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## Participatory Strategies by PBOs on Street Children's Well-Being in Mathare Sub County in Nairobi City County, Kenya

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### **Abstract:**

*Rehabilitation Programmes are necessary for helping in reducing the number of street children in Kenyan cities. With the number on the rise despite the many rehabilitation programmes across cities worldwide and particularly in Mathare Sub-County where this study is anchored. This study sort to evaluate the influence of participatory strategy by PBOs on the Street Children's wellbeing in Mathare Sub-county. The study is guided by participatory approach theory and seeks to answer the question, to what extent are participatory programs effective in rehabilitating these street children? In order to address the objective of the study, a descriptive research design was used. A sample determination formula was used to establish a sample size of 92 respondents from a target population of 120 staff members and 20 selected street children under rehabilitation. Both quantitative and qualitative approaches of data collection were employed. Both Close-ended questionnaires and interview guides were employed. For quantitative, the Cronbach's alpha technique was used to ensure reliability of research instruments while validity used pilot testing and reviews. Further, the study used Systematic random and purposive sampling methods and Statistical Package for Social Sciences (SPSS) was used to analyze the quantitative data. The findings revealed that out of the 120 staffs who participated in the research 68.8% on average agree that participatory approach strategy was significant to the wellbeing of street children in rehabilitation centers in Mathare Sub-County. In conclusion, it is essential at participatory level for street children to be involved in planning and execution of programmes in the community as part of the stakeholders. We recommend that The PBOs should establish structured mentorship Program consisting of graduates of the rehabilitation program, who have gone on to be success stories or have displayed great transformation in their lives and reintegrated well in the community since graduating from the program. The goal here is to be able to demonstrate to present candidates that participatory strategy in rehabilitation programs contributes not only achievable change but also sustainable.*

**Keywords:** *Street children wellbeing, participatory strategy, rehabilitation programmes and Public Benefit Organization (PBOs)*

### **1. Introduction**

The phenomenon of street children as represented by modern urban environment is one of the most complex and serious challenges facing humanity (Kaime, 2008). Street children comprise of a vulnerable and marginalized population in most towns and cities in the world which is an alarming and escalating globally. According to (United Nations International Children's Emergency Fund, 2007), global statistics reveals that it is more prominent in Latin America, Asia and Africa. In South America alone, there are at least 40 million street children with majority living on the streets of Mexico City, in Asia, 25 million children and Europe approximately 26 million while the estimates in most countries have fluctuated widely. In Brazil for example close to 200,000- 1 million between ages of 10years to 18 years survive on the streets with range of activities including; hawking, drug peddling, theft, and prostitution. (Mitchell, 2006).

This trends not only applies to Brazil but other cities worldwide. Within Africa for instance (UNICEF ,2010) estimated that there are over 32 million children living on the streets in the African region as a result of poverty, abuse, political turmoil and HIV/AIDS. It is estimated that 450,000 children live on the streets of Ethiopia and 35,000 in Sudan, Angola 10,000, Ghana 30,000 and Zambia 1.5 million children. Kenya is estimated to anchor more than 300,000 children and youth on the streets. Of this, over 60,000 children are estimated to be living on the streets in Nairobi. Habitually, they end up on the streets as a result of the demise of their parents, sexual abuse, violence, neglect, divorce in the family and

poverty. In almost all cases, these children live without adult protection and without decent income-generating employment. Many destitute children are therefore forced to eke out a living on the streets begging, scavenging and hawking in the slums of polluted cities of the developing world (Mohamed, 2007).

In 1992, United Nations issued a Resolution on the Plight of Street Children expressing concern over their emergence and marginalization. This resulted into street children rehabilitation interventions on local and regional levels which provide safety, healthcare, counseling, education, vocational training, legal aid, love, food, clothing, sports, recreation and other social development services (UNICEF, 2012) towards advancing the street children's wellbeing. The Kenya Government instituted the Street Families Rehabilitation Trust Fund through the Ministry of Gender and Children Affairs in conjunction with the Ministry of Local Government to coordinate rehabilitation activities for street children in Kenya in partnership with other service providers like Public Benefit Organizations; running rehabilitation programs and encourage decentralization of activities to County governments to benefit those surviving on streets of Kenya's towns and cities among other functions (Onwonga, 2013).

