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Innovative Approaches to Provision of Education to Former Street Girls in Kenya: A Case of Pendekezo Letu

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Abstract:

Pendekezo Letu (PKL), Kiswahili for “Our proposal” and also interpreted by its beneficiaries as “our right to have a choice”, is a Kenyan non-governmental organization that specializes in assisting street girls who have dropped out of school, to acquire remedial education in order to re-enter the formal school system and also increase chances of success later in life. This paper is based on a study to establish the success of the innovation which not only deals with education for the girls rescued from the streets, but also empowerment of members of their families. The methodology for this study was largely qualitative, involving participatory approaches that included in-depth interviews with key informants, focused group discussions, and participant observations as well as document analysis. It was established that the girls undergo an intensive remedial education programme while in residence for one year. The girls are taught using mixed-grade mode of teaching and learning because they leave formal schooling at different grades to join the streets. It was also established that the siblings, both boys and girls, are facilitated to continue with education up to the highest possible levels, including university. The children, depending on interest re-enter formal schooling or otherwise join vocational training of their choice. The various trades include Beauty and Hairdressing, carpentry, mechanics, and computer literacy. The successes of the programme includes high retention rates at 95% for the girls, and 96% for their siblings, while the challenges include, a few of the girls (less than 5%) drop out, and only small percentage of the parents (8%) accepted re-location to their rural homes. The study recommends that the PKL model of multifaceted intervention for street children be replicated by other players and partners in the field.

Keywords: Innovative approaches to education, street girls, rehabilitation, remedial education

1. Introduction

According to the United Nations, there are up-to 150 million street children in the world today. Many destitute children are forced to eke out a living on the streets when they are chased from home by violence, drug and alcohol abuse, the death of a parent, family breakdown, or socio-economic collapse. They earn their living by scavenging, hawking in the slums and begging in the cities of the developing world (UNESCO, 2016).

Street children have no access to basic and formal education, basic services and family support; they are also considered homeless. They are disfavored children with poor chances of having a decent future, condemned to live by deceit, stealing, prostitution and /or violence... in fact, many who attend school initially are forced to leave and they consequently relapse into illiteracy (*Daily Nation*, 2002).

Since 1991, states have been signing the Convention on the Rights of the Child and also establishing new codes for child protection and defense. Worldwide, the ten-point resolution adopted on March 1994 by the General Assembly of the United Nations inviting all states and international governments and non-governmental organizations to increase their efforts to find definitive solutions to the problems and suffering facing street children (Shorter & Onyancha, 1999). As street children are virtually excluded from educational budgets, it is organizations and individuals who have been seeing to immediate and urgent needs such as health, food, hygiene, family reinsertion if possible, and basic education.

1.1. Objectives of the Study

- 1) To examine the unique features of the PKL rehabilitation programme of former street girls.
- 2) To identify the successes of the PKL rehabilitation programme.
- 3) To identify the challenges of the PKL programme.
- 4) To establish lessons that can be learned from the PKL programme.

2. Literature Review

2.1. *The Plight of Street Children in Kenya*

There is no official figure on the number of homeless children in Kenya, however, an estimate by the Consortium of Street Children (CSC), an international charity, suggests the number of street children throughout Kenya could be as high as between 250,000 and 300,000, including 60,000 in Nairobi alone (Daily Nation, 2016). In Kenya, the influx of street children in urban centers has been attributed to the disintegration of the family institution (Oino & Towett, 2014).

The Kenya National Development Plan, 1997-2001, stated that one of the government's guiding philosophies for education is the concern that every Kenyan has the inalienable right, regardless of his or her socio-economic status, to basic education. Kenya introduced the Free Primary Education in 2003 in order to achieve education for all and ensure that every child had access to basic education.

Despite the introduction of Free Primary Education (FPE) by the Kenya government in 2003, and the surge in enrolments that followed, the education of street children and those from slum areas continues to face challenges of access and retention in school. The government established a rehabilitation programme for the street children. The initiative targeted 6,000 children who were rehabilitated and placed in schools in different parts of the country, and about 800 acquired vocational skills in various National Youth Service units countrywide (United Nations, 2007). Unfortunately, the programme did not succeed and many children relapsed back into the street life.

