

## Challenges facing street families rehabilitation programmes in Kenya: A case study of Nairobi county

Waruinge Muhindi

### **Abstract**

*The phenomenon with of people working and living on the street is a growing social problem in both developing and developed countries. The overall objective of this study was to explore the challenges facing street families rehabilitation programmes in Kenya. Specifically the study sought to investigate the socio-economic, environmental and caregiving challenges in the rehabilitation of street families. The study was guided by medical theory of rehabilitation. The study used simple random sampling that sampled 125 respondents out of the 250 rehabilitation centers supported by the Street Families Program. Data were collected using structured questionnaire, coded, keyed and analyzed quantitatively using descriptive statistics. Analysis of study findings established that families are facing an array of challenges occasioned by the erosion of the traditional extended families coupled with rapid urbanization. As a result, these boys and girls are stripped of their childhood and sent to the streets to live without parental care. It is here that they are exposed to constant hazards, both physically and psychologically; and this leads to their early exposure to vices, such as drugs, sex and criminal activities. This results to high rates of recidivism and low reintegration rates to their communities. The study strongly recommended that caregivers should be trained on skills on how to provide rehabilitation services. A training manual should be developed to deal with the issue, which can be used as a tool for training of trainers. The physical and environmental challenges facing rehabilitation of street families should be addressed to increase the suitability of rehabilitation centers by provision of recreational and adequate facilities for their development. Besides, rehabilitation centers must address individual needs, such as counseling and guidance, food, shelter and training to those in rehabilitation programmes. The caregivers need to be given training in psycho social skills and continuous counselling for the to effectively manage the rehabilitation programs.*

**Key Words:** *Psychological, Recreational, Rehabilitation, Street Families, Training*

## Introduction

According to estimates, 100 million people worldwide are literally homeless (Leach, 2010). They have no shelter, they sleep on pavements, in doorways, in parks or under bridges. Or they sleep in public buildings like railway or bus stations, while others sleep in night shelters set up to provide homeless people with a bed (Olsson, 2016; UNICEF, 2005). In Africa, some countries have estimated the number of street children; for instance, in Egypt it is estimated at 1 million children, while in Ethiopia, it is projected that 600,000 children live in the streets (Consortium for Street Children, 2009).

The presence of children on the street of Nairobi city can be traced back to the late 1960's and have increased over the years. Today, incidences of street children are recognized to be a serious problem that requires urgent redress (Mehta, 2000). Not only have their numbers grown over the years, but also their lifestyles and the display of overtly aggressive behaviour make them the subjects of suspicion and hostility by the public at large and the law enforcement agencies in particular. The Kenya government estimates the number of street persons in the country to be approximately 300,000 out of a population of slightly over 38 million (KNBS, 2010)

There are different categories of street children. The first classification refers to children on the streets. These are children who maintain good family ties and often return home in the evening. The second classification refers to children of the streets. These are children with loose family contacts, who spend some nights or days, or part of the day on the streets and occasionally go back home. The third category is closely related to the second category, and refers to children who are completely detached from their families and live in gangs in temporary makeshift shelters (UNICEF, 2005). Lately, a new category of street children is emerging; children whose parents are also street children/adolescents, and also known as children of street families. Street children depend less on their families but rely more on the meaningful ties they have established within their groups or gangs (Mehta, 2000).

There are various meaning attached to rehabilitation and according (Mehta, 2000) is a course of treatment, largely physical therapy, designed to reverse the debilitating effects of an injury. This definition reflects one of the most common but narrowed concepts of rehabilitation, one that is focussed on physical care. A second understanding of rehabilitation, also narrowed and predominant in law, is the one connected to helping a person who has been released from prison (or is still in prison) to re-integrate to the community. Both of these concepts have had an impact on the way rehabilitation is understood under international law.

### 1.2 Statement of the problem

The street children, youth and families phenomenon is one of the major socio-economic challenges facing Kenya today. The steady growth of street population over the years has been due to various factors, which include rapid growth of the national population, extreme poverty, rural-urban migration and calamities, such as drought, floods as well as HIV/AIDS. Added to these factors, is a breakdown in the traditional family structures where extended families are no longer able to take care of the economically disadvantaged groups owing to declining economic opportunities and rapid urbanization, which has led to burgeoning of street families (Fraser, 2016). The national government and county government have not been effective because of the costs incurred in rehabilitating street families. Similarly, in an effort to rehabilitate street families, both public and private institutions continue to face environmental drawbacks, which forces the individuals in rehabilitation centers to move back to the streets, thereby scuttling efforts to help street families (AMREF & UNICEF, 2011; KNBS, 2010). Therefore, study sought to establish the challenges facing rehabilitation programs in Kenya.

