Influence of Children Rehabilitation Center Activities on Students' School Reintegration in Rwanda, A Case of Nyamagabe Rehabilitation Centers

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Abstract: Rwanda is land locked and do not have enough natural resources and simply relies on its citizen in terms of development and has recovered economically and united its people working closely together to forge a greater nation. Purpose of this study was to assess the influence of children rehabilitation center activities on students' school reintegration in Rwanda, case of Nyamagabe Rehabilitation center. It had four specific objective such as To identify the children rehabilitation center activities proved by Nyamagabe Rehabilitation center, to assess the level of students' school reintegration of children from Nyamagabe Rehabilitation centers, to identify the challenges faced by children trained by Nyamagabe rehabilitation center for their school reintegration ,To assess the linkage between children rehabilitation center activities and school reintegration. This research was supported with Rehabilitation Theory and Social Learning theory. The researcher used descriptive research design and the participants was students, headteachers, parents, Nyamagabe rehabilitation centers staff and local administrators. All respondents were 229 from the population of 536.The participants was chosen by using different methods where researcher used sample random sampling for Rehabilitation center staff and parents while purposive sampling for headteachers and students. Researcher used questionnaire and interview guide as data collection instruments where Questionnaire was designed to students and teachers and interview guide was designed for head teachers. Researcher used SPSS 21.0 in analysis procedure. The information from each item of questionnaire and an interview was coded (categorized) and lastly the data was presented and discussed thereafter, research concluded and make recommendation.

Key words: Rehabilitation Center, Children Rehabilitation Center Activities, Students' School Reintegration, Nyamagabe district

1.0 Introduction

There are an estimated 150 million children globally who derive their livelihood from the streets Subsequently, the biggest number is found in developing countries. they are estimated to be around 120 million children living on the streets in the world; among them 30 million are in Africa (UNICEF,2012).

The government of Rwanda has put in place national policy for orphans and other vulnerable children which has the aim to propose strategies to address the issues regarding orphans and other vulnerable children. Reintegration and rehabilitation are the methods used by the government of Rwanda to address the challenges faced by children, prevention of what causes them to go to the streets, address also their welfare and rights issues. The government of Rwanda has put in place several centres in different District, including the most known centre of Nyamagabe, Iwawa and Nyamagabe Rehabilitation center. Children admitted there, could have access to education and vocational training pending their reintegration into their family or community where reintegration approach is based on returning the children to his family or foster family when it proves impossible to trace his natural family.

Currently, general community faces many challenges such as family conflicts, school related issues specifically among the youths, there is an observable increase in the cases of youths involved in anti-social behaviour and street children's phenomena which causes children and the youth to delinquent behaviours such as drug abuse, sexual activities, and vagrancy among others, poverty, political

instability, urbanization, dysfunctional family, violence, peer influence and limited income generating opportunities among others(Mineduc,2016).

To address the above problems, the the Government of Rwanda put in place the National Policy against Delinquency in 2016, and established the National Rehabilitation Service (NRS) in 2017 with the aim of delinquency prevention, rehabilitation and re-integration, Rwandan delinquency free society, to eradicate all forms of deviant behaviours by instilling positive behaviours, educating and providing professional skills,creation of Rehabilitation facilities have been founded, such as the Nyamagabe rehabilitation centers, as well as the Iwawa rehabilitation center(NRS,2017).

with the experience and training gained by children admitted in Nyamagabe rehabilitation centers, all children admitted benefits primary education, Psychosocial support, Mentoring and tutoring, Counselling and guidance, Technical and vocational training, Values and attitude training and the children admitted spent around 1years of rehabilitation (Abbott,2015).Therefore the researcher minded that the training gained from Nyamagabe rehabilitation centers help those children to be reintegrated in society and in schooling as whole, with regards, this researcher decided to carry out a research on the influence of children rehabilitation center activities on students 'school reintegration in Rwanda, Case of Nyamagabe Rehabilitation center. The main purpose of this research was to assess the influence of children rehabilitation center activities on students' school reintegration in Rwanda, case of Nyamagabe Rehabilitation center. The specific objectives of this research were the following:

   i.   To assess the children rehabilitation center activities provided by Nyamagabe Rehabilitation center.
   ii.   To assess the level of students' school reintegration of children from Rehabilitation centers.
   iii. To determine the challenges faced by children trained by Nyamagabe rehabilitation center during school reintegration
   iv.   To assess the relationship between children rehabilitation center activities and school reintegration.

2. LITERATURE REVIEW

2.1 Theoretical literature

It reviews the existing theoretical literature; it gives a description of key concepts of the study and reviews the existing studies on rehabilitation centers activities and students school reintegration in Rwanda.

2.1.1 Rehabilitation center activities.

Rehabilitation programs encompass a variety of counselling options designed for individuals struggling with substance abuse, alcohol dependence, or problematic behaviours. These initiatives come in different forms, including residential setups that provide either extended or brief services. The specific duration of these services is determined by the outcomes of competent assessments, substance abuse screenings, and evaluations conducted by the rehabilitation programs. Additionally, these initiatives serve as shelters for children, ensuring their accommodation, nourishment, and care. This care can be both qualitative and quantitative, effectively meeting the diverse needs of the children (Andy, 2017). Children within rehabilitation programs must receive a well-rounded and nutritious diet to fulfill their fundamental requirements. The surroundings should be conducive to facilitating proper growth and comprehensive development for these children. Prior to their entry into rehabilitation initiatives, street children often engage in various undesirable behaviours, such as theft, robbery, and involvement in drug trade (Philip, 2012).

2.1.2 level of School reintegration

School reintegration refers to the process of transitioning students back into a school environment after a period of absence or disruption. It involves the systematic and intentional efforts to support students in readjusting to the academic, social, and emotional aspects of school life. School reintegration can be necessary for various reasons, such as extended breaks, illness, hospitalization, remote learning, or transitioning from alternative educational settings.

During the period of absence, students may experience challenges related to their academic progress, social interactions, and emotional well-being. School reintegration aims to address these challenges by providing tailored support and resources to facilitate a smooth transition. The ultimate goal is to ensure that students can successfully reintegrate into the school community, resume their educational journey, and achieve academic success.