Although the government of Kenya is obligated to provide education to all, many institutions and stakeholders play a vital role in delivering it. These include international agencies, local communities, NGOs and Religious groups. All over the world, NGOs have initiated education programmes for street children. In Kenya, there are about 250 organizations providing education to street children. However, many of these have been on small scale with pockets in different parts of the country. They include, Undugu Society of Kenya, the Kwetu Home of Peace, the Good Samaritan Home, Tunza Dada and Imani (Shorter & Onyancha, 1999; Young, 1995). This paper focuses on the efforts of one of them, Pendekezo Letu (PKL).

2.2. *What is Pendekezo Letu (PKL)?*

Pendekezo Letu (PKL) is a non-profit, secular, non-governmental organization established in 1997. PKL runs a rehabilitation centre located at Ngoliba area Thika Sub-county Kiambu, about 65 km from Nairobi City, (and has an office in Nairobi). It was established specifically to provide young street girls and their families an opportunity to lead dignified and fulfilling lives. The rehabilitation centre is referred to as the half-way home.



Figure 1: Location of the Korogocho slum in Nairobi Kenya

The PKL target location is within Nairobi and its poor environs. The three major slums targeted by PKL are Korogocho, Kibera and Mathare. The other catchment areas for recruiting the street girls are towns near Nairobi within Central Kenya, including Thika, Kiambu, Limuru, Maragua and Muranga which take up to Forty percent (40%) of the Pendekezo's work.

3. Methodology

This study adopted a case study approach which focused on one of the sites where PKL operates; the Korogocho slums in the eastern part of Nairobi City. The methods used were; in-depth key informant interviews, focus group discussions, participant observations and document analysis. Those interviewed included social workers in the Programme, teachers in the PKL rehabilitation Centre,

teachers in the regular schools which accommodate children who graduate from the Centre sponsored by Pendekezo Letu and the Director, PKL.

Focus group discussions were carried out with mothers of the girls living in the Korogocho slums who were beneficiaries of the programme. For participant observations, the researcher interacted with women beneficiaries in their houses. Additionally, the researcher together with the social worker in charge of the area and the women also visited the rubbish dump site next to Korogocho slum, which is a major source of livelihood for many families in the slum. Upon arrival at the dump site, the women would immediately swing into action searching for any valuable items from the rubbish.

Document analysis was also carried out to supplement the primary data with secondary sources of data. The documents reviewed included (1) records on the enrolments and (2) Records on follow up activities of the beneficiaries. Others were evaluation documents already done for Pendekezo Letu as well as the Strategic Plans such as that for the period (2008 – 2014).

Two primary schools were visited in the neighborhood of Korogocho. They were both large schools, one with a total pupil population of over 1,300 children and accommodated 64 Pendekezo Letu children. The second school had over 2,400 children with 44 PKL children. The researcher had the opportunity to interact with the management, observed some classes and also interviewed the principle, the teachers and some children.

4. Research Findings

The findings of this study, in line with the objectives of the study are stipulated below.

4.1. Unique Features of the Rehabilitation Programme at Pendekezo Letu

The PKL objectives that guide the rehabilitation Programme were reviewed and include the following:

- To rehabilitate 100 street girls aged between 5 and 12 each year.
- To re-unite 100 street girls with their families each year and enroll them to formal primary schools.
- To economically empower the girl's family members in order to help them achieve long term self reliance.

Pendekezo Letu recruits 100 children per year, and takes them to the “half-way home” for a 10-month rehabilitation programme, as opposed to long term institutionalization. The underlying premise is that “the child belongs at home with family not the institution” (Oxfam, 2006, p.17).

Components of the rehabilitation programme include counseling, psychosocial support, remedial education and provision of life skills.

4.1.1. The Programme is Structured as Shown Below for Each Year

Time Period	Activities
January to Mid February	Identifying street children aged six to twelve years, and re-integrating them to family members.
Mid February to Late March	Recruitment and taking the girls to Pendekezo Letu Centre (a voluntary exercise); after signing of consent papers with parents.
First two weeks' orientation programme (up to mid-April)	Medical screening including for HIV/Aids; towards providing appropriate treatment including ARVs where necessary <ul style="list-style-type: none"> • Identifying psychosocial behavioral needs of the girls; as individuals and corporately • Setting and agreeing on rules and regulations between Centre administration and the girls; and the disciplinary measures to be taken in case of breaking the rules • Lessons and practice of hygiene.
Remedial Education (mid-April to November)	<ul style="list-style-type: none"> • Education in line with the national school Curriculum.
Life skills Education	Runs throughout the Programme
Orientation programme	Computer studies, cookery etc.