### Objectives of the study

To explore the challenges facing the various rehabilitation centers of street families in Nairobi.

#### The specific objectives of the Study:

- i. To investigate the socio-economic challenges in the rehabilitation of street families.
- ii. To examine environmental challenges facing rehabilitation of street families.
- iii. To determine the challenges faced by caregivers in rehabilitation of street families.

## Significance of the study

The findings of this study will bridge information gap in decision and policy making aimed at addressing the challenges experienced by street families in Kenya. In addition, the findings will facilitate government and non-state actors to understand the main challenges being faced by street families in order to devise focused programs. Finally, findings will generate academic knowledge for individuals and institutions researching street families and homelessness.

## The scope of the study

This study was restricted to street families and institutions offering rehabilitation services under the support of Street Families Rehabilitation Programme. The study focused on three variables; socio-economic, environmental and caregiving challenges in relation to the rehabilitation of street families. The study took 3 months and focused on centres in Nairobi.

## Literature review

### Theoretical Model

Rehabilitation has long been a contentious topic in the fields of both criminology and penology. The term “rehabilitation” itself simply means the process of helping a person to readapt to society or to restore someone to a former position or rank. However, this concept has taken on many different meanings over the years and waxed and waned in popularity as a principle of sentencing or justification for punishment. The means used to achieve reform in prisons have also varied over time, beginning with silence, isolation, labor, and punishment, then moving onto medically based interventions including drugs and psychosurgery. More recently, educational, vocational, and psychologically based programs, as well as specialized services for specific problems, have typically been put forward as means to reform prisoners during their sentence (Irwin & Austin, 1997).

Martinson (1979) in postulating the medical model of rehabilitation observed that various interventions emerged at the turn of the century in response to the perceived ineffectiveness of early means of reform that used labor and physical punishments to change people's behavior. New “scientific” disciplines like psychiatry, psychology, and criminology proposed that the causes of crime and deviance could be linked to biological, physiological, or psychological defects of the individual. In turn, crime was seen to be a “sickness,” and the object of corrections then was to “cure” the offender. There is no one theory that would be adequate to address rehabilitation per se and considerations should be made of individual needs, gender, and culture, and an awareness of the many limitations the rehabilitation environment imposes (Ganapathy, 2018).

This study used medical model in order to treat those who have adopted streets as their home with a view of placing and equipping them with skills to help them integrate to the mainstream society.

### The social economic challenges in the rehabilitation of street families

Benitez (2003) contended that high poverty levels and unemployment are major causes of street families. For instance, low economic growth hinders creation of employment opportunities, which has a disproportionate effect on street families. This is compounded by factors, such as child labour and prostitution. The author further noted that lack of proper funding by the Government to social safety programs have direct implication on street families initiatives and ways of getting increased funding from government as well as alternative funding sources should be sought.

### The environmental challenges facing rehabilitation of street families

The street families face a lot of environmental challenges and their lack of recognition is a ticking time bomb. The stigma attached to street families is evident in the government denial to the registration of births and their identification cards. The lack of political good will reduces street families profile in resource allocation and therefore it is necessary to create awareness for more funding and affirmative action. It is important to have effective public relations and proper legislation shall aid in program development and resource mobilization (Benitez, 2003). The literature has limited information on environmental issues faced by the street families and therefore the study will establish the status.