Effective school reintegration involves collaboration among educators, parents, and students. It requires careful planning, assessment of the student's needs, and the development of individualized plans. Academic support strategies may include catch-up programs, tutoring, differentiated instruction, and personalized learning approaches. Social and emotional support can involve initiatives like social-emotional learning programs, counseling services, and peer support networks.

2.2 Theoretical framework

The concept of rehabilitation theory is rooted in the belief that individuals are not inherently inclined to be criminals. It maintains that it is achievable to reintegrate a convicted person into society, enabling them to lead a productive life and make positive contributions to both their own growth and the betterment of the community. (Gwen R., Iain D C., 2019), This theory of punishment is founded on the idea that the primary purpose of imposing punishment on an offender is to facilitate their reform and rehabilitation. By engaging in this process, the goal is to make their reintegration into society smoother and more successful (Siegel, 2015).

Reaffirming the concept of rehabilitation, it encompasses the belief that with appropriate care and treatment, individuals with criminal backgrounds can undergo a transformation, becoming productive and law-abiding members of society. The central focus of this theory is to retrain convicts, equipping them with the necessary skills and support to lead independent and lawful lives upon their release. The application of this perspective to the study is based on embracing the rehabilitative approach by Siegel (2015).

The primary goal of rehabilitation is to replace the offender's inclination to engage in criminal behaviour with a desire to positively adapt and integrate into the community. This approach is built upon the assumption that behaviours can be altered to the extent that attitudes, values, skills, and certain personality traits (such as impulsiveness, irresponsibility, and lack of guilt) that may contribute to criminal activities can be mitigated. Rehabilitation operates under the medical model, which suggests that appropriate treatments can be prescribed for specific conditions. Therefore, techniques such as providing vocational training (e.g., welding, masonry, hairdressing), psychotherapy, and offering medical assistance (e.g., methadone for individuals dependent on heroin) are employed to facilitate the process of rehabilitation.
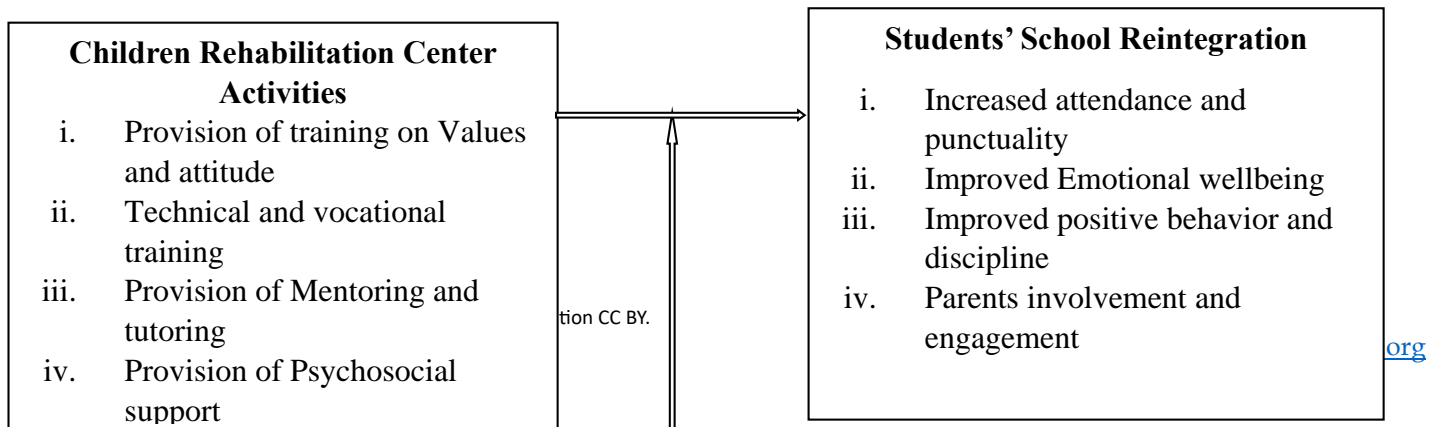
Ever since the implementation of rehabilitation programs, it has been widely acknowledged that these initiatives have the potential to reduce crime rates and prevent relapses into criminal behaviour. Therefore, the underlying assumptions of rehabilitation theory can be utilized to evaluate the effectiveness of various rehabilitation programs offered in transit centres and rehabilitation centres. Specifically, these assessments aim to determine the impact of children rehabilitation centre activities on the successful reintegration of students into schools in Rwanda.

2.3 Conceptual framework

Conceptual framework provides a clear and organized representation of the main ideas and theoretical foundations that underpin a study.

Independent variable   **Dependent variable**

Children Rehabilitation Center Activities		**Students' School Reintegration**
i. Provision of training on Values and attitude ii. Technical and vocational training iii. Provision of Mentoring and tutoring iv. Provision of Psychosocial support	→	i. Increased attendance and punctuality ii. Improved Emotional wellbeing iii. Improved positive behavior and discipline iv. Parents involvement and engagement

Intervening variables

- Government intervention
- Self-esteem and self-efficacy
- Education policies
- Internal and external environment factors

Researcher (2023)

Figure 2. 1 Conceptual frameworks

3. RESEARCH METHODOLOGY

3.1. Research design

This research adopted descriptive study design. A descriptive study design is analytically that is adopted and attempt to explain conditions through ideas and experience related to the research areas and study conceptualization.

3.2. Target population

The participants were rehabilitation center staff, local administrators, parents, students, teachers, Head teacher. All respondents will be 536 including 10 rehabilitation center staff, 20 local administrators, 30 Headteachers, 76 teachers,200 parents and 200 Students reintegrated (all identification was provided by Nyamagabe rehabilitation centers).

3.3. Sample design

The sample design had sampled size and techniques of sampling for all respondents.

3.3.1. Sampling techniques

Researcher employed a simple random sampling technique to choose respondents among teachers in different schools, headteachers, Nyamagabe Rehabilitation center staff. The researcher used purposive sampling technique for selecting students, local administrators and parents and the researcher used cluster random sampling to select Nyamagabe rehabilitation center staff. All respondents used to choose also based on their experiences, expertise relating to the children rehabilitation centers and schools' reintegration programs.

