best practices needed to effectively and efficiently address the problem of street children in Kenya
- 2) Identification and analysis of factors that facilitate relapse of former street children that have successfully been rehabilitated and reintegrated back into society. This will go a long way in informing key program strategies as well as policies targeted at the successful and sustainable rehabilitation and reintegration of street children
- 3) The effectiveness of the child rights related legislation in Kenya in empowering vulnerable child populations. This will provide crucial information to the government, legislators, policy makers and lobbyists on existing gaps and loopholes related to

implementation of children's rights that need to be addressed in order to give place to social justice and equity

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The Programme Coordinator,  
Mukuru Slums Development Projects  
P.O. Box 26121-0054  
Nairobi, Kenya

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH PROJECT AT  
MUKURU SLUMS DEVELOPMENT PROJECT (MSDP)**

Dear Madam,

I would like to kindly request for permission to conduct my research project within your organization as a fulfillment of the requirements for the Post Graduate Diploma in Project Planning and Management that I am currently pursuing at the Catholic University of Eastern Africa. I believe that this would be logistically convenient as I am already a Social Work Intern with your organization under the Children and Youth Department. I am also convinced that it would be an immense contributor in gaining practical and theoretical experience and a sound endorsement of the beneficial development activities engaged in by MSDP.

Based on the project title, “The effectiveness of the Halfway House Street Children Rehabilitation Program, Nairobi County, Kenya-The case of MSDP”, I would like to ask for permission to collect the necessary data through field work conducted at the Halfway House. I would also like to express that the data collected will be used only for project purposes and will be collected and stored with the utmost considerations of confidentiality. I would also like to assure you that the final report will be submitted to the organization.

I would like to express my sincere gratitude for the opportunity accorded unto me by the organization.

Yours Faithfully,

Consolata Kambua Mutua



Mukuru Slums Development Projects  
P. O. Box 26 121  
00504 Muchumbi Road  
South B, Nairobi  
Kenya  
Tel: 0716 598 791

MUKURU SLUMS DEVELOPMENT PROJECTS

15<sup>th</sup> March 2017

**Consolata Kambua Mutua**

Dear Madam,

**RE: PERMISSION TO CONDUCT RESEARCH PROJECT AT MUKURU SLUMS DEVELOPMENT PROJECT (MSDP) HALFWAY HOUSE**

This is in response to your letter, requesting for permission to conduct a research in our organization, for the fulfilment of your Post graduate Diploma in project Planning and Management at the Catholic University of Eastern Africa.

The topic under study, "The effectiveness of the Halfway House Street Children Rehabilitation Program, Nairobi County is a topic we resonate with hence we grant you the permission to carry out the study in our centre but under the following conditions.

You will share the final work with MSDP, You will be in MSDP under the supervision of our designated In charge of the centre who will know all you are doing, and you will observe and uphold the organizations Child protection policy and adhere the organizations Code of Conduct. All Data collected to be used only for the purpose of your study, and will remain confident.

We thank you for your interest to carry out your internship and project at MSDP and wish you all the best in your studies.

Yours Sincerely

Anne Muthoni  
Programme Coordinator  
MSDP

MUKURU SLUMS DEVELOPMENT PROJECTS (MSDP)  
P. O. Box 26121 - 00504, South B,  
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## STRUCTURED QUESTIONNAIRE