Despite the Government's involvement, there has been challenges in funding these rehabilitation programmes activities, It is based on this constraints and results that PBOs have been identified as the most active around the globe and in Kenya to alleviate the plight of street children (Droz, 2006). PBOs consider the underlying factors in social issues of the street children therefore referring to 'well-being' as the quality of people's lives, and covers both subjective and objective aspects. Subjective well-being focuses on how people are feeling, whereas objective well-being focuses on the conditions which affect those feelings, such as health or education. Both of these perspectives are valuable in understanding children's well-being. Participatory approach has since been used by PBOs in rehabilitation programs for street children as the beneficiaries and not personnel from the implementing agencies in development programmes or in the case of this study, PBOs running rehabilitation programs within Mathare sub County. Cohen and Uphoff (1979), dimensions of participation concerns the kind of participation which is taking place, the sets of individuals who are involved in the participatory process and the various features of how that process is occurring. Basically, these dimensions provide answer to the questions: what kind of participation(s) take place; who participates in them; and how the process of participation takes place (Shah, 2012).

According to Nici and Wright (1995), participation arose out of concern for cost effectiveness; recognition that the more the local people do, the less capital costs are likely to be; the belief that it is right that people should be empowered and should have more command over their lives. It includes people's involvement in the entire decision making process, in implementation of programmes, their sharing in benefits of development and their involvement in efforts to evaluate such programmes. Authentic participation is the ideal model which seeks to empower the powerless towards assuming full responsibility over their destiny within their cultural and socio-economic spheres.

This study takes the view based on the results of several studies that redefined the role of children that as social actors, children are well established to move from passive recipients to participants playing a role in the lives of the society in various ways (Byden, 2004; Ballet et al., 2006). As such participatory approach is relevant to the study by highlighting the need to incorporate street children in the processes that are geared towards their rehabilitation. It will seek to explain the importance and role of participatory strategies in the rehabilitation of street children. This is important in ensuring that the street children own the process and are committed in undergoing counselling and the processes laid down by the PBOs for their rehabilitation and well-being. Street children can be a great potential resource if given the support and opportunity. Involving street children can result in their commitment to take measures to reduce substance use and psychological problems that affect them. They must be given a greater degree of control over the services provided to them. However, they cannot do all that is needed alone and they need the partnership of street educators and others stakeholders who care about their welfare to ensure that what they are doing is correct and appropriate. The PBOs role in regards to participatory strategy has been mainly to provide education to children of the street in order to reduce their marginalization, and promote their integration into society (Brink, 2001). This has included specific re-integration and rehabilitation schemes aimed particularly at delinquents (Mufune, 2000; Scalon et al., 1998). These programs are geared towards enhancing active participation of the street children in the programs provided.

Despite Mathare Sub County hosting many public benefit organizations undertaking street rehabilitation programmes, there is a worrying trend that demonstrates an increase of street children, a fact noted by United Nations International Children's Emergency Fund report (2010); and as a result bring to question the effectiveness of rehabilitation programmes carried out by the PBOs. It is currently estimated that Kenya have 250,000 to 300,000 children living on the streets, with 40% of the estimate living on the streets of Nairobi (Mutua, 2017).

Recent studies affirm 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). As such, this study seeks to address the concern on whether the objectives of the PBO run rehabilitation programs are adequate in addressing the street children problem in terms of eradication of children from the slums of Mathare or at large and reintegrating them into the society. Studies by Karanja (2015) and Hecht (2011) suggest that failure to address the holistic wellbeing of street children: mental, physical and social wellbeing may lead to inability of the reintegrated child to adjust and function as normal children and individuals especially in formal schools and as a result return to that which they consider normal or familiar-the streets. While the existing literature points to the benefits of participation of street children in their rehabilitation, there is inadequate literature that clearly describes the methods used by PBOs in engaging and actively involving street children in the rehabilitation programs they run. Most governments and PBOs tend to overlook in put by the vulnerable children on the streets with most interventions being applied forcefully. This project

seeks to investigate whether participatory strategies would lead to better outcomes in the rehabilitation efforts by Public Benefit Organizations and hence wellbeing of street children in Mathare sub county, Nairobi County

## 2. Materials and Methods

The study focused on Street families' rehabilitation programs by four PBOs in Mathare Sub County in Nairobi, Kenya. Half of the population in Nairobi has been estimated to live in slums which cover just 5% of the city area. Mathare is home to one of the notable slums within the city, second to Kibera slums- one of the largest slums in Africa (Kiragu, 2005). Due to the high numbers of street children, there have equally been numerous PBOs which have been formed to arrest this phenomenon in Mathare Sub County, hence making it a practical study site. The Objective of the Study was to assess the influence of participatory strategies by PBOs on street children's well-being in Mathare sub county, Nairobi City County in Kenya.