3.3.2 Sample size

Researcher chose sample size by using Yamane formula (Yamane, 2015) by using that Yamane formula, sample size was 229 from the population of 536.Simplified formula for sample size (Yamane,2015) is as follows:

$$n = \frac{N}{1+N(e^2)} \qquad\qquad n = \frac{536}{1+536(0.05^2)} = 229$$

Table 3. 1 Targeted Population and Sampled Size

Respondents	Population	Simple size
Students	276	117
HTs	30	13
Parents	200	85
Nyamagabe Rehabilitation center staff	20	9
Local administrators	10	5
TOTAL	**536**	**229**

Source: researcher (2023)

4. RESEARCH FINDINGS AND DISCUSSION

4.1. Characteristics of the respondents

This section indicates the background information of the respondents based on their categories like age, working experience, gender, groups, educational levels, family status. The respondents were composed rehabilitation center staff, local administrators, parents, students, Head teacher. All respondents will be 229 including 9 rehabilitation center staff, 5 local administrators, 13Headteachers, 85 parents and 117 Students reintegrated.

4.1.1 Gender of respondents

This research included all genders where research minded on how gender of respondents can affect the research objectives, therefore table 4.1 indicate gender of respondents.

Table 4. 1Gender of the respondents

Respondents		Students	Percent
Valid	Female	34	29.1
	Male	83	70.9
	Total	**117**	**100.0**
		Parents	
Valid	Female	61	71.8
	Male	24	28.2
	Total	**85**	**100.0**

Field data,2023

Table 4. 2 **Gender of the respondents**

Respondents		Rehabilitation center staff	Percent
Valid	Female	3	33.3
	Male	6	66.7
	Total	**9**	**100.0**
		Local administrators	
Valid	Female	3	60.0
	Male	2	40.0
	Total	**5**	**100.0**
		Headteachers	
Valid	Female	4	30.7
	Male	9	69.3
	Total	**13**	**100.0**

Field data,2023

Researcher wanted to know the gender of students participated in the study where the majority (70.9%) of all students participated in the study were males while the 39.1% of all students participated in the study were females. Also, parents participated in this study where 71.8% of all parents were females while 28.2% of all participated parents were males as it is indicated in the table 4.1.

The third group of respondents participated in this study were local administrators where majority (60%) of local administrators were females while 40% of them were males, headteachers also were presented and the 69.3% of all participated schools were males while 30.7% of all participated headteachers were females as it is shown in the table 4.2. Lastly, rehabilitation centers staff also participated where 66.7% of all rehabilitation center staff participated in the study were males while 33.3% of all respondents were

females. This means that gender balance was respected and researcher ensured the participation of all respondents without any discrimination.

4.1.2 Family Background

Researcher wanted to know the family background and to know if there is any challenges causing delinquency based on the family background. The finding is shown in the table 4.3

Table 4. 3Students Family background

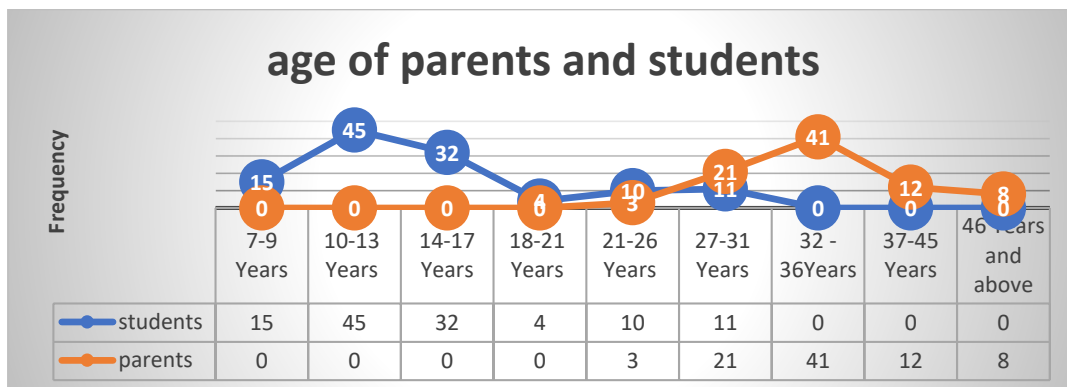|	Category	Frequency	Percent
Valid	Category I	48	41.0
	Category II	35	29.9
	Category III	17	14.5
	Category IV	12	10.3
	Category V	5	4.3
	Total	**117**	**100.0**

Field data,2023

Findings revealed that 41.0% of all respondents were from category I, 29.9% of all participated students were from Category II, 14.5% of all participated students were from family of Category III, 10.3% of all participated students were from family of Category IV while 4.3% of all participated students were from family of Category V therefore those results indicated that most of children found in rehabilitation centers and those who passed in those rehabilitation centers are from poor families.

4.1.3 Ages of Respondents

Researcher wanted to know the age of respondents if the respondents are aged to provide clear and relevant information to the research. The findings shown in the figure 4.1
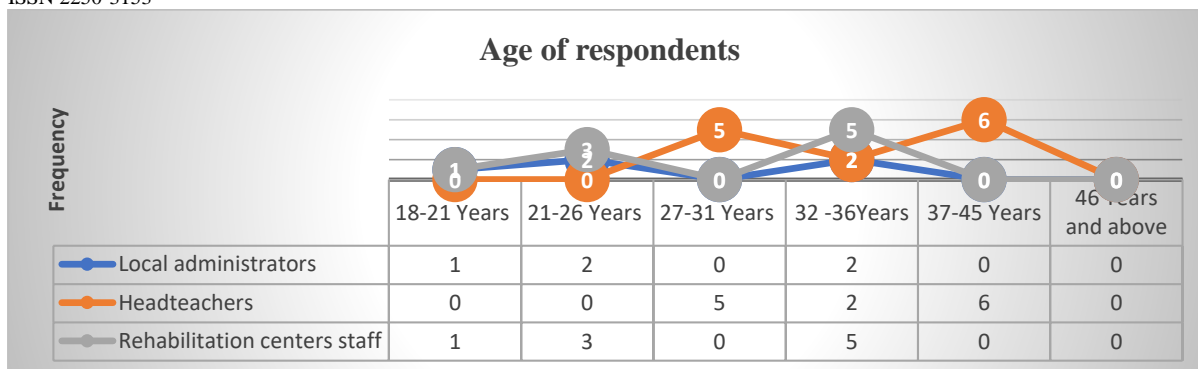
Figure 4. 1Ages of Respondents

	7-9 Years	10-13 Years	14-17 Years	18-21 Years	21-26 Years	27-31 Years	32 - 36Years	37-45 Years	46 Years and above
students	15	45	32	4	10	11	0	0	0
parents	0	0	0	0	3	21	41	12	8

Field data,2023

Findings indicated in the figure 4.1 highlighted the age of students and parents participated in the study where 15 students were from the range 7-9 years, 45 students were in the range 10-13 years, 32 students were in the range of 14-17 years, 4 students were in the range of 18-21 years ,10 students were in the 22- 26 years while 11 students were in the range of 27 -32 years. Also the results revealed the parents participated in the study were enough mature to provide relevant information to the study, 3parents were in the range of 21-26 years ,21parents participated in the study were in the range 27-31 years, 41parents were in the range of 32 -36 years,12 parents were in the range 37-45 years while 8 parents were in the range 45 years and above.