1. As a child, I am entitled to express my thoughts, feelings, views and concerns within my family and community

a) True

b) False

2. A child is entitled to free basic education and a safe and secure home environment

a) True

b) False

3. Children can also help in solving problems in the family and in the community

a) True

b) False

1. Living in the streets is fun

a) Always

b) Sometimes

c) Never

2. Taking drugs solves problems

a) Always

b) Sometimes

c) Never

3. Violence solves conflicts successfully

a) Always

b) Sometimes

c) Never

1. Personal dreams and ambitions are

I) Very Important

II) Important

III) Not Important

2. Learning to communicate properly with other children and adults is

I) Very Important

II) Important

III) Not Important

3. Learning to communicate properly with other children and adults is

I) Very Hard

II) Hard

III) Easy

4. My family members are

I) Very Important to me

II) Important to me

III) Not Important to me

1. Street children are similar to other children and are also entitled to the same treatment and opportunities
  - a) Yes
  - b) Not Sure
  - c) No
  - d) I Don't Know
2. Education is the key to understanding our problems and coming up with solutions
  - a) Yes
  - b) Not Sure
  - c) No
  - d) I Don't Know
3. Using illegal drugs like bhang, *miraa* and alcohol affects our minds and bodies negatively
  - a) Yes
  - b) Not Sure
  - c) No
  - d) I Don't Know
4. Illegal drugs can cure diseases like HIV/AIDS and mental disorders
  - a) Yes
  - b) Not Sure
  - c) No
  - d) I Don't Know

## **STRUCTURED QUESTIONNAIRE GUIDE**

- **PART 1.** Questions are to determine whether the child is aware of his rights as well as measuring his self-awareness
- **PART 2.** Questions are intended to reveal the child's grasp on issues of violence, drug abuse and street life and to also help us establish which areas need to be concentrated on in the future. This is in the case of where the children response is "sometimes"
- **PART 3.** These questions represent rank. Where does the child place his greatest priorities? How does he view social situations and environment?
- **PART 4.** Questions are meant to be more general. These are to test the awareness and social and life skills the child possesses or has obtained through rehabilitation at halfway house

### **Please Note**

- The questions will be interpreted to the children in Kiswahili
- When interpreting please note any additional input the children may give while seeking clarification. i.e. "off the cuff" remarks
- We should also note questions of great interest to the children and perhaps include them as part of the focus group discussion questions for further assessment of program objectives

## **FOCUS GROUP DISCUSSION QUESTIONNAIRE**

1. DESCRIBE YOUR LIFE BEFORE COMING TO THE HALFWAY HOUSE
2. WHAT HAVE YOU GAINED / WHAT LESSONS HAVE YOU LEARNT FROM YOUR STAY AT HALFWAY HOUSE?
3. WHAT IS THE DIFFERENCE BETWEEN LIFE WHEN YOU WERE IN THE STREETS AND LIFE IN THE HALFWAY HOUSE?
4. WHAT HAVE YOU ENJOYED THE MOST AT HALFWAY HOUSE?
5. WHAT ARE YOUR DREAMS/FUTURE GOALS/ASPIRATIONS?
6. WHAT ARE YOUR GREATEST FEARS?
7. WHAT IS THE MOST IMPORTANT THING TO YOU IN THE ENTIRE WORLD?
8. WHO DO YOU ADMIRE THE MOST? WHY?
9. WOULD YOU ADVISE OTHER CHILDREN WHO LIVE ON THE STREETS TO JOIN HALFWAY HOUSE? WHY? WHY NOT?
10. WHAT CHALLENGES DO YOU THINK YOU WILL FACE IN A NEW SCHOOL?

## **FOCUS GROUP DISCUSSION GUIDE**

### ***INDICATORS***

While asking the Focus Group Questions it is important to look for and note the following indicators:

#### **1. Changes in attitude**

- Self esteem
- Self-worth
- Ranking of self and familial priorities

#### **2. Acquisition of Knowledge**

- Basic ways of expression and communication skills
- Social skills
- Life skills
- Awareness of relevant contemporary issues such as drug abuse, HIV/AIDS and basic human and children's rights

#### **3. Changes in behavior**

- How does the child answer the question? (Respectfully, aggressively, nonchalantly? Is there any change from when he first came to halfway house?)
- Aggression and violence (note the child's interactions with the other children during the focus group discussion)
- Assuming responsibility over actions (Does the child own up to his past mistakes before rehabilitation at the halfway house?)

- The will to change (how does the child view the opportunities of transformation in his life and his home environment?)

