



***INDRIA GANDI NATIONAL OPEN UNIVERSITY
SCHOOL OF CONTINUING EDUCATION***

***THE EXPERIENCE OF STREET CHILDREN IN THE REHABILITATION PROGRAM
OF AMHARA NATIONAL REGIONAL STATE OF SOUTH WOLO ZONE, DESSE CITY:
THE CASE OF ADMAS STREET CHILD REHABILITATION AND DEVELOPMENT
PROJECT***

BY: MAHMUD AHMED ENDRIS

*September, 2017
Addis Ababa, Ethiopia*



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BY: MAHMUD AHMED ENDRIS

***IN PARTIAL FULFILLMENT OF THE REQUIREMENT OF MA DEGREE
IN SOCIAL WORK***

Thesis Advisor: Dawit Tafesse

*September, 2017
Addis Ababa, Ethiopia*

DECLARATION

I hereby declare that the dissertation entitled ***THE EXPERIENCE OF STREET CHILDREN IN THE REHABILITATION PROGRAM OF AMHARA NATIONAL REGIONAL STATE OF SOUTH WOLO ZONE, DESSE CITY: THE CASE OF ADMAS STREET CHILD REHABILITATION AND DEVELOPMENT PROJECT*** (Write the title in block letters) submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that o chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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CERTIFICATE

This is to certify that Mr.Miss/Mrs. ***MAHMUD AHMED ENDRIS*** Student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his/her project work for the Course MSWP-001. His/Her project Work entitled. ***THE EXPERIENCE OF STREET CHILDREN IN THE REHABILITATION PROGRAM OF AMHARA NATIONAL REGIONAL STATE OF SOUTH WOLO ZONE, DESSE CITY: THE CASE OF ADMAS STREET CHILD REHABILITATION AND DEVELOPMENT PROJECT*** Which he/she is submitting, is his/her genuine and original work.

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Table of Content

Table of Content

<i>ACKNOWLEDGEMENT</i>	<i>i</i>
<i>Table of Content</i>	<i>ii</i>
<i>List of Tables</i>	<i>iv</i>
<i>Abstract</i>	<i>vi</i>
<i>CHAPTER 1: Introduction</i>	<i>1</i>
1.2. Statement of the problem	2
1.4. Significance of the study	5
1.5. Scope and Limitation of the study	6
CHAPTER 2: Literature Review	7
2.1 Defining street children	7
2.2. Underlying causes of street children	13
2.3. Magnitude of the problem and the challenges that street children face	16
2.4. The Global and Regional Perspective	19
2.5. Street children and the public image	21
2.6. Street children in Ethiopia	23
<i>CHAPTER 3: Research Design and Methodology</i>	26
3.2. Methodology	27
3.3. Location of the study and the target population	27
3.5. Ethical considerations	28
3.6. Analysis of survey/interviews	29
3.7. Secondary Sources	30
3.8.1. Educational Background of Parents	36
3.8.2 Occupational Distribution of the Respondent's Family	37
3.8.3. Work done by Children's Guardians/Parents	37
3.8.4. Habit and Addiction	37
3.8.5. HIV/AIDS/STDs Knowledge, Attitude and Practices	38
3.8.6. Child Abuse	39
3.8.7. Public's Perception of street children	39
3.8.8. Street Children's Perception about Street Life	39

3.8.9. Analysis of Causal factors	39
3.8.10. Intervention for street children in Dessie	40
3.8.11. Governmental organizations	41
<i>CHAPTER 4: The major findings of the study</i>	42
<i>CHAPTER 5: Recommendations, conclusion and social work implication</i>	48
5.1. Conclusion	48
5.2. Social work implication	50
<i>References</i>	53
<i>i. Annex</i>	54

List of Tables

Table 1: Where the street children slept?.....	31
Table 2: Respondents by Age and sex Age group.....	31
Table 3: Proportion of Street Children Categories by Location	32
Table 4: Children’s schooling.....	33
Table 5: Children’s Life Status	33
Table 6: Place of origin and cause of migration of children	34
Table 7: Street Children’s Economic Activities	35
Table 8: How children obtain food	36