Table 1

The focus of the orientation programme is to begin the process of molding the children towards responsible behavior, in order to prepare them for re-entry into formal education and their families.

Usually the children have had a disturbing past, and the unresolved issues and traumatizing experiences need to be addressed. According to Oxfam GB (2006), some of the behaviors manifested include:

- Transferred aggression towards social workers, teachers and society at large.
- Poor interpersonal relationships; fights and abusive language.
- Poor concentration span
- Inability to follow rules and regulations
- A clear disregard for authority

These characteristics are dealt with through relentless psycho-social support programme and patience on the part of social workers, teachers and house mother. They counsel the children on a daily basis; both individual and group counseling sessions are emphasized at the Center. One of the commonly used approaches for group counseling is where the children chose an issue of their choice to discuss.

It was established that the results of this participatory approach are quite encouraging with regards to empowerment of the girls. One of the centre graduates now in a regular primary school had this to say; *“Pendekezo Letu has helped me to increase my self esteem and confidence. Confidence is very important to succeed in life. I am now the Chairlady of the Child-Rights Club in my school.”* (Interview with a Pendekezo Beneficiary, June, 2015).

The PKL Centre also organizes visits by successful rehabilitated girls who provide role models for those at the Centre.

In yet another interview, one of the head teachers in a primary school that had absorbed some “Pendekezo children” observed that, *“with time I have noted that children from Pendekezo Letu are better behaved than those sponsored by other organizations. I would wish to know what the organization does to children to achieve such reforms.”* (Head teacher, of Primary School A, 2015).

Further, another head teacher stated the following: *“Most Pendekezo children are well behaved and some are achieving highly academically.”* (Interview with the Head teacher - Primary School B, June 2014)

Earlier on, a Secondary school teacher pointed out that, *“Students from Pendekezo Letu have an outstanding character. You will not easily tell that they have had a disturbing background.”* (Principal of Secondary School A. - Interview 2016).

4.1.2. Medical Care

The girl’s medical screening process identifies the health conditions they may have with the aim of providing treatment. The most common conditions include skin and ear infections, worms, amoeba, malnutrition, typhoid. A few cases of HIV infections and Aids have been identified, which receive the necessary professional attention, including counseling and treatment with Antiretroviral drugs (ARVs), as need be.

4.1.3. Vocational/Skills Training

For the older girls and siblings (both boys and girls) who may not want to join formal schooling, vocational and skills training opportunities are provided at the PKL Centre and other training institutions. The training targets the girls at the Centre as well as the family members. It addresses the root cause of poverty by promoting long-term, sustainable livelihoods through skills training and business credit in order to achieve self-reliance rather than encourage dependency.

The training caters for both former rehabilitated girls and/or their siblings (both male and female) for a period of two-years. The training includes for a wide range of skills such as carpentry, dressmaking and hairdressing among others. The training is done by private artisans, institutions or formal technical colleges for both boys and girls. Pendekezo Letu pays the fees to the trainers.

4.1.4. Remedial Education

Majority of the recruited girls aged 6 – 8 years usually have never been to school and hence are unable to read or write, while many of those aged 9 – 12 years have typically dropped out of the non-formal school in the slums after one or two years, (Pendekezo Letu evaluation report, February 2010). The girls are taken through a carefully designed programme based on the Kenyan Primary School Curriculum, in order to prepare them for smooth re-entry into the formal school system.

4.1.5. Organization of the Remedial Programme

The girls are divided into 3 classes based on age and academic ability with three teachers.

Group 1 caters for the youngest children together with those who cannot read or write irrespective of their ages. Those girls are taken care of by a specialist teacher in Early Childhood Development (ECD), but the group also caters for Standards One and Two as well. Group 2 caters for middle level primary, that is, Classes 3 – 5 while Group 3 caters for Upper Primary levels equivalent to Classes 6 – 8.

The classroom environment is such that the children are arranged in rows each representing a given Level, say grade 5. Each child moves from one level to the next after passing tests in that Level.

To place a child in given group, an entry diagnostic test is given to ascertain the academic level of the child.