#### **4. Changes in mental/psychological health**

- Self-awareness and appreciation (Does the child view himself as an important member of his family or society with something of value to offer. Does he demonstrate an appreciation for his childhood?)
- Awareness of reality (Aversion to escapism/ Does the child understand his circumstances? Does he accept them without making up stories?)
- Positive future projection (Does the child envision a positive future away from the streets? Does the child acknowledge a future? )

#### **Please Note:**

**Question 6** should be compared to dreams or ambitions the boys had while living in the streets and the dreams and ambitions they have after going through rehabilitation at the halfway house

**Question 8** concerning the most important things-the child is allowed to mention up to three things. Moderators should note the arrangement and enthusiasm behind the different answers given by every child

**Question 6-9** will be used to gauge where the priorities of the rehabilitated boys lie compared to their priorities in the past

Also it is vital to observe and note any interesting **body language** from the children while answering the questions

Due to the limited concentration span of the kids it is my recommendation that we conduct the focus group discussion in **two sessions**. Morning time- No. 1-5 and after break or lunch No. 6-10

## EMPLOYEE Z

**Thank you for taking the time to fill out these questions.**

- 1) Give a brief history or background of the Halfway House Rehabilitation Program conducted by MSDP (where possible please include partner institutions, government affiliations and donor support and activity)
- 2) What are the objectives of the program?
- 3) Give a brief description of the functioning and operations of the program and process of program implementation. (How you identify and recruit candidates for the rehabilitation program, how you process them, rehabilitate them, reintegrate them and conduct follow ups)
- 4) Are there particular characteristics that help you identify a child that can be recruited?
- 5) Are there particular characteristics that help you know whether rehabilitation of the candidate will be successful?
- 6) Why was the Halfway House chosen as a rehabilitation model as opposed to other rehabilitation models such as permanent residency or drop in centers?
- 7) How do you rehabilitate the boys/ what rehabilitation strategies do you employ as an institution?
- 8) What indicators do you use to measure the achievements of the program?
- 9) What notable observations and challenges do you face while implementing the program? (during recruitment, processing, rehabilitation, reintegration and in any other notable program processes)
- 10) What recommendations, based on your work experiences, would you make to enhance program effectiveness and sustainability?

11) Briefly highlight program achievements to date

### **Success story for Abednego Musyoki and Raphael Musyoki**

A two days home visit which had doubled as family re- integration was done for Raphael and Abednego on 13<sup>th</sup> and 14<sup>th</sup> of September 2013. This was in Entarara in Loitoktok where the grandmother lives with the beneficiaries' younger sister. The two were recruited on 11/7/2013 and had stayed in the Centre for 7 weeks. The reason for their exit was that they had shown good signs of behavior change thus a call for early exit and both preferred the grandmother whom they had stayed with for a long time even though both parents are alive but are separated and remarried again differently.

As per the grandmother, the beneficiaries' mother remarried again in Tanzania where he has 3 more children hence a total of 7 children. The mother used to stay with all the children in Tanzania and when the grandmother went for a visit, she found that the 4 were being mistreated by the stepfather thus opted to take them with her to Kenya. 3 days prior to our visit, she had pleaded severally with the beneficiaries mother to come and stay with her in Kenya and had even offered to give her capital to start a business and take care of the children after seeing the miserable life she was leading in Tanzania to no avail. She took 4 of the children with her to Kenya and enrolled them in school. Raphael again came to Nairobi to stay with his father whereby he also got mistreated by the step mother and called the grandmother who came for him. The father is a pastor in Nairobi and owns a church in Muthurwa social hall. Whenever the grandmother calls him for assistance of the children, he switches off the phone and she had even tried to seek for intervention from the Loitoktok District children officer who had issued several summons which he never honored and was not willing to take back the children.

The grand mother has 4 children and their mother is the first born, the second born is a business person within the area and has rental houses, shop and supplies cereals to schools. Her third born is a lady and is married whereas the last born is in Nairobi University. The grandmother is well off as she stays in a 3 bed roomed house and within the homestead, she has 3 rental houses together with a motor bike which she uses to supervise her large scale farm which is 19 kilometers from where she stays and also has a well stocked shop.