## The challenges faced by caregivers in rehabilitation of street families

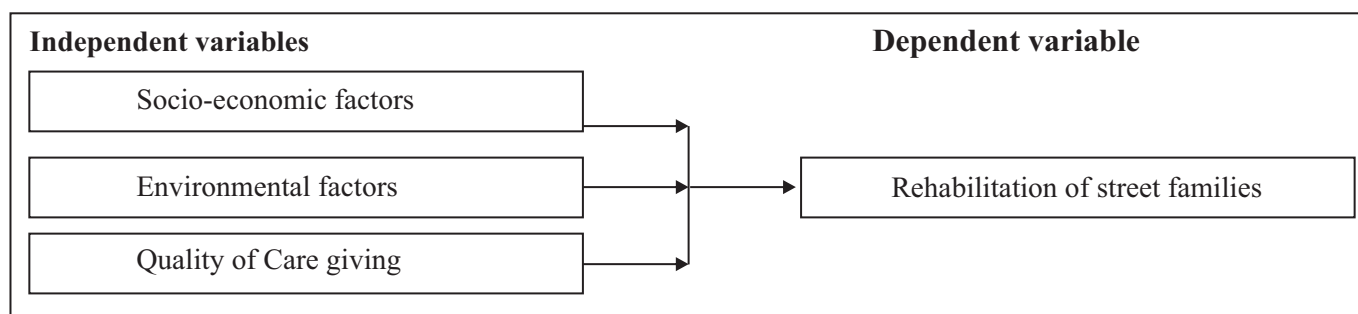
One of the main challenges in the course of developing street families programs has been an apparent lack of clarity in street families' programmes positioning within the children and youth sector, where the majority of its target population are located, and in governmental structures in general (Benitez, 2003). This lack of clarity, as perceived by other actors in government, has been a significant draw-back in the process of program development and cannot merely be looked at as a problem of lack of awareness creation.

Withdrawal from street life is in itself however not adequate for the purpose of accessing these basic services such as education and health. Most children who have lived in the streets require additional interventions, such as psychosocial rehabilitation services, before they can be successfully re-integrated into society (AMREF, 2010).

There is need for further research to ascertain whether there is a holistic way through which the government can address the issue of street families in Kenya. This is largely because some of the governments of the advanced economies have managed to successfully address the issue of homelessness in Kenya (UNAIDS, 2002). This particular research should facilitate the government of Kenya to benchmark effectively with some of the countries that have dealt with homelessness successfully.

## Conceptual framework

Based on the empirical literature reviewed in the study adopted the following conceptual framework. In this study, the key challenges that face rehabilitation of street families in Kenya include socio-economic challenges, environmental challenges, and challenges faced by caregivers. The challenges faced in an endeavor to rehabilitate street families form the independent variables, which the study manipulated to observe changes in the dependent variable (rehabilitation of street families).



Source: Author's Conceptualization 2015

## Research methodology

This section discusses the research design, population and sampling procedures, types of data, data collection methods and instruments, and data analysis methods.

The research adopted the use an exploratory study design due to the fact that research on street families has not been extensively defined and carried out and it supports use of both qualitative and quantitative approaches. The study population was 250 institutions working in partnership with Street Families Rehabilitation Fund in Nairobi. The sample size was obtained through stratified random sampling. The sampling frame used was from a list of registered rehabilitation centers based on data of beneficiaries of programmes under Street Families Rehabilitation Trust Fund. This study employed simple random sampling for institutions and stratified sampling in order to capture gender of clients. The target population for the study was 250 institutions, while simple random sampling was used to select 125 respondents. According to Mugenda and Mugenda (2003), the sample size depends on the type of research design, method of data analysis and the size of accessible population. For correlation research, 30 cases or more are required, for descriptive studies and exploratory studies, 10% of the accessible population is enough for experimental studies at least 30% is required.

This study was based on primary data collected using questionnaires. A pre-test of the questionnaire was carried out to ensure accuracy and consistence of questions. This helped in removing the ambiguity in answering the questions. To collect reliable data, respondents were assured that the data given was only for the purposes of research, which made them disclose the information without inhibitions.

Data from questionnaire were analyzed using descriptive statistics. Descriptive statistics was used in order to determine which aspects were used in various organizations. The data was analyzed using the Statistical Packages for Social sciences (SPSS version 16) and presented by using of tables, percentages and pie charts.

### Data analysis, results and discussion

This section presents the analysis of data, findings from the study and discussion of the findings. These include demographic characteristics, socio-economic information and environmental factors influencing rehabilitation and findings from the Caregivers.