4.1.6. Teaching Methodology

The Multi-grade system of teaching and learning is used with an emphasis on learner centered approach and individualized instruction. This method is quite effective and the children are able to grasp concepts and skills as expected at their own pace. Classes run from 8.00am to 4.30pm with extra tuition and library activities taking place from 7.30pm to 9.00pm. The methodology is however complicated by the great variety of students’ previous academic experiences which the teachers have to address.

4.1.7. Life Skills Training

This training goes on concurrently with other forms of education at the PKL Centre. Life skills covers areas such as: Computer Studies, Cookery, Art and Handicraft, Farming, Sports and Recreation. All the girls participate in housework duties. This has proved very beneficial to the girls as it helps them also concentrate on the rehabilitation process.

4.1.8. Capacity Building of PKL Staff to Perform Their Work Effectively

To start with, only qualified and experienced staff are recruited to work in PKL. Thereafter, they undergo intensive capacity building through in-service training. Staff at the centre include: Centre Manager, 3 Teachers; 2 P1 grade teachers [Primary Teacher 1] and 1 ECD teacher. In addition, 2 Social workers – a House mother and Child protection Officer

To ensure that the staff can cope with the girls from the harsh backgrounds, they are required to be equipped with skills and knowledge on areas such as:

- a) In-house training which is mainly done through:
 - Guidance and counseling
 - Child rights
 - Child protection policy
- b) Short courses in various relevant areas for individual staff, to address specific needs and consequently increase efficiency at work. The staff is sponsored in various institutions to undertake appropriate training as need be. Furthermore, in house trainings are conducted unitizing external experts.

4.1.9. Family and School Reintegration

(a) Reintegration into Family

To facilitate smooth re-entry into the girls' homes after rehabilitation, PKL facilitates improvement of the living conditions by (i) empowering parent and siblings through skills training and business credit, (ii) Provision of limited facilities such as beds and food rations where absolutely necessary. This is especially in instances such as a home with "bed-ridden" parent(s) through Aids

(b) Re-integration into formal school system

The remedial education programme prepares children well for re-entry into the school system.

To avoid the possibility of the rehabilitated children relapsing and going back to streets as a result of mishandling by teachers, Pendekezo Letu has established "Child rights clubs" with the cooperation and assistance of the heads of the schools and the permission from education authorities. One of the reasons why children leave school and go to the streets is the treatment receive from teachers in school. Many teachers view former street children as trouble makers, undisciplined and they met-out disproportionate punishment to them, such as undue use of the cane.

According to one of the rehabilitated children, "*Teachers beatings and shouting make some children run away from school*". (Interview with a rehabilitated Pendekezo child, June, 2016)

Child rights clubs in the formal schools where children are absorbed assist the children in:

- a) Getting to know their rights. This is an effort to supplement what is in the regular school curriculum.
- b) Increasing the children's self esteem and confidence.

Club members assist teachers in identifying cases of undisciplined children.

4.2. Successes of the PKL Programme

Pendekezo Letu has achieved impressive results which include:

1. A large number of children have received basic education (primary level), while others have gone to secondary and colleges/universities. Data from PKL (Annex 1) shows that since 1997, the programme has had 19 cohorts, in which a total of 1,636 girls and their siblings have benefited; Out of which 1,557 have received or are in primary schools. Seventy-Four (74) of them have acquired secondary education while 5 of them have college or university education.
2. Successful rehabilitation drastically changes the behavior for the majority of the children through psycho-social support and life skills trainings.
3. Many of the street girl's families have improved their livelihoods and acquired higher standards of living that have enabled the children to acquire education.
4. High retention rates in formal schooling at 95% for the girls, and 96% for their siblings.

4.3. Challenges

Pendekezo Letu experiences some challenges including the following:

1. Lack of parental cooperation at the level of enrolment, re-integration and relocation. Some parents do not value education given that their focus is survival while others are violent, abusive or alcoholic. In abusive cases, Pendekezo Letu identifies another relative such as a brother, sister, or grandmother to take care of the child, as a shorter measure, but continues to assist the parent(s) towards reform in the hope of future family re-union.
2. Limited funds to assist children for further education. So far, only 5 children have proceeded to college and university levels from the programme (2 in middle level colleges and 3 at university level).
3. Changing the behaviors of the former street children is a daunting task.
4. A few cases (less than 5%) of children relapse back to the old habits and dropping out of school. For instance, one of the cases encountered was that of Akoth (not her real name), who had been sponsored by Pendekezo Letu up to primary level Standard Eight. She had refused to move on to high school. By the time the researcher met her around 2 pm in the afternoon, she was evidently high on drugs, probably Marijuana, as noted by the social worker and other beneficiaries who accompanied the researcher. This is one of the few cases of where intervention did not succeed. In such cases Pendekezo Letu has to let go given the efforts put in by the staff and the demand for other children to be assisted.