The reason as to why these two children ran from home was that Raphael had beaten and broken a bicycle belonging to his school mate. The boy went to Raphael's grandmother to complain in which she banged his head on the gate and bleed. Raphael was angered by this and plotted with Abednego to move away from home. They stole maize from the store and sold it thus got bus fare to Nairobi. In Nairobi, they went to where the father used to stay in Embakasi and were informed that their father had relocated to Gachie and no one around knew the exact place thus found themselves in the streets. They had feared to look for him in the church with the hope of getting a cold reception.

The re-integration process was successful as the grandmother was willing to take them back. She even revealed that she had plans to have them in her will in consideration to what they had passed through.

## HALFWAY HOUSE PROJECT ANNEX

### 1. Project Progress

<b>Project title: Children and Youth</b>			
<b>Specific objective:</b> To empower children and youth in the informal sectors to realize their full potential.			
<b>Outputs</b>	<b>Indicators of achievement</b>	<b>Progress against indicator</b>	<b>Comments</b>
<b>Halfway House:</b>			
<b>Result1: 60 street children rehabilitated and successfully reintegrated back to their families with family support or referred and continuing with education or vocational skills training.</b>			
<b>Output 1.1</b>			
<b><u>Rehabilitation and reintegration</u></b>			
	<b>Activities</b>		
60 children recruited and rehabilitated	<b>1. RECRUITMENT</b>		
	No. of street visits conducted	... Street visits were conducted in ... <b>Refer to street visit table.</b>	
	No. of children recruited	In ... new participants were recruited.	
	<b>2. REHABILITATION</b>		
No. of children participating in residential rehabilitation program	In October ... boys participated in the residential rehabilitation program.		
No. of children successfully completed rehabilitation	None		
	<b>Psychosocial</b>		

	<p><b>support</b> No. one on one counseling sessions held</p> <p>No. of group counseling sessions conducted</p> <p>No. of study circle sessions held</p> <p>No. of group meetings held</p> <p>No. of children assessed through the monthly progress report</p> <p>No. of basic counseling sessions conducted at Halfway House (youth from community)</p> <p><b>Tutorial program</b> No. of children attended the tutorial program</p> <p>No. of children sat for examination</p> <p>No. of children passed exams with at least 50% pass mark</p> <p>No. of extracurricular activities conducted</p> <p><b>Medical support</b> No. of children received medical</p>	<p>... one on one counseling sessions were held for ... participants. <b>Refer to one on one counseling table.</b></p> <p>The monthly progress report were compiled for ... participants</p>	<p>Home visit forms were filled.</p>
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	<p>assistance</p> <p><b>3. FAMILY SUPPORT</b>  No. of home visits conducted (current participants)</p> <p>No. of family assessments compiled (current participants)</p> <p>No. of parents attended the quarterly parents meeting</p> <p>No. of counseling sessions for parents conducted at Halfway</p> <p><b>4. REINTEGRATION &amp; REFERRALS</b>  No. of children reintegrated back to their families</p> <p>No. of school placements, vocational training or other learning institution</p> <p>No. of referrals to CCIs (Charitable Children's Institutions)</p> <p><b>5. ECONOMIC EMPOWERMENT &amp; SUPPORT</b></p>	<p>This month ... home visits were conducted.</p> <p>... participants were reintegrated back to their families after successfully completing the rehabilitation process. <b>Refer to exit table.</b></p>	
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	<p>No. of guardians and former participants referred to Social Support department</p> <p>No. of guardians and former participants completed business training</p> <p>No. of guardians and former participants started a business</p> <p>No. of families received material and/or food support</p> <p>No. of children received school support</p> <p><b>6. FOLLOW UP</b></p> <p>No. of follow up home visits conducted (former participants)</p> <p>No. of former participants visited in school for follow up* (former participants)</p> <p>*No. former participants attending class regularly</p> <p>No. of follow up visits conducted in CCI's (former participants)</p> <p>No. of case follow up conducted</p> <p>No. of businesses</p>	<p>... out of the ... participants are attending class regularly.</p>	
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	monitored		
15 linkages with other stakeholders and partners established.	<b>Networking &amp; Fundraising</b> No. of networking contacts created or maintained (meetings, conferences, follow ups)  No. of partners supported the project in kind or otherwise	Within the reporting period ... networking contacts and visits were conducted: ... <b>Refer to Networking table.</b>  We received ... donations on the ... by ... <b>Refer to donation table.</b>	