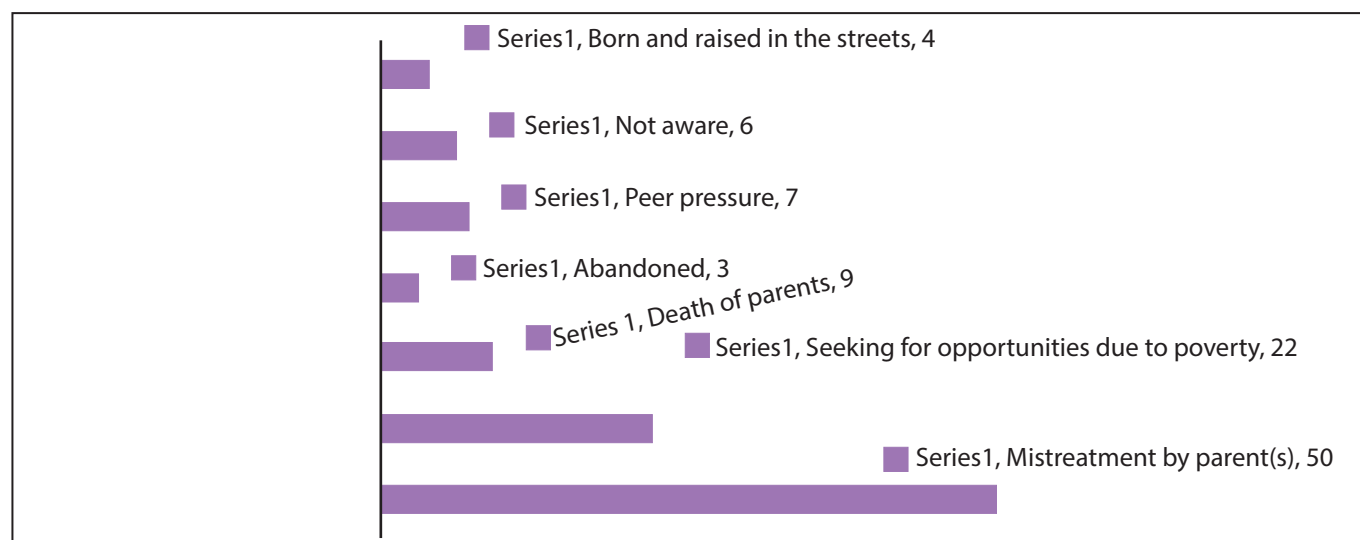
#### Demographic characteristics

Analysis of collected data revealed that majority (52%) of the respondents were male, while 48% were female. A higher percent for male respondents was attributed to the greater number of males in Nairobi's streets compared to females. The age of the respondents was as follows; 43.6 % were 14-16 years, 27% were 17-19 years, 26 % were 11-13 years and 2% were above 20 years old. This confirms literature from Rizinni (2003) in a study done in Cuba that majority of street children fall under the age brackets for the boys were 11- 15 years of age. The study found out that most respondents were Christians at 88% while Muslims were at 12%. This can be attributed to the fact that Kenya is a predominantly a Christian nation.

#### Socio economic challenges of street families

From the analyzed data, 17% of the respondents indicated that their fathers are alive, while 42% said their mothers are alive. The study found out that majority of the clients were brought up by female headed families in absence of a father figure. When the respondents were asked whether their parents are working; 22.41% indicated that their parents are working while 77.59% of the respondents indicated their parents are not working. This indicates that majority of the parents were unemployed and therefore not able to provide basic needs at a household level. This could be a push factor for children/youths to join the streets.

**Fig 1: Reasons for Joining Streets.**



Source: Researcher, 2015

The above data indicates that majority of the respondents (49%) joined streets due to mistreatment by parent(s), while 22% indicated poverty, whereas 9% indicated death of parents. When asked why the streets were attractive, 39% of the respondents indicated freedom, 28% of the respondents indicated the street as being a source of solace, 17% of the respondents indicated life being cheap in the streets while 16% were not aware why the streets were attractive.

The study found out that majority (76%) of the respondents indicated that socio-economic status of the parents affected the rehabilitation of street families to a reasonable extent, whereas 20% observed to a great extent, while 4% indicated that effect was not significant. This confirms that the socio-economic background of parents is very important in provision of rehabilitation. Reasons being those with poor socio-economic status will not be able to provide the basic needs required by street children. This finding is in tandem with a study done by Benitez (2003) who contended that the challenge with street families is the development of clear programs for street families because of inadequate government that incorporates street children and the youth sector.

### **4.3 Environmental factors affecting rehabilitation**

The respondents were asked to rate the environmental factors they perceived as very crucial to the rehabilitation process. From the findings, 73% indicated that the classes were good, 62% sanitation as good, 58% health clinic as good and 60% the physical location as good. Thus most of the physical facilities were rated high probably because the environment at their home was poor.