This study employed a cross sectional research design and the survey approach; which involved the use of questionnaires to collect data from the respondents and interview guides for the key beneficiaries, the street children. The cross sectional survey is appropriate for this study because it provides the design as a plan, roadmap and blue print strategy for investigation conceived for obtaining answers to the research questions Kothari (2004) it also allowed collection of data on different variables to see how the role of PBOs as regards participatory strategies in relation with the critical variable of Street children and their well-being in Mathare sub county of Nairobi City County.

In this study, the target population was composed of the 120 staffs (administrators, social workers and care givers) of PBOs and 432 street children aged between 5 and 17 years enrolled in four rehabilitation centers in Mathare Sub County namely: Good Samaritan children's home and rehabilitation Centre, Mogra Rescue Centre, Angels Girls Education and Rehabilitation Centre and Rescue Dada Centre. The study employed Taro Yamane sample size formula Yamane (1953), to sample the number of respondents from a population of 120 staffs with a sampling error of 7.5%. A sample of 72 respondents from the staff members was arrived at as shown in the equation.

Purposive sampling was used to select four PBOs programs in Mathare Sub County due to their efforts in Street children rehabilitation work that span and experience for several years and proximity of their location to the researcher. To ensure every respondent had an equal chance to be selected, 72 sampled respondents from the PBOs staff members, a proportionate stratified sampling was used to determine the number of staff respondents for each strata and purposive sampling to sample 20 former street children who have been under rehabilitation for at least 3 years and are of ages between 5 to 17 years from the four rehabilitation centers under study

Questionnaires that contained both open ended and closed ended questions and an interview guide were used as data collection instruments in this study since the research work used primary data. The purpose of using the questionnaire was that it organized the collection and processing of information (Hansen et al., 1998). This tool is suitable as it fits the quantitative approach which this study adopts.

The questionnaire consisted of two section; first section of the questionnaire dealt with demographic statistics such as name, age, years of service of the employees. This information provided data to be used in analyzing the demographic statistics based on gender, age and years of service of the employees. The subsequent sections sort information based on various variables, the respondents were asked to indicate on a five-point scale their perceptions of the various variables on the effects of PBOs rehabilitation programs on the street children. The scale range is: 5- Strongly Agree, 4 - Agree, 3 - Neutral, 2 - Disagree and 1 - Strongly Disagree. The researcher also used structured interview guide to solicit information from key beneficiaries comprising of street children from the sampled PBOs' rehabilitation programs. The researcher sort permission to collect data from NACOSTI as well as get a letter of introduction from Catholic University of Eastern Africa; PBOs management permission were also sought from the rehabilitation centers. The principle of confidentiality and voluntary participation was adhered to.

A pilot test was undertaken in Kayole Rehabilitation Centre to ensure the questionnaire and interview guide was pretested for validity and reliability which allowed 5% error. A sample size of 15 staffs and 5 former street children of age between 7 to 15 years under rehabilitation programs were randomly sampled which the researcher considered adequate for pretesting of the data collection tools. The area and sample of pilot testing was informed by the fact that the study area and characteristics were similar to those of the actual study area.

The study instruments were reliable with results as follows:

Variable	Number of Items	Cronbach's Alpha value
Street Children Wellbeing	8	0.827
Participatory strategies	4	0.825
Behaviour Change strategies	4	0.842
Empowerment strategies	4	0.738
Reintegration strategies	4	0.838

Table 1: Reliability Co-efficient

## 3. Study Findings and Discussion

### 3.1. Response Rate

From the study, out of 72 sample size respondents from the staffs at the rehabilitation centres in the Mathare Sub-County, all respondents filled the questionnaires and 20 street children under rehabilitation were interviewed. This

constituted 100% response rate and according to Mugenda and Mugenda (2003) a response rate of 50%, 60% and 70% is enough for study and therefore a response rate of 100% was sufficient for the study. The high rate of response was attributed to the opportunity the researcher had in accessing and interviewing the respondents at their stations of work and the co-operation received from the management

### 3.2. Demographic Study Findings

The study sought to establish the gender distribution of the respondents and found out that There were more female respondents at (78%) than male respondents (22%) who participated in the study this was due to the fact that more caregivers in the street children rehabilitation centers are women, out the age bracket of the respondents among members of the staff 27.8% were above 45 years of age this was due to the fact that the older the worker was the more experience they had with the street children (82%) of the married staffs offered the parental care to the rehabilitated street children , 76.4% of the respondents have been in the staff members had worked for a period of more than 3 years and 41.7% had worked for 6 to 10 years hence they had vast experience with the programmes offered in the rehabilitation centers studied, 45% of the respondents were, care givers followed by 39% who were social workers