Figure 4. 2Age of respondents

Age of respondents

|	18-21 Years	21-26 Years	27-31 Years	32 -36Years	37-45 Years	46 Years and above
Local administrators	1	2	0	2	0	0
Headteachers	0	0	5	2	6	0
Rehabilitation centers staff	1	3	0	5	0	0

Field data,2023

Age of local administrators , headteachers and rehabilitation centers staff were also managed by the researchers. 1 local administrator were in the range of 18-21 years, 2 local adiministrators were in the range of 21-26 years while 2 local administrators were in the range of 32-36 years. One the side of Headteachers, 5headteachers were in the range of 27-31 years, 2headteachers were in the ranger 32-36years while 6 headeters were in the range 37- 45 years. On the side of Rehabilitation center staf, 1 staff were in the range of 18-21 years,3 staff were in the range of 21-26 years and 5 staff were in the of 32-36 yaers.this means that all participated respondents were aged enough to provide relavant information related to the study.

4.1.4 Qualification of respondents

Researcher wanted to know the qualification of same respondents and know if the are surely competent to know issues related to rehabilitation centers activities and   school reintegration. The findings are shown in the figure 4.3

Figure 4. 3Qualification of respondents
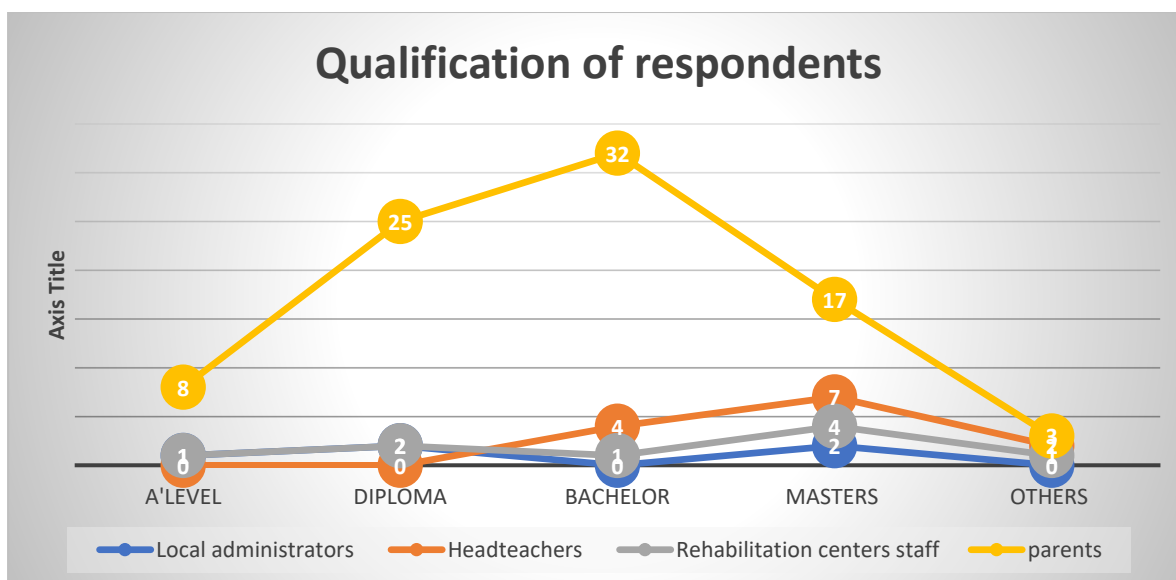
Field data,2023

All results are indicated in the figure 4.3 and 1 rehabilitation staff participated in this study were with A 'level certificates,2 rehabilitation centers staff were with diploma, 1 rehabilitation center staff were with bachelor degree, 4 rehabilitation center staff were with master's degree and 1 rehabilitation staff were with others training. On the side of Headteachers, 4 headteachers were with bachelor degree only, 7 headtorches were with master's degree and other 2 headteachers were with other degrees beyond of masters. On the side of local administrators , 2 local administrators were with diploma , 1 local administrator were with bachelors

while 4 local administrators were with masters . on the side of parents, 8 parents were with A 'level certificate,25 parents were with diploma,32 parents were with bachelor degree,17 parents were with masters while remaining 3 parents were with other training therefore the majority of respondents were qualified enough for provision of relevant information for the study.

4.2 Presentation of the Findings

The specific objective of the study was four as they are the following: to assess the children rehabilitation center activities provided by Nyamagabe Rehabilitation center.to assess the level of students' school reintegration of children from Rehabilitation centers.to determine the challenges faced by children trained by Nyamagabe rehabilitation center during school reintegration, to assess the relationship between children rehabilitation center activities and school reintegration. Data collection was based on the above specific objectives and the findings were highlighted.

4.2.1 Children rehabilitation center activities

The first objective of the study was based on the investigation the children rehabilitation center activities provided by Nyamagabe Rehabilitation center, To achieve this objectives, researchers drafted a questionnaire and interview guide for different respondents such as students, headteachers, parents , local administrators and rehabilitation centers staff . Several items in the questionnaire were presented to the respondents to rate their availability and the findings are shown in different tables.

a) **How long have you been a part of the rehabilitation center activities?**

The researcher assessed the time the children spent in the rehabilitation center and all findings re indicated in the table 4.4 where 13.0% of all participated parents and students indicated that the time spent in the rehabilitation center were less than one months,1.0% of all participated respondents indicated that they spend one months in the rehabilitation centers,14.0% of all participants accepted that they spent 3 months in the rehabilitation centers, 23.0% of all respondents shown that they spend 6 months in the rehabilitation centers while 46.0% of all participated respondents mentioned that they spent one year and above in the rehabilitation centers.