On the flipside of the above, the respondents were further asked to suggest what facilities needed improvement and the following were the responses. The provision of recreation facilities is the main service that needs to be improved at 32%, followed by health conditions at 22%, then the physical location of the centres, 11% indicated provision of shelter, 10% indicated provision of education facilities while 9% indicated provision of food among the services that should be improved. This indicated that most of the centres did not have adequate space or land for recreation. Recreational facilities are very crucial to the psychomotor activities in child development.

### **4.4 Challenges affecting the caregivers in rehabilitation**

The study sought to find out challenges experienced by the caregiver in the rehabilitation process. On the education background of the care givers, the study found out that majority (36%) of care givers had college education, while 31% had university education, whereas 22% and 11% had secondary and primary education respectively.

This finding implies that caregivers had suitable education background to undertake day-to-day rehabilitation functions. Conversely, analysis of collected data revealed that majority (72%) of the caregivers did not have specialized training, where only 28% agreed they had a specialized training. This finding suggests that lack of specialized training is likely to negatively hurt and/or impact the rehabilitation process. This finding agrees with a study conducted by Irwin and Austin (1997) who suggested that rehabilitation requires specialized and tailored educational programs to reform the affected individuals

### **Appendix: Data analysis output**

A regression analysis between the dependent variable and the independent variables was performed; independent variables were Socio economic challenges, Physical and Environmental indicators, and Care givers challenges. The dependent variable was challenges facing street families. Results are as indicated in tables 4.1 to 4.4.

Results in table 4.1 below indicate that the r-squared for the model was 0.897, which indicates that the independent variables can be used to explain about 89.7% of the variation in challenges facing street children in Nairobi County. This indicates that the regression model has a strong explanatory power as only about 10.3% of variation in challenges facing street children in Nairobi County.

**Table 4.1:** Regression Model Summary

R R Square	Adjusted R	Square Std.	Error of the Estimate
.908	.926	.897 1823	.201

Results in table 4.2 below give the analysis of variances in the regression model. These results indicate that the model had an f-ratio of 112.997 which was significant at 6.6% level of significance. This result indicates that the overall regression model is statistically significant and is useful for prediction purposes at 10% significance level. This further indicates that the independent variables used are statistically significant in predicting the challenges facing street families' rehabilitation in Kenya: A case study of Nairobi County.

**Table 4.2:** Analysis of Variances in the Regression Model

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	840759266.346	2	420379633.173	112.997	.066
Residual	3720271.654	1	3720271.654		
Total	844479538.000	3			

Results in table 4.3 below present the test of the statistical significance of the independent variables in the model. This provides the estimates of independent variables, their standard error and the t-ratios. The table also provides the statistical significance of each independent variable in the regression model. The results indicate that the t-ratio for value of Socio economic and environmental challenges was 3.703. This t-ratio is significant at 10% level of significance (0.068) which indicates that Socio Economic and environmental challenges is a significant predictor of the street family rehabilitation programs challenges.

A partial correlation analysis using Karl Pearson correlation coefficient was performed. A negative coefficient indicated a negative relationship between the variables correlated; in which case an increase in one variable would result into a decrease in the other variable and vice versa. A positive coefficient on the other hand indicates a positive relationship in the variables; meaning that changes in the variables move together. An increase in one variable would therefore result into an increase in the other variable and vice versa. Socio Economic challenges were correlated with Physical and Environmental challenges.

Table 4.3 below indicates that challenges faced by care givers items is positively correlated with physical and environmental challenges and socio economic challenges, but negatively correlated to challenges facing care givers. This is significant at 5% significance level. This association is statistically significant at 10% significance level. These findings indicate that the two independent variables have a strong linear association with challenges faced by street families' rehabilitation programs.

***Correlations between Socio Economic challenges, Physical and environmental challenges and care givers challenges.***

		Socio Economic	Physical & Environmental	Care Givers
Socio Economic	Pearson Correlation	1	.725	-.967
	Sig. (2-tailed)		.275	.033
N		4	4	4
Physical & Environmental	Pearson Correlation	.725	1	-.534
	Sig. (2-tailed)		.275	.066
N		4	4	4
Care Givers	Pearson Correlation	-.967	-.534	1
	Sig. (2-tailed)		.033	.066
N		4	4	4

**Chi-Square Test: Two-sample assuming equal Variances the Challenges Facing Street Families Rehabilitation Programmes in Kenya.**

	<b>Institutions with caregivers</b>	<b>Institutions with no caregivers</b>
Mean	0.062177643	0.023739
Variance	0.00233563	1.38085E-05
Observations	25	5
Dft	18	
Stat	2.958540189	
P (T<=t) one-tail	0.00554419	
t Critical one-tail	1.770933383	
P (T<=t) two-tail	0.01108838	
t Critical two-tail	2.160368652	
Mean	0.062177643	0.023739

*Source: Computed by the researcher (2015)*

From the Chi-square results, Companies with high quality caregivers recorded a mean of 0.023739 against those with those with low quality with a mean of 0.062177643. However, the variances are 1.3808 and 0.0023 respectively. Furthermore, at two- tailed, the t- calculated of 2.9585 is seen to be greater than the t-tabulated of 2.1603.