Gender	Frequency	Percentages (%)
Male	16	22.0
Female	56	78.0
Total	72	100.0

Table 2: Gender of Respondents

Age	Frequency	Percentages (%)
20 – 24	6	8.3
25 – 29	8	11.1
30 – 34	11	15.3
35 – 39	12	16.7
41 – 44	15	20.8
45 and above	20	27.8
Total	72	100.0
Marital status	Frequency	Percentage (%)
Married	59	82.0
Widowed/separated	6	8.3
Single	7	9.7
Total	72	100.0

Table 3: Age of Respondents

Duration	Frequency	Percent
Less than two years	17	23.6
3 to 5 years	18	25
6 to 10 years	30	41.7
Above 10 years	7	9.7
Total	50	100.0

Table 4: Work Experience

Occupation	Frequency	Percent
Social workers	15	20.8
Care givers	30	41.7
Guidance and counseling	14	19.4
Supervisors	8	11.1
Operations managers	3	4.2
Directors	2	2.8
Total	50	100.0

Table 5: Work Designations

### 3.3. Street Children's well-being (Dependent Variable)

The data was collected based on ordinal scales of 5 from questions responded to on the questionnaire. Each indicator was measured on a Likert ordinal scale of 1-5 where, 1=strongly disagree, 2=disagree, 3=neutral, 4=agree and 5=strongly agree as presented in Table 4.8. Further open ended questions' findings discussed thereafter.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
The drug abuse rehabilitation program has helped mold street children into responsible behavior		1.5%	10%	65.5%	23%	4.39	0.595
Our mentorship programs has enabled the street children to perform well in school		5.7%	18.9%	52.5%	23%	3.93	0.805
The program has been successful in tracing street children families and reunification	30.3%	25.4%	18%	11.5%	14.8%	2.45	1.014
Through skill development street children are able to engage in income generation activities	1.6%	4.1%	7.4%	42.6%	44.3%	4.24	0.668
Street children who have gone through training have managed to be self-reliant	11.5%	14.8%	18%	30.3%	25.4%	3.93	1.018
Consultations with the street children have enhanced there sense of ownership of the program	1.6%	11.5%	15.6%	42.6%	28.7%	3.85	1.042
Involvement of all stakeholders has enabled the street children to access the basic necessities		2.5%	7.4%	54.1%	36.1%	4.24	0.693

*Table 6: Street Children's Well-Being (DV)*

*Mean Strongly Agree=1-1.9, Disagree=2-2.9, Neutral=3, Agree=3.1-4, Strongly Agree=4.1-5*

Most of the respondents agreed that involvement of all stakeholders has enabled the street children to access the basic necessities- this is due to financial support from organizations and the public in general. These findings agree with the study by Kim (2015) demonstrating the relationship between street children participation in the recruitment process and the efficiency of the rehabilitation programs by the PBOs.

- 65.5% of the respondents agreed that The drug abuse rehabilitation program had helped mold street children into responsible behavior
- 52.5% of the respondents agreed that mentorship programs had enabled the street children to perform well in school
- 30.3% of the respondents agreed that Street children who have actively participated in training have managed to be self-reliant
- 42.6% of the respondents agreed that Consultations with the street children have enhanced their sense of ownership of the program
- 54.1% of the respondents agreed that Involvement of all stakeholders has enabled the street children to access the basic necessities

The findings concur with Gruning (2001) which observed that limited participation leads to lack of understanding which leads to costly mistakes, when implementing a social intervention. Lack of participation of key influencers within the program can lead to the whole program or part of a project gets stalled and therefore he encourages active participation of stakeholders in programmed implemented by the PBO's. When people are involved they will feel responsible for the changes happening around them. Anticipate their pain point changing roles fear of redundancy training and accountability. This varies from organization to organization. Within every organization reaction will vary between individuals and will be dependent on a range of factors including personal upbringing and previous experiences of change.