Table 4. 4How long have you been a part of the rehabilitation center activities?

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than one months	27	13.0	13.0	13.0
	One months	3	1.0	1.0	14.0
	3months	30	14.0	14.0	29.0
	6 months	48	23.0	23.0	53.0
	one years and above	94	46.0	46.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field data,2023

b) **What types of activities did you engage in during your time at the rehabilitation center?**

Researcher tended to know which activities done in rehabilitation centers and their classification based on the motivation from the trainees and the findings are summarized in the table 4.5

Table 4. 5What types of activities did you engage in during your time at the rehabilitation centre?

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Educational	28	13.0	13.0	13.0
	Vocational	29	14.0	14.0	28.0
	Recreational	48	23.0	23.0	51.0
	Counselling	40	19.0	19.0	71.0
	Talent development	35	17.0	17.0	89.0
	Others	22	10.0	10.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field data,2023

Findings indicated in the table 4.5 shows different activities and children engagement and they are the following: education, vocation, recreation, counselling, talent development and others. 13% of all participated respondents were engaged in educational actitivities,14.0% of all respondents were focused on the vocational training ,23.0% of all participation respondents were based on the recreational activities,19.0% of all respondents were engaged in the counselling training ,17.0% of all respondents were in the talent development while 10.0% of all participated respondents were engaged in other training.

c) **Which activity do you think had the most positive impact on your personal development? (Open-ended)**

Researcher wanted to know how the parents and students appreciate the rehabilitation centers activities and how they think about most impacting activities and the findings are shown in the table 4.6

Table 4. 6Which activity do you think had the most positive impact on your personal development

statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Educational	75	37.0	37.0	37.0
	Vocational	43	21.0	21.0	58.0
	Recreational	8	3.0	3.0	62.0
	counselling	44	21.0	21.0	84.0
	Talent development	19	9.0	9.0	93.0
	Others	13	6.0	6.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field data,2023

Findings revealed that 37.0% of participated respondent appreciated mostly that educational training were positively impacted the trainees successfully, 21.0% of all participated respondents also appreciated the vocational training gained from rehabilitation center,3.0% of all respondents also accepted that they are engaged mostly in the recreational training,21.0% of all respondents were appreciating the counselling training done in rehabilitation centers,9.0% of all respondents indicated that they are impacted positively with talent development and lastly 6.0% of all respondents appreciated that they impacted by other training provided by rehabilitation center

d) **How satisfied are you with the support provided by the rehabilitation center for your school reintegration?**

The researcher assessed also the support proved by rehabilitation center for schools' reintegration and the findings are summarized in the table 4.7

Table 4. 7How satisfied are you with the support provided by the rehabilitation center for your school reintegration?

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Satisfied	28	23.0	23.0	23.0
	Neutral	12	10.0	10.0	34.0
	Not satisfied	20	17.1	17.1	51.0
	Very satisfied	57	48.0	48.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field data,2023

Results shown in the table 4.7 assess the how the respondents were supported for school reintegration and how they are satisfied with them. The majority (48.0%) of respondents indicated that they are very satisfied with the support gained from rehabilitation centers ,23% of all respondents also indicated that they were satisfied support gained , 17.1% of all participated respondents were not satisfied with the support while 10.0% all participated respondents refused to talk about support provided by rehabilitation centers for schools reintegration process.

During interview researcher assessed diiferents activities done in the rehabilitation centers in Rwanda and the results were

Rehabilitation centers in Rwanda play a crucial role in the physical, mental, and social recovery of individuals who have experienced various forms of trauma, such as conflict, displacement, or addiction. These centers offer a range of activities and programs designed to support the rehabilitation and reintegration of affected individuals into society. During interviews, Researcher discussed with respondents several key activities commonly conducted in rehabilitation centers in Rwanda such as Counselling and therapy is One of the primary activities in rehabilitation centers is counseling and therapy. Trained mental health professionals provide individuals with opportunities to discuss their experiences and emotions, helping them process their trauma and develop coping strategies. These sessions are often instrumental in addressing the psychological wounds and aiding in emotional recovery.

Vocational training and skills development : Many rehabilitation centers in Rwanda offer vocational training programs to help individuals acquire practical skills. These programs prepare them for future employment and economic self-sufficiency. Skills such as carpentry, tailoring, and agriculture are commonly taught, enabling individuals to rebuild their lives.

education programs Rehabilitation centers often offer educational opportunities, ranging from basic literacy and numeracy to formal schooling. This helps children and adults bridge the educational gaps resulting from displacement or other challenges. Education is a key component of their overall rehabilitation and reintegration into society.

Physical rehabilitation: Some rehabilitation centers provide physical therapy and rehabilitation services for individuals who have experienced injuries, disabilities, or physical trauma. These services aim to restore mobility, improve physical health, and enhance individuals' quality of life. Group support and counseling Group support and counseling sessions are important for fostering a sense of community and shared healing. Individuals can connect with others who have gone through similar experiences, reducing feelings of isolation and creating a supportive network.

cultural and recreational activities: Participating in cultural and recreational activities helps individuals reconnect with their cultural heritage and provides a sense of normalcy and joy in their lives. These activities can include traditional dances, storytelling, and music, contributing to their mental and emotional well-being. Reintegration and family reunification Many rehabilitation centers work on reintegration efforts, helping individuals return to their communities and families. This process may involve family counseling, community engagement, and monitoring to ensure a smooth transition back into society.

It's essential to note that rehabilitation centers in Rwanda often collaborate with government agencies, non-governmental organizations (NGOs), and international entities to provide comprehensive support to individuals. These activities are part of a holistic approach to help individuals heal physically and emotionally, regain their independence, and become active and productive members of society once more.

4.2.2 The level of students' school reintegration of children from Rehabilitation centers.

The second objective of the study was based on the investigation of the level of students' school reintegration of children from Rehabilitation centers., To achieve this objectives, researchers drafted a questionnaire and interview guide for different respondents such as students, headteachers, parents, local administrators and rehabilitation centers staff . Several items in the questionnaire were presented to the respondents to rate their availability and the findings are shown in different tables.

a) **Did the rehabilitation center staff discuss your school reintegration plans with you before leaving the center?**

The researcher tended to if parents and the students discuss with rehabilitation centers staff on their school reintegration and the findings are indicated in the table 4.8.