From the above analyses the study measured the degree of association between institutions with quality of care givers among the street children as their clients in Nairobi County, Kenya. The researcher used physical and environmental facilities, socio economic status, and care givers. Regression coefficient results indicate a positive relationship between challenges faced in the rehabilitation process, care givers attitudes, physical facilities and socio economic status.

**5.0. Summary, conclusions and recommendations**

**5.1 Introduction**

This section covers the summary, discussion and conclusion of the study. The challenges facing street families rehabilitation programmes in Kenya. Having analyzed the results, conclusion and recommendations for further study are presented.

**5.2 Summary**

The found that the socio-economic background of parents to a very greatly in a positive way impacted on the rehabilitation of clients. Reasons being those with poor status are not be able to provide the basic needs required by rehabilitatees such as education, health, decent clothing and shelter. The study established that most of respondents joined the streets mainly due to freedom (39%,) as a source of solace (28%), or simply because street life is easy and cheap. Consortium for Street Children, (2009) observed that most children have not been lured to the streets by someone. They have come to like the streets because of things such as the money, freedom, leisure, friends, and vices.

The found that the environment within the rehabilitation centres needed to improved and provide the following facilities; adequate recreation facilities(32%) health and sanitary conditions (22%),and the physical location of the centres (16%), shelter (11%, most of the centres were located in limited space and mainly in informal settlements that are dilapidated. The study established that majority of the caregivers lacked specialized training for them to effectively do rehabilitation. Only 28% had specialized training in counselling and life skills, degree in counselling. The lack of specialized training negatively impacts on the rehabilitation process.

The study established that the following measures when put in place can reduce the number of street families, guidance and counseling (27.3%), provision of education (21.2%), creation of employment (18.2%), mentoring and motivation of children(15.2%), financial support (12.1%) . Most of the clients indicated that they needed love, care and support. If a street child has a family, they also need to be counselled and assisted. Some may be tired of street life, missing family and desiring a better future (Leach, 2010).

### 5.3 Conclusion

In light of the study findings, the study concludes that the government of Kenya should establish a clear policy framework to guide the rehabilitation process because currently civil society organizations are providing services that are inadequate and ineffective. The policy should be followed by a legal and regulatory framework to ensure certain standards are met. This should include preparation of guideline for running rehabilitation centers with a clear admission criteria and exit strategies. The center should not be homes but where one receives remedial care for a given period. It is strongly recommended the every county should set up a rehabilitation center and caregivers to be trained on skills on psycho-social support services. The centers should be encouraged to hire psychologists and other related professionals to be able to tackle serious mental-health problems and psychiatric disorders that street children suffer from. The physical and environmental challenges facing rehabilitation of street families should be addressed to increase the suitability of rehabilitation centers by provision of recreational, education and adequate facilities for the development of their psychomotor skills.

### 5.4 Recommendations

The study recommends that there is need for examining actual challenges faced by rehabilitation centers and their care givers and focusing upon those frequently cited for their contributory role in the crisis is inconclusive. While certain factors appear to recur, there is no obvious combination of defining characteristics for a rehabilitation centre that predicts a negative outcome.

The research recommends that in hand with the government's vision of improving social welfare and improving living standards in the country. Investment agencies should partner with other stakeholders in increasing the amount of information available for use in making clear rehabilitation programs and also improve the centers. The researcher also recommends for more regulatory guidelines concerning rehabilitation of street children and their centre's. The centers should be closely monitored like other social welfare departments.

### 5.5 Limitations of the study

The target population in this study consisted of 25 rehabilitation centre's in Nairobi that were dully registered with the Kenyan Government, this left out the larger population of Rehabilitation Centers and other institutions such as children's homes who do the same work of street children rehabilitation. Another limitation of the study was that, the sample of this study consisted mostly of caregivers only and did not look at the Centre managers and the governance structures. The study therefore restricted itself only to certain group with similar characteristics. The study was limited to only Nairobi County; the study can be done across the country to have the in-depth knowledge and awareness on the rehabilitation centre's and their care givers.

### 5.6 Suggestions for further research

The research suggests that for a wider conclusive study on the Challenges Facing Street Families Rehabilitation Programmes in, Nairobi Kenya. The research suggests that there is a need to carry out further study on the rate of retention of street children in the rehabilitation centre's for effective and efficient rehabilitation process. Such a study will help rehabilitation centre's to come up with programs and strategies of efficient and effective rehabilitation programs.

## References

- AMREF, UNICEF. (2011). *Census of Children in Eastern Nairobi*. Nairobi: UNICEF.
- AMREF. (2010). *Capacity Assessment of Child Protection Centers*. Nairobi: AMREF.
- Benitez, S. T. (2003). *Strategic Recommendations for SFRTF Action Plan*. Nairobi: Advisory Mission on Street Children (unpublished report)
- Benitez, S. T. (2003). *Strategic Recommendations for SFRTF Action Plan*. Nairobi: Advisory
- Consortium for Street Children. (2009). *Street Children Statistics*. Retrieved May 24, 2015, from Street Children Statistics: [http://www.streetchildren.org.uk/\\_uploads/resources/CSC\\_Annual\\_report\\_2009.pdf](http://www.streetchildren.org.uk/_uploads/resources/CSC_Annual_report_2009.pdf)
- Cooper, R. and Schindler, P. (2006), *Business Research Methods*. New Delhi, Tat McGraw Hill
- Families integrate into Kenyan society*. Nairobi: GOK.
- Fraser, S. (2016). Homeless Youth's Street Families in Aotearoa New Zealand's Youth Justice System. *Waikato L. Rev.*, 24, 124. from Street Children Statistics: [http://www.streetchildren.org.uk/\\_uploads/resources/CSC\\_Annual\\_report\\_2009.pdf](http://www.streetchildren.org.uk/_uploads/resources/CSC_Annual_report_2009.pdf)
- Ganapathy, N. (2018). Rehabilitation, reintegration and recidivism: a theoretical and methodological reflection. *Asia Pacific Journal of Social Work and Development*, 28(3), 154-167.
- GOK. (2003). *Towards a Strategic National Response to help Street Children, Youth and*
- Irwin, J., & Austin, J. (1997). *It's about time: America's imprisonment binge* (2nd ed.). Belmont, CA: Jinerio.
- Kenya National Bureau of Statistics.(2010). *The 2009 Kenya population and housing census* (Vol. 1). Kenya National Bureau of Statistics.
- Leach, M. (2010). *A roof is not enough A look at homelessness worldwide*. Retrieved May 23, 2015, from [https://www.youtube.com/watch?v=KS01\\_3zBUKM8](https://www.youtube.com/watch?v=KS01_3zBUKM8).
- Martinson, R. (1974). What works? Questions and answers about prison reform. *Public Interest*, 35, 22–54.
- Mehta, D. (2000). *Street Children and Gangs in African Cities: Guidelines for Local Authorities*. UMP Working Paper Series 18. Mission on Street Children.
- Mugenda, M., O. and Mugenda, G., (2003), *Research Methods: Quantitative and Qualitative approaches*. Nairobi. Laba Graphics Services.
- Olsson, J. (2016). Violence against children who have left home, lived on the street and been domestic workers – A study of reintegrated children in Kagera Region, Tanzania. *Children and youth services review*, 69, 233-240.
- Peshkin, A (1993) The Goodness of Qualitative research. *Educational Researcher*, 22 (2), pp 23-29. reform. Hofstra Law Review, 243–258.
- Rizinni, I. (2003). *Good Practices Working with National and Local Government*. Rio de
- UNAIDS and UNICEF. (2002). *Children on the Brink*. Retrieved May 24, 2015, from A Joint.
- UNICEF. (2005). *The state of the world's children 2006: excluded and invisible*. Unicef.
- UNICEF. (2005, December 29). *A New Approach to Egypt's Street Children*. Retrieved May 23, 2015, from UNICEF: [http://www.unicef.org/sowc/egypt\\_30616.html](http://www.unicef.org/sowc/egypt_30616.html)
- UNICEF. (2011). *The state of the World's children 2011: adolescence-an age of opportunity*. Unicef.