## 2. Annex

### HALFWAY HOUSE

#### RECRUITMENT

##### 1.1.1 Street visits

No.	Date	Areas covered	Social worker	Comments

##### 1.1.2 Recruitment

No.	Date	Name	UIN	Comments / Area recruited from

### REHABILITATION

#### 1.2.1 Psychosocial support

##### One on one counseling (current participants)

No.	Date	Name	UIN	Outcome	Counselor / Social worker


**Group Counseling**

No.	Date	No. of participants	Topics discussed	Staff	Comment

**Study Circle**

No.	Date	No. of participants	Topics discussed	Staff	Comments

**Basic counseling (youth from community)**

No.	Date	Name	Topic discussed	Counselor / Social worker

**1.2.2 Tutorial program**

**Class placement**

No.	Date	Name	UIN	Class dropped from	Class placed	Comment

**Exam Results**

No.	Date	Name	UIN	Exam Mark	Comment


**Extracurricular Activities**

No.	Date	Activity	Staff	Comment

**Medical support**

No.	Date	Participant's name	Medical Assistance	Comment

**FAMILY SUPPORT**

**Home visits (current participants)**

No.	Date	Name of parent / guardian	Name of the child	Location	Staff	Comment

**Family assessments**

No.	Date	Name of parent / guardian	Name of the child	Staff	Comment
1.					
2.					
3.					

**Parents Meeting**

Date, Topic

No.	Parent's name	Childs's name

### Counseling for parents

No.	Date	Name of parent / guardian	Name of the child	Staff	Comment
1.					
2.					
3.					

### REINTEGRATION & REFERRALS

#### Exit table

No.	Name of participant	UIN	Age	Type of Exit	Comment, name of guardian, name of CCI

#### School placement, vocational training or other learning institution

No.	Date	Name	UIN	School	Class / form	Staff

### ECONOMIC EMPOWERMENT & SUPPORT

#### Referrals to Social Support

No.	Date	Name	Residence	Staff	Comment

#### Guardians and former participants completed business training

No.	Name	Date of training	Type of training


**Guardians and former participants started a business**

No.	Name	Type of business	Location	Date business started	Staff doing follow up

**Food and Material Support**

No.	Date	Participant's name	Guardian's Name	Food or Material given out	Comment

**School support**

No.	Date	Participant's name	School	Items issued

**FOLLOW UP**

**Follow up home visits (former participants)**

No.	Date	Participant's Name	UIN	Parents/ guardian's Name	Location	Staff	Comment

**School follow ups (former participants)**

No.	Date	Participant Name	UIN	Name of the School	Class	Staff	Comment

**CCI follow ups (former participants)**

No.	Date	Participant's Name	Parents/ School/ Institution	Staff	Comment


**Case follow ups**

No.	Date	Participant's Name	Reason for follow up	Staff	Comment / action plan

**Phone follow ups**

No.	Date	Participant's Name	Parents/ School/Institution	Staff	Comment

**Business Monitoring**

No.	Date	Name	Type of business	Location	Progress / profit?	Staff

**NETWORKING**

**Networking contacts created or maintained**

No.	Date	Name of organization	Reason for contacting (meeting, fundraising ...)	Staff	Comment

**Partners supported the project in kind or otherwise**

No.	Date	Name of organization	Area	Staff	Partners Contact	Comment