Table 4. 8rehabilitation center staff discuss your school reintegration plans with you before leaving the center?

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	127	62.0	62.0	62.0
	NO	75	37.0	37.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field Data,2023

Findings indicated in the table 4.8 highlighted how rehabilitation centers staff discuss with parents and students on the plan of school reintegration , the majority (62.0%)of all respondents accepted that they discuss with staff about the plan of school; reintegration while 38.0% of all respondents indicated that they do not discuss on the plan of school reintegration.

b) **Were you provided with any educational support or materials to assist in your school reintegration?**

Researcher wanted to know if rehabilitation center provides the school materials to support or facilitate the schools reintegration and the results are shown in the table 4.9

Table 4. 9Provision of school materials to assist in the school reintegration

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	162	80.0	80.0	80.0
	NO	40	20.0	19.0	100.0
	Total	202	100.0	100.0	

Field Data,2023

Findings revealed that majority (80.0%) of all respondents accepted and appreciated that rehabilitation center provided educational support or materials to assist in your school reintegrationn while other 20.0% of all respondents indicated that there is no education or school materials provided for the school reintegration.

c) **What kind of support or materials were provided to assist in your school reintegration?**

Researcher wanted to know which kind of materials provided by rehabilitation centers and the findings are highlighted inn the table 4.10

Table 4. 10Types of materials were provided to assist in your school reintegration?

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	School materials	80	39.0	39.0	39.0
	Vocational materials	59	29.0	29.0	68.0
	hygienic materials	21	10.0	10.0	79.0

None	10	5.0	4.0	84.0
other materials	32	15.0	15.0	100.0
Total	**202**	**100.0**	**100.0**	

Field Data,2023

Findings shown in the table 4.10 indicated that 39.0% all respondents participated in the study were provided with the school materials , 29.0% of all respondents were provided with vocational materials ,10.0% of all respondents were provided with hygienic materials , 15.0% of all respondents gained the other different materials while 5.0% of all respondents did not get any materials from rehabilitation centers for schools reintegration.

d)   What emotions did you feel when returning to school after participating in the rehabilitation center activities?

Researcher wanted to see emotion of respondents when returning at schools and the findings were summarized in the table 4.11

Table 4. 11What emotions did you feel when returning to school

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excited	115	56.0	56.0	56.0
	No change	24	11.0	11.0	68.0
	Anxious	20	9.0	9.0	78.0
	Confident	10	4.0	4.0	83.0
	Nervous	32	15.0	15.0	99.0
	No change	1	1.0	.0	100.0
	Total	202	100.0	100.0	

Field Data,2023

The majority (56.0%)of respondents were excited to be reintegrated ,12.0% of all respondents indicated that their emotions were not changed ,9.0% of all respondents were anxious about the their schools reintegrations,4.0% of all respondents indicated that they are confidents about school; reintegration while 15.0% of all respondents were nervous to turn back at school.

e)   How would you describe your interactions with classmates and teachers after returning to school?

Researcher also wanted to know the student's interaction with the classmate and teachers at school after reintegration and the findings are summarized in the table 4.12

Table 4. 12 interactions with classmates and teachers after returning to school

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Improved	152	75.0	75.0	75.0
	Declined	33	16.0	16.0	91.0
	No change	17	9.0	8.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field Data,2023

Findings indicated in the table 4.12 found that 75.0% of all respondents were improved their interactions with teachers and their classmates, 16.0% of all respondents indicated that their classmate and teachers' interaction were declined while 9.0% of them shown no change happen after school reintegration.

f)   How your community accepted the behavior your change   after rehabilitation service within the center

Researcher wanted to know how the community accepted behavior change the students after reintegration and the findings are summarized in the table 4.13

Table 4. 13Community acceptance of behavior change

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	positive	140	69.0	69.0	69.0
	negative	43	22.0	21.0	90.0
	neutral	19	9.0	9.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field Data,2023

Results indicated that majority (69.0%) of respondents indicated that their community accepted positively their behaviors change after rehabilitation service at rehabilitation centers, 22.0% of respondents indicated that their community accepted negatively their behaviors change after rehabilitation service at rehabilitation centers while the 9.0% of all respondents refused to say anything about their community acceptance on the behavior change after rehabilitation service at center.

During interview with the different respondents : The level of students' school reintegration for children from rehabilitation centers is a critical aspect of their educational journey and overall well-being. Achieving a successful reintegration into mainstream schools can be a complex process, influenced by various factors that affect the students' ability to adapt, learn, and thrive. In this interview researcher, explore four key aspects that determine the level of students' school reintegration for children from rehabilitation centers. Firstly, the extent of psychological support plays a crucial role in the level of reintegration. Many of these children have experienced severe traumas and emotional distress. The availability of professional counselling, therapeutic services, and emotional support significantly impacts their capacity to cope with these traumas, manage stress, and interact effectively in a classroom environment. Schools and rehabilitation centers need to collaborate closely to ensure that students receive the necessary mental health assistance to help them deal with their past experiences.

Secondly, the responsiveness of the mainstream school environment is essential. Schools must be prepared to address the specific needs of these children. This includes implementing trauma-informed teaching practices, offering flexible academic support, and creating a safe and inclusive atmosphere where children feel accepted and valued. The effectiveness of these measures directly influences the level of students' reintegration success, as they help to reduce the stress and anxiety that can be associated with returning to school.

Thirdly, peer relationship and social integration are critical components. Successful reintegration often depends on how well children can establish connections with their classmates. Encouraging peer education and sensitization programs to raise awareness about the challenges these students have faced can lead to increased empathy and support from their peers. Schools should also promote teamwork and collaboration to facilitate social integration and ensure these children have the opportunity to make friends and feel like a part of the school community.

Lastly, tailored education support is pivotal for effective reintegration. Many children from rehabilitation centers have educational gaps or specific learning needs. Developing individualized education plans (IEPs) can help address these challenges, allowing teachers to cater to each student's unique requirements. Offering additional academic resources, such as remedial classes or tutoring, can help bridge the educational gaps, thus enhancing the students' ability to catch up with their peers.

4.2.3 Challenges faced by children trained during school reintegration

The third objective of the study was based on the investigation of the challenges faced by children trained by Nyamagabe rehabilitation center during school reintegration. To achieve this objective, researchers drafted a questionnaire and interview guide for different respondents such as students, headteachers, parents, local administrators and rehabilitation centers staff. Several items in the questionnaire were presented to the respondents to rate their availability and the findings are shown in different tables.

a.   Did you face any challenges in reintegrating into the school environment?

The first question stressed by the researcher were asking if the respondents face any challenges at rehabilitation center and in the school environment after reintegration and the table 4.14

Table 4. 14Did you face any challenges in reintegrating into the school environment?

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	91	45.0	45.0	45.0
	No	111	55.0	54.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field Data,2023

Findings shown that 55.0% of all respondents indicated that they do not face any challenges into the school environment while 45.0% of all respondents face more challenges into the school environment.

b.   Did you receive any support from the rehabilitation center during your school reintegration period?

The researcher wanted to know if the respondents received different support from rehabilitation centers during school reintegration and all findings are summarized in the 4.15

Table 4. 15Support from rehabilitation center during schools reintegration

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	165	82.0	81.0	81.0
	No	37	18.0	18.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field Data,2023

Findings indicated that 82.0% of all respondents indicated that they received any support from the rehabilitation center during your school reintegration period while 18.0% of all respondents indicated that they did not receive any support from rehabilitation centers during school reintegration.

c.   How has your academic performance been since returning to school after the rehabilitation center?

Researcher wanted to know the academic performance of the respondents after school reintegration and the results are summarized in the table 4.6.

Table 4. 16Academic performance

Statement	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	Improved positively	98	48.0	48.0	48.0
	Declined	29	14.0	14.0	62.0
	No change	55	28.0	27.0	90.1
	Neutral	20	9.0	9.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field Data,2023

Findings highlighted in the table4.16 show that 48.0% of all participated respondents were improved positively their academic performance, 14.0% of all participated respondents were declined their academic performance,28.0% of them shows no change in their academic performance while 9.0% of respondents refused to show their academic performance after schools' reintegration.

d. Do you feel that the skills or knowledge gained at the rehabilitation center have contributed to your academic progress?

Researcher assessed if the skills or knowledge gained at rehabilitation center are impacting to the student's academic performance after schools' reintegration and the findings are summarized in the table 4.17

Table 4. 17skills or knowledge gained from rehabilitation center towards academic progress

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	91	78.0	77.0	77.0
	No	26	22.0	22.0	100.0
	Total	**117**	**100.0**	**100.0**	

Field Data,2023

Finding indicated in the table 4.17 revealed that 78.0% of all respondents accepted that the skills or knowledge gained at the rehabilitation center have contributed to your academic progress while 22.0% of all respondents indicated that the skills or knowledge gained at the rehabilitation center have not contributed to your academic progress.

e. Did the rehabilitation center activities contribute to improving social skills for school interactions?

Researcher wanted to know how rehabilitation centers activities contribute in the improvement of social skills and the findings are summarized in the table 4.18

Table 4. 18Improvement of social skills for interactions

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	169	83.0	83.0	83.0
	No	33	17.0	16.0	100.0
	Total	**202**	**100.0**	**100.0**	

Field Data,2023

The majority (83.0%) of respondents indicated that they improved their social skills for interactions with the community, classmate and their teachers while 17.0% of all respondents indicated that they are not improved their social skills for interaction.

During interviews, there are some challenges indicated by the respondents and this is the summary of the responses "Reintegrating children from rehabilitation centers into mainstream schools presents a host of complex challenges that demand thoughtful consideration and tailored support. These children have often experienced a range of difficult circumstances, which can make their return to school a significant undertaking. One of the most significant challenges is psychological issues as they said that Many children in rehabilitation centers have experienced various forms of abuse, neglect, or violence, resulting in deep psychological

wounds. These traumas can manifest as anxiety, depression, and post-traumatic stress disorder, making it difficult for them to engage in a typical school environment, education issues are another major hurdle. Due to their tumultuous pasts, children in rehabilitation centers often have interrupted schooling, which leads to substantial disparities in their educational levels compared to their peers. These gaps in knowledge and skills can be disheartening and hinder their academic progress. Behavioral issues are a common challenge. Some children may exhibit disruptive behaviors stemming from their previous experiences, such as aggression or defiance. These behaviors can create disruptions in the classroom and impact the learning experiences of both the affected child and their classmates. Social isolation is a critical challenge. These children face social stigmatization and discrimination from their peers who may not understand their backgrounds. This isolation can lead to loneliness and hinder the development of healthy social relationships. The lack of a support system is another critical issue. Children from rehabilitation centers may not have the strong support and encouragement they need at home, as their families may also be dealing with their own challenges, which can impact their ability to succeed in school. Finally, these children may have specialized needs such as counselling, speech therapy, or learning assistance, that are not always readily available in mainstream schools. Ensuring they receive the necessary support and accommodations is crucial for their academic and emotional well-being. To address these challenges, a comprehensive and multidisciplinary approach is essential. This includes implementing trauma informed education which helps teachers and staff understand and respond to the unique needs of these children, providing individualized education plans (IEPS) to address specific learning or behavioural challenges, and offering access to on-site or accessible, Mental health services Furthermore, fostering a supportive and inclusive school environment through peer education and sensitization can help break down barriers, and involving the local community, including parents and community leaders, can contribute to a more inclusive and nurturing reintegration process. In conclusion, children from rehabilitation centers face a myriad of challenges when reintegrating into mainstream schools. These challenges include psychological trauma, educational gaps, behavioural issues, social isolation, a lack of support systems, and specialized needs. Successfully addressing these issues requires a collaborative effort involving educators, mental health professionals, community members, and policymakers, all working together to provide the necessary support and resources for these children to thrive in the educational system.

4.2.4 Correlation of variables

The fourth objective of this research project aimed to investigate the relationship between children rehabilitation center activities and school reintegration. The findings related to this objective were presented in Table 4.19 and table 4.20. This research focused on two variables: independent variables, represented by children rehabilitation center activities, and dependent variables, represented by school reintegration. T children rehabilitation center activities and the enhancement of school reintegration.

Table 4. 19Correlations of variables

Statements		children rehabilitation center activities	school reintegration
children rehabilitation center activities	Pearson Correlation	1	.948**
	Sig. (2-tailed)		.000
	N	202	202
school reintegration	Pearson Correlation	.948**	1
	Sig. (2-tailed)	.000	
	N	202	202

**. Correlation is significant at the 0.01 level (2-tailed).
Primary data,2023

Table 4. 20 Regression analysis Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.948ª	.898	.0.898	.45716	.399

a. Predictors: (Constant), children rehabilitation center activities

b. Dependent Variable: school reintegration

Primary data,2023

The primary aim was to understand the correlation between these two variables and establish a regression analysis model. Table 4.19 in the study revealed a strong relationship between children rehabilitation center activities and school reintegration. This relationship was substantiated by a Pearson correlation coefficient (r) of 0.948, which was associated with a statistically significant p-value of 0.000 for a two-tailed test. This suggests a highly positive and statistically significant association between well-implemented

The findings also found in table 4.20 that all variables are coherent with the school reintegration affected with different children rehabilitation center activities as it is shown by the regression analysis model with Square of 0.898 means that children rehabilitation center activities were appreciated to enhance school reintegration in Rwanda.

5. CONCLUSION AND RECOMMANDATIONS

5.1 Conclusion

This research has provided a comprehensive overview of children rehabilitation center activities impact on school reintegration in Rwanda. In conclusion, all the respondents have consistently emphasized the necessity of implementing various children rehabilitation center activities to facilitate the school reintegration in Rwanda. The research has highlighted that the effective utilization of these children rehabilitation center activities can significantly contribute to the ease and speed of school reintegration in Rwanda development. Furthermore, the third objective of the study has demonstrated a strong and positive correlation between children rehabilitation center activities and school reintegration in Rwanda. As a result, it is recommended that school management teams should prioritize the establishment of clear and effective school administration strategies aimed at promoting and enhancing the use of school reintegration in Rwanda and within the community.

5.2 Recommendation

Based on the findings indicated in chapter four, the recommendation were formulated to different agents like students, parents, teachers, schools heads, government and non-governmental organization

➢ Students should practice empathy and inclusion, welcoming their peers who have experienced rehabilitation center activities. Foster a supportive environment where everyone is treated with respect and kindness.

➢ Encourage students to provide peer support to their classmates who are reintegrating from rehabilitation centers. Form support groups or mentorship programs to help these students adapt to the school environment.

➢ Parents should maintain open lines of communication with their children and actively listen to their concerns and experiences. Understand the challenges your child may face during reintegration and offer emotional support.

➢ Parents should Collaborate with school staff to ensure that the specific needs of your child are met. Engage in parent-teacher meetings and advocate for tailored support when necessary.

➢ Teachers should receive training in trauma-informed teaching techniques to better understand and support students who have experienced rehabilitation center activities. Create a classroom atmosphere that is sensitive to their unique needs.

➢ Develop and implement individualized education plans (IEPs) to address each student's unique learning and emotional requirements. Flexibility in teaching approaches can assist these students in catching up academically.

➢ headteacher should Ensure your school fosters an inclusive environment, where all students feel safe and supported. Implement and enforce anti-bullying policies to reduce discrimination and stigma.

➢ Headteacher should Invest in the professional development of your teaching staff to equip them with the necessary skills to address the distinctive challenges of students from rehabilitation centers.

➢ Ministry of education should Establish a comprehensive policy framework that outlines the rights and support mechanisms for students reintegrating from rehabilitation centers. Ensure these policies encompass access to education, mental health services, and community reintegration.

➢ Government of Rwanda should allocate adequate resources to schools and rehabilitation centers to guarantee the availability of necessary services and support. Sufficient funding is critical for providing quality education and mental health care.

➢ NGOs can engage in community awareness campaigns to reduce the stigma and discrimination faced by students reintegrating from rehabilitation centers. These initiatives can help create a more supportive social environment.

➢ NGOs can provide supplementary support services, such as after-school programs, mentorship, and scholarships, to enhance reintegration and academic success.

➢ NGOs should participate in advocacy efforts to influence policy changes that safeguard the rights and well-being of children reintegrating from rehabilitation centers. Collaborate with governments to ensure supportive policies are enacted and enforced.

Successful reintegration of students from rehabilitation centers into Rwandan schools is a collective effort involving students, parents, teachers, headteachers, governments, and NGOs. By promoting empathy, implementing trauma-informed teaching, and creating inclusive policies, a supportive and accepting environment can be established, fostering the well-being and educational success of these students. Collaboration between all stakeholders is essential to ensure a holistic and effective approach to their reintegration.

5.3 Suggestion for Further Studies

There are several areas related to the influence of children's rehabilitation center activities on students' school reintegration in Rwanda that warrant further research. Here are some suggestions for future research topics:

➢ Investigate the long-term effects of participating in rehabilitation center activities on students' educational outcomes, mental health, and overall well-being. This study could follow students over an extended period to assess how their experiences in rehabilitation centers influence their lives as adults.

➢ Examine the effectiveness of trauma-informed education programs in Rwandan schools, particularly in terms of supporting the successful reintegration of students from rehabilitation centers. Assess how these programs improve academic achievement and emotional well-being.

➢ Research the impact of social inclusion and positive peer relationships on the reintegration process. Explore how fostering friendships and a sense of belonging in schools contributes to students' adjustment and success.

➢ Investigate the role of parental and community involvement in facilitating the reintegration of children from rehabilitation centers. Examine how active participation of parents and communities contributes to a supportive environment for these students.

➢ Conduct a comparative analysis to assess the differences in reintegration experiences between students who have participated in rehabilitation center activities and those who have not. This could involve a comparison of academic performance, mental health, and social adjustment.

➢ Evaluate the impact of government policies and initiatives in Rwanda aimed at supporting the reintegration of students from rehabilitation centers. Assess the effectiveness of these policies in creating an inclusive and supportive educational environment.

➢ Explore the mental health outcomes of students who have undergone rehabilitation center activities. Investigate how participation in such activities impacts their mental health, resilience, and ability to cope with adversity.

➢ Examine the best practices employed in rehabilitation centers in Rwanda and how these practices contribute to successful school reintegration. Identify effective strategies and interventions that can be replicated in other settings.

➢ Investigate the factors that contribute to dropout rates among students from rehabilitation centers after their reintegration into mainstream schools. Understand the challenges they face that may lead to discontinuing their education.

➢ Conduct comparative studies with other countries that have experienced similar conflicts or challenges involving the reintegration of children into schools. This can provide valuable insights and best practices that can be adapted in the Rwandan context.

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