### *3.4. Impact of Participatory Strategies of PBOs on Street Children's Wellbeing (IV)*

The study sought to determine the impact of participatory strategies in the rehabilitation of street children's well-being in Mathare Sub-County. Each indicator was measured on a Likert ordinal scale of 1-5 where, 1=strongly disagree, 2=disagree, 3=neutral, 4=agree and 5=strongly agree as presented in the table below.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
My organization actively engages street children, other PBOs & government in its operations related to street children rehabilitation		2.5%	1.6%	50.8%	45.1%	4.39	0.669
Our organization is approved by the government and the Board in charge of PBOs				64%	36%	4.5	0.573
We seek street children permission and co-operation before recruitment in the program	4.1%	16.4%	20.3%	48.4%	10.1%	3.25	0.887
We involve street children in our awareness creation programs	0.8%	4.1%	2.5%	65.5%	27%	4.14	0.719
Rehabilitated children participate in reaching out to their former colleagues still on the streets to join the rehab	2.5%	18.9%	14.8%	46.7%	17.2%	3.57	1.060

*Table 7: Impact of Participatory Strategies of PBOs on Street Children's Wellbeing (IV)*  
Mean Strongly Agree=1-1.9, Disagree=2-2.9, Neutral=3, Agree=3.1-4, Strongly Agree=4.1-5

The study findings indicated that on average:

### 3.5. Street Children Engagement

50.8% of the respondents were in agreement that the organization they worked for was actively engaging street children, affiliated PBOs and Government in its operations related to street rehabilitation

#### 3.5.1. Pbos Approval by the Government

64% of the staff who responded agree PBOs and government in operations related to street children rehabilitation operates under government regulations and laws that protect children rights.

#### 3.5.2. Street Children's Consent before Recruitment

Whether the organizations seek street children's permission and co-operation before recruitment in the program, findings reveal that 48.4% average most respondents agreed that there is no forceful recruitment of street children into the program.

#### 3.5.3. Awareness Programmes Involvement

Majority of the respondents at 65.5% average agreed that their organization reaches out to street children through awareness programs.

#### 3.5.4. Involvement of Rehabilitated Graduates in the Program

46.7 % on average agree that involving the already rehabilitated graduates who in turn help recruit his or her former colleagues into rehabilitation programs.

The findings concur with Kanyanya (2007) who noted that street children like any other children are attracted to entertainment such as street concerts and appealing food on the streets. This provides an entry point for an engagement with the street children with the aim of securing his or her consent to be taken in for rehabilitation.

Study done by Morangi (2012) found out that in Eldoret town 70% of street children are not satisfied with services provided in rehabilitation centers, whereas 20% were satisfied and 10% did not say anything about the issue. Morangi, (2012) related the dissatisfaction amongst the street children with the tendency of some programs especially the government based forcing them to join the rehabilitation centres without psychologically preparing them before enrollment in these programmes.

In their own words the respondents who by vast majority observed that street children are recruited into the program only with their consent, also added that in case of infants or very young children, they can be rescued upon registering the same with the government. In that case, one can only seek consent of street children who are old enough to make decisions by themselves. To this end, most of the respondents agreed in a number of methods used by their organizations to attract street children to these programs. The methods included feeding programs, entertainment events to draw the children and help create awareness, as well as, one on one encounter with social workers and volunteers who go to the streets and engage the street children and talk to them.

From the FGDs with the street children, most of them came to know of the services provided by the PBOs through social workers who reached out to them on the streets and through entertainment events organized by the PBOs. Most of the street children indicated that the first things that attracted them to the rehabilitation centers were food, clothing, and recreation activities (games and play); so if these services were not adequately met then they would have opted to quit and survive in the streets. The street girls interviewed indicated that their primary concern why they preferred rehabilitation centers was for protection and shelter.

#### 4. Conclusion

The study concludes that both Participation of street children in planning and execution of programs and Involvement of the community, government and other stakeholders are critical in the success of rehabilitation efforts and as such on the wellbeing of street children. Recommendations are made for graduates of the rehabilitation program to have full and active participation to bridge the gap between the fresh candidates and the street children who have not yet been recruited into the rehabilitation programmes, by acting as pioneers of success stories and displaying great transformation in their lives since graduating from the program. The goal here is to be able to demonstrate to present candidates of the success of the rehabilitation program and demonstrate that change is not only achievable but also sustainable.

#### 5. Recommendations

Based on findings from the study, we recommend that the PBOs should seek relevant information from all the stakeholders involved in the rehabilitation programs to fully Integrate Social and Life Skills curriculum as well as guidance and counseling in their rehabilitation programs in order to equip future candidates with practical change-sustaining and coping skills. We further recommend that The PBOs should establish mentorship Program. The 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.

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