Acronyms

ACRDP	Admass Child Rehabilitation and Development Project
AIDS	Acquired immune Deficiency Syndrome
BOLSA	Bureau of Labour and Social Affairs Office
CBOs	Community Based Organizations
CRC	United Nations Convention on the Rights of the Child
CSO	Consortium for Children organization
FGD	Focus Group Discussion
FHI	Family Health International
FSCE	Forum for Street Children
HIV	Human Immune Deficiency Virus
MOLSA	Ministry of Labour and Social Affairs
NGO	Non Governmental Organizations
SC UK	save the Children UK
UN	United Nations
UNESCO	United Nations Education scientific and Cultural Organizations
UNICEF	United Nations Children's Fund
WHO	World health Organization

Abstract

Streetism is a socio-economic phenomenon that has existed for years. Although its cause and magnitude varies from nation to nation depending mainly on the socio-economic structures, the phenomenon is prevalent in both developed and less developed countries and is one among the social problems that has gained international attention currently. The term “streetism” and “street child” has been in popular usage since the UN declaration on the “year of the child” in 1979. The concept is vague or too broad and is not as such easy to define. This has caused controversy particularly in labeling a certain group of disadvantaged children. According to UNICEF estimates, 100 million children live and work on the streets of the cities of the world. The majority of them are in developing countries: 40 million in Latin America, 25-30 million in Asia, and 10 million in Africa. Street children are mainly boys, but the number of girls is increasing rapidly in the last decades of this century.

The phenomenon of street children is recognized as a major social problem throughout Ethiopia. A very high proportion of Ethiopia’s children live in or have experienced conditions which worldwide are recognized as pre-disposing factors to street-life involvement, namely poverty, natural disasters, family disintegration, aids, war and displacement of families. Given the basic data from UNICEF’s State of World’s Children, some 1.1 million urban children between the ages of 5 and 15, whose families live below the poverty line (UNICEF; 1992).

Desse is the capital of South Wollo Zone of the Amhara National Regional State. The town has suffered the full consequences of recurrent drought, famine, and civil war for a long period of time and finally it becomes home of a multitude of acute socio-economic problems. Still today more and more people in the town are exposed to acute social and urban economic poverty. Nowadays, the phenomenon of streetism in the town of Desse has become a major social problem. According to MOLSA studies supported by UNICEF, it is estimated that the overall number of children in the street of Desse and its outdoors is around 5000 and many of them are arriving from rural areas looking for job.

Thus, this paper indicated that the problem of street children was not the case that should be left to one organization. Therefore, Efforts should be made by different stakeholders, government, non -governmental organizations and community based organizations and by the public

CHAPTER 1: Introduction

1.1 Back ground

The phenomenon of street children is becoming one of the global big problems that overrun the whole areas of our universe. UNICEF'S annual State report indicated that millions of children live and work around the streets of industrialized, developing, and underdeveloped countries and suffering daily from the consequences of poverty and community neglect(Apekar, L. 1994).

In the context of Africa, migration from rural areas to urban is one of the factors that increase the problem of streetism in towns. According to a study conducted in the different African capital cities, 32% of respondents were of rural origin (Abeje, 1998). Another study in the sub Saharan Africa showed that about 61.1% of street children are migrants from other rural or urban areas (Kidist, 2007).

The eighties and nineties saw a growing global concern for the rights and welfare of children. This culminated in the adoption of the Convention on the Rights of the Child by the General Assembly of the United Nations on 20 November 1989. This was closely followed by the adoption of the Organization of African Unity's Charter on the Rights and Welfare of the Child by the Assembly of Heads of State and Government held in Addis Ababa in 1990. In line with the general concern for the rights and welfare of children in especially difficult circumstances, is another growing international problem of the rising numbers of street children in urban areas. This has translated into the increasing number of governmental and non-governmental organizations throughout the world whose main activity is to help alleviate the plight of street children. (Apekar, L. 1994).

According to family health international global factors such as natural disaster, internal migration and poverty, lack of proper care and HIV/AIDS are the factors that highlight the vulnerability of children; the same is to concerning the situation to Ethiopia (FHI, 2010). Moreover Retrak (2012) stated that with the advent of urbanization, recurrent drought, famine and HIV/AIDS have claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and outside of parental care.(Kidist, 2007).

Different interventions have been established to support and fulfill the needs of street children. The focuses of these interventions usually differ from one another. Some of them focus on delivering basic services, others on providing health care or educational services, and some others on promoting and protecting the human rights of these children (FSCE, 2003)

According to the convention of child right (CRC, 1989) and United Nations declaration, children should have given proper and complete care and services shall be extended to street children to ensure their all rounded and harmonious development. However, the vulnerability of street children have more often served as tragic illustrations of neglect and marginalization as genuine targets of national policies, program and services.(Kibrom, 2008).

In the situation of Ethiopia, natural disaster, internal migration and poverty, lack of proper care and HIV/AIDS are the factors that highlight the vulnerability of children (FHI, 2010). Moreover Retrak (2012) stated that with the advent of recent urbanization, recurrent drought, famine and HIV/AIDS have claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and outside of parental care. (Veale 1993 in Ochola, L and Dzikus, A, 2000).

In line with this, Street children's situations are complex and that quick fixes are helpful in response to help them get out of the street life one of which can be as being targeted for involvement in different educational training programs. Therefore, the main purpose of this study is to explore the life experience of street children in the rehabilitation program at Admas street child Rehabilitation and Development project in the city of Desse.

1.2. Statement of the problem

The problem of street children was becoming a worldwide phenomenon since these children exist in every part of the world. According to the 2003 report made by FSCE, USAID and PACT, children leave their home for various reasons and start living on the street in most urban cities. The vast majorities of these children work and live in large, urban areas of developing countries. Some of the street children are part of the entire families who live on the street (FSCE, 1998).

According to mekonen (2011), streetism is becoming one of the major challenges of all urban areas of Ethiopia. The capital city Addis Ababa and the regional cities like Desse are among the cities that are highly affected by the problem of street children. Since 1974 there have been

attempts to conduct a research concerning the problems of these children in the country in general and Addis Ababa in particular. mekonen (2011),

The magnitude of the problem of street children in Ethiopia, the first survey on the street children was carried out by the Rehabilitation Agency in 1974. This study which used a head counting technique documented that there were 5,004(4,955 or 99% male and 49 or 1% female) Street children living in Addis Ababa and almost none in Desse.MOLSA Report,2012

On the other hand in the case of Desse, the problem of street children as lower estimates indicates 3000 and the higher with 5000 has become one of the major social problems in the city today /MOLSA 2015,report/ The following conceptual framework is developed in order to understand the casual factors that Pushes or pulls children into the streets .Different literatures noted that the underline cause of Streetism in three major levels:-

1: Macro level factors – factors which are in the community context these are poverty, urbanization, forced resettlements, parent’s relocation without adequate planning, overcrowding, absence of education and job opportunity, high cost of leaving.

2.Meso level factors – factors which are in the family context these are family breakdown ,disintegration of marriage, single parents inability of parents to feed the children and due to this family violence, physical and psychological maltreatment of children by parents ,absence of parents due to long working hours, alcoholic parents and mistreatment of children are some of them .

3. Micro level factors – factors which are related to personality traits are the following feeling of inferiority, parent’s inability to afford school, uniforms and the like. Orphan children due to death of parents, peer pressure, feeling of uselessness are some of them.

Hence, the focus of the study is to explore the intervention mechanisms to create a conducive environment for these vulnerable groups by looking at one of the rehabilitation center of Admas Child Development project.

Admas Child and Development Project is a local charity organization and it began its work in 2002.The association has been working on street children and other vulnerable social groups. The program is serving on street children who temporarily reside in Desse City. The child space program has able to reach of street children in the City of Desse with different services and

rehabilitating along with a large number of children and youth living and working on the streets into a sustainable mainstream community environment.

The center has been giving rehabilitation and reintegration services. The services given under the rehabilitation center includes sanitation and hygiene services, health education and medication, psychosocial support, life skill training, sport and recreation services. On the other side the reintegration service includes small business, vocational skill training, job placement and reunification to their families. The project was signed in between the association and the Desse City Labor and Social Affairs Office in May, 2014 and the actual implementation of the project started in January, 2015.

Thus, the research is only confined to the city of Desse, where Admas Child Rehabilitation and development project is found and implementing its project here. The area was selected due to the reason that the researcher is more interested in working on street children and believes that children should get true love and care from the society at large. Moreover, the researcher is currently living in Desse. Since, street children are one of the most delicate and vulnerable sections of the society, they have to get true love and care from the society at large. As a special group of children in a severe situation they are helpless because of being deprived of the basic necessities of life, such as food, shelter, and clothing and psychological supports. In the absence of the fulfillment of these basic needs, mere survival of the child becomes impossible and they grow up as unwanted members of the society. Thus to end this multifaceted problems the researcher is interested to see the issues that are related to helping these vulnerable groups by looking one of the Admas Child Rehabilitation and Development Project in Desse.

1.3. Objective and research question

The study will provide some research questions which will help chart a further investigational course for the research:

1. What were the street children's prior experiences before joining the rehabilitation center?
2. How far the interventions were appropriate in order to rehabilitate these children and to become self reliant individuals in the future?
3. What were the challenges faced by the street children in the rehabilitation center?
4. What should be done to overcome the challenges they encountered in the rehabilitation center?

The study would also have the following objectives:-

- To understand the effectiveness of the program mechanisms to meet the objectives of the program.
- To assess the practices of the rehabilitation program in rehabilitating the street children and to identify the strengths and weaknesses of the project.
- To identify the strategies that street children use to cope with the rehabilitation program.
- To understand street children's perceptions of their life in the rehabilitation program towards the problems, fears, hope and the public towards street children in general.
- To examine the major contribution of the relevant intervention mechanisms by the rehabilitation centre in making street children developing positive self esteem and to become self supporting individuals in the future.

1.4. Significance of the study

Children represent hope and future in every society; therefore, solving the problems of children in general and the street children in particular can serve as an input for sustainable development. For this reason the researcher is interested to see on the issues of street children who are the most vulnerable part of every society.

Moreover, the researcher is working in the profession of Social worker in the study area. Therefore, I believe the situation of street children need to be well addressed to the different stakeholders such us the Go's, Ngo's and the community at large since these children are tomorrow's youngsters who are contributing to the nation's development. Thus, the situation of street children and the multifaceted problems that they are facing should be well addressed and require a lasting solution.

Hence, this research study was important to asses, to identify the gaps and to examine the different coping strategies and the real life experiences of street children in the rehabilitation program.

On the other hand, it paves the way for those who are interested in this area, since it will contribute as a baseline for those who are interested to conduct further investigation about this issue.

1.5. Scope and Limitation of the study

The study was limited in the city of Desse at Admas child Rehabilitation and Development project center in which their main objectives and programs are prevention and rehabilitation of street children in and around Desse town. Hence the researcher believed that it contributes as a baseline for all responsible stakeholders to alleviate the multifaceted problems of the street children by exploring the above mentioned rehabilitation program.

Despite the fact that the availability of a number of issues related to child streetism, this research limited itself only to explore the situation given that there was time and financial constraints and the study would also try to explore the rehabilitation program of Admas child development center. It would also try to assess in depth, the perspectives of street children about their street life and stakeholders perceptions and attitude towards street children.

1.6. Conceptual Definitions

The UNICEF's categories of street children will be adopted for the purpose of this study.

Street Children: boys and girls, ranging in age from 5-17 years, for which the street has become the home and only source of their livelihood.

Children on the street: those primarily engaged in economic activities. They are children of either sex, within the age of 5-17 years, working or begging on the street and living with their parents or relatives.

Children of the street: refers to children of either sex who are with the age group of 5-17 and who are both economically and socially engaged on the street life. These children live and work on the street without any kind of control or assistance from parents or relatives.

Children of street mother/father: are children who live with their mother/father or both parents on the street in plastic shelters. These children may be engaged menial work or begging and may attend regular /night schools. The age range of these street children is 7-18(FSCE, 2003).

Rehabilitation program: includes the services provided to street children. It may be educational, medical, psychological, economical, recreational, technical, etc

CHAPTER 2: Literature Review

2.1 Defining street children

The term 'street children' which is commonly used in literature on the thematic area was initially defined by UNICEF as 'boys and girls aged under 18 for whom 'the street' (including unoccupied dwellings and wasteland) has become home and/or their source of livelihood, and who are inadequately protected or supervised (Black, 1993; Glasser, 1994 in Save the children UK, 2012).

The definition of who is a street child is the determinant element in assessing their numbers and undertaking profiling of street children .However, most global bodies appears to disagree when it comes to deciding the age at which childhood is legally over. Various agencies, both national and international set the upper age limit of childhood differently (Pietkiewicz, 2012).

The UN child Rights Convention defines all those up to 18 years of age as children .Most of the international agencies which work on child's right issue(UNICEF and Save the Children) follow this definition and they also insist that children in the 0-18 year's age bracket should not be part of any kind of labour force (SC,2011).Moreover, Gurung pointed out that Children under 18 years of age who spend most of their time in the streets are universally recognized as street children(UNICEF,SC,2007).

According to UNICEF (2007), street child defined as a child for whom the street has become his or her habitual source of livelihood; and also who is inadequately protected, supervised, as well as directed by responsible adults. In previous studies on street children the street child definition included to any child that worked on the street. However, based on more diverse global researches, different categories of children living on the streets have been distinguished, while it is still difficult to categorize the recognition of children's complex experiences.

The United Nations also has its own definition of street children "any girl or boy for whom the street in the widest sense of the word (including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised, or directed by responsible adults"(Aptekar, 1994).

Mark W.Lusk cited in Aptekar (1994) developed four categories of children found in the streets. Each group has its own psychological characteristics. First, there are poor working children returning to their families at night. They are likely to attend school and not to be delinquent. Second, there are independent street workers. Their family ties are beginning to break down, their school attendance is decreasing, and their delinquency is increasing. Third, there are children of the street families who live and work with their families in the street. Finally, these are street children who have broken off contact with their families. They are residing in the streets full time and are the *real* street children.

According to the reported study on child abuse in India, the term street children refer to children for whom the street more than their family and has become their real home. It includes children who might not necessarily be homeless or without families, but who live in situations where there is no protection, supervision, or direction from responsible adults (UNICEF, 2007).

Gurung (2007) also stated that the phenomenon of street children is universally recognized with the increasing awareness among governmental, non-governmental and international organizations. Street children are seen as an especially vulnerable group, worthy of special support, attention, and intervention. The term street children may suggest homeless children /youth or runaways.

The most popular general working definition for street children is from the Inter-Ngo in Switzerland who identifies a street child as: “Any girl or boy who has not reached adulthood,[...]for whom the street has become his or her habitual abode and or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults”(Inter-Ngo,1985 in schurink,1993,p:5).Other classifications used to describe the situation of these children include ‘street youth’, ‘homeless youth’, ‘children on the move’, ‘street-connected children’ and ‘children in street situations’ (SCS, 2011).

However it has been argued that these definitions are too general and broad-based and many people feel that these children are not adequately defined according to the uniqueness of their experiences, resulting in many youths being under recognized and under reported (Tudoric, 2005) With this in mind Ritcher (1988) has elaborated urban street children in a broad category of children by identifying a further five categories of street children within the category of urban

youths this are *Throw away youths* who have been completely abandoned and neglected by their parents, *Run –away youths* as those children who have run away their homes due to deprivation, physical or sexual abuse, alcohol abuse and general peer pressure to join the perceived freedom that streets seems to offer. The third category *Slum youths* who are group of street children who belong to slum families and the fourth category *Dump youths* who live on rubbish dumps and scavenge for food daily and the last category *Bush youths* who live in bush and are often from homeless families.

At the same time, it is argued that there are children who fall under different categories or move between categories. Hence UNICEF further groups these children into three sub-classifications, *children off the street* and *children on the street*. The term ‘children of the street’ refers to children living on the street or sleeping in public places. These children are also referred to as street-living children. The second category, ‘children on the street’ refers to children who live with their families or guardians and work on the street mainly to supplement family income. These children are also classified as street working children. They work on the streets during the day and/or evening but they return home to sleep on a regular basis. The third category is children from street families who live on the streets with their families (SC, 2011).

Many literatures depict numerous attempts at defining street child phenomenon, hence the following definitions emanated from the literature Shrunken (1993:5) say:

A street child is a boy or a girl who is under the age of eighteen and who left his/her home environment part time or permanently because of problems at home and or in schools, or to try alleviate those problems ,and who spend most of his /her time unsupervised on the street as part of a subculture of children who live an important communal life and who depend on themselves and each other and not on an adult ,for the provision of physical and emotional needs such as food, clothing ,nurturance, direction and socialization .

On the other hand, Chetty(2001)and Barnette (2004) in Michael (2010) argue that definition of street children is many and varied, depending on the orientation of the definer that is street children are those who have abandoned or have been abandoned by their families schools and immediate communities before the age of eighteen and drifted into a nomadic street life.

Similarly, Monicah (2011) also added that the phrase street children is plainly straight forward and covers vast differences in the lived experiences. In reality, the fact about street children do

not include a homogenous set of troubled children with the similar important traits this shared characteristic is inadequate to differentiate street children as a specific social group. Those considered as street children exhibit a vast diversity. They vary in age from infants to eighteen-year olds both males and females.

For this study, when referring to street children, I refer to those who are on the streets, alternating between the street and institutions, who still possess the mindset of street life and those who joined the Drop in Rehabilitation Center Project and both male and female street children who are also belong to the age group of 8-18 years were defined as street children.

The phenomenon of street children has been in existence for many years. Historically, orphans, homeless and street children were cared for by religious organizations such as churches, temples and mosques as part of their charity mandate. These children were regarded with pity and sympathy, and the somewhat paternalistic approach to their sustenance through handouts was well supported by the public (D' Souza, 2008). The 20th century saw a politicization of the street children 'problem', shifting responsibility away from religious groups, more towards the government. In the light of increasingly negative images of street children as delinquents, a number of institutions emerged the world over, which tried to treat these vulnerable children in isolation (Consortium for Street Children, 2004).

The term, "street children" was first used by Henry Mayhew in 1851 when writing *London Labour and the London Poor*, although it came into popular usage only after the United Nations Year of the Child in 1979 (Williams, 1993 in D' Souza, 2008). The concept is vague or too broad and is not as such easy to define. This has caused controversy particularly in labeling a certain group of disadvantaged children to fall under the category of street children. This is because street children's needs, problems, aspirations, and level of deprivations are similar with other disadvantaged children who came from similar socio – economic background. Therefore it should be noted that this group of children are not different from their counterparts and have all rights like other children. In some places there is strong objection in using the term street child because of negative connotations it has on the well being of children (FSCE, 2003).

Various agencies have come up with their own definitions to deal with the issues of street children .However, overall it is clear that the approach basically centers on a certain set of working and living conditions .Regardless of the definition or category in which they are placed

such as with family, without family orphan, working, or non-working, street children tend to spend a major part of the day on the streets with other children during their adolescence.

All over the world, street children are exploited victimized whom society loves to hate. They seem to hover on the periphery of other people's lives because of this society tends to see them in insubstantial way. Most of the people prefer to call the *street children* because these children have homes and parents somewhere in the community but they happen to find themselves living and working on the streets due to different reasons they are traditionally regarded as being a nuisance, mischievous at best criminal at worst (Michael, 2010).

The definition of street children is contested among academics, policymakers, practitioners, politicians, and the general public. Individuals and groups have their own preferred definition (West, 2003 in D' Souza, 2008). Generally, these definitions depend on such factors as where they come from, what they do and where they spend most of their time. In Addition Cosgrove (1990) asserts that A street child is any individual under the age of majority whose behavior is predominantly at variance with 'community norms' for behavior and whose primary support for his/her developmental needs is not a family or family substitute.

However, De Moura (2002) has argued that this type of classification incorporates the idea that the deficient characteristics of these youth differentiate them from an assumed 'norm'. Hecht (1988) also explored another level