5. Highlights of Innovative Aspects of the Pendekezo Letu Programme

5.1. Innovative Education

Innovation can be considered as introduction of new ideas to address challenges in society. Innovative education moves away from the norm, from the generally practiced approaches to provision of education.

For most organizations, the main mode of helping/assisting street and other vulnerable children is institutionalization. This model is difficult to sustain in the long run and disconnects the child from their families. It leaves the original home environments unaltered which would result in high probability of relapse of the children when they return home.

The major strength of the PKL rehabilitation programme, is that it focuses on the whole family, not just the street girl, to ensure success of the rehabilitation process. Other innovations include:

1. Remedial education as a bridge to formal education: The remedial multi – grade teaching programme at the half-way home in preparation for re–entry into the formal school system is unique.
2. Focus on other siblings in order to provide them with formal education and/or skills training is distinctive compared to other interventions.
3. Support for parent(s) is very crucial in order to:
 - a) Change any anti-social behavior for both the girls and their parents (usually single mothers)
 - b) Empowerment of parents to improve their socio – economic status and hence provide a conducive environment for their daughter to continue with education and reform process. This is carried out through skills training and business credit.

5.2. Case Studies of Specific Beneficiaries

- The following are selected Case Studies of specific parents and a child who have benefited from Pendekezo Letu [Names used in the report are not their real names]

Faridah Kazungu a beneficiary of Pendekezo Letu for about 10 years, had been abandoned by her husband who, upon receiving early retirement package moved to another city and remarried, he left her without the ability to feed the children and even to educate them.

When she got in touch with Pendekezo Letu, her children were able to continue with school. She herself got a small loan of Kshs.5, 000/= and training in tailoring. After repayment of the loan, got another loan and her business continued to grow. Now she takes care of her children fully and is able to pay for their education at university level. Her business continues to grow and when she gets large orders Pendekezo Letu assists her financially and she repays back in the shortest time possible.

5.3. Case Study 2

Wairimu Kamau a resident of Korogocho grew up there and became an alcoholic. She was also addicted to marijuana and smoked continually. Her livelihood was based on scavenging the neighboring rubbish dump site for any valuables she could sell including plastic and metal items. Her six children had to help her with her business and hence were not going to school.

When her daughter was recruited by Pendekezo Letu, the social workers started working with her to overcome her addictions and other risky behavior and improve her income. Her first loan of Kshs.5, 000/= was used to expand her dump site business, so that she could buy from those scavenging and then go and sell them herself.

Wairimu has now managed to quit drinking through persistent help from the social worker. She is still struggling with the drug addiction habit, but she is making an effort. She is grateful for Pendekezo Letu because her children are all in school, and her economic status has continued to improve.

5.4. Case Study 3

Jane Wangechi: (12 years old)

Jane is an orphan through HIV/AIDS death of her parents. According to Jane, both her parents had been alcoholics. Jane had moved to the streets to fend for herself. After abuse by her parents, especially the father, Pendekezo Letu rescued her, linked her with a close relative, whom she referred to as an auntie. She is proceeding well with her education.

6. Lessons learnt

6.1 In assisting street children, it is important to operate in a holistic manner, to address the conditions that led the children into the streets in the first place.

6.2 The 10-month rehabilitation programme at the “half-way home” is beneficial to the children, the families and the society and is preferable to having children put in institutions, where in most cases they have to leave by the age of eighteen. Children also get a false impression of life in the institutions and may not be well adjusted to life outside the institutions.

6.3 A multifaceted approach that utilizes different personnel: teachers, social workers, counselors, lawyers and advocates; for the rights of children is crucial. These personnel need to be motivated adequately to ensure commitment to the daunting tasks involved in the process.

7. Recommendations

7.1. There is need to identify partners who would sponsor school graduates of the programme to higher levels of education. This would contribute significantly to breaking the cycle of poverty witnessed in the families.

7.2. This model of intervention should be replicated by other players and partners working with street and other vulnerable children given the success obtained from this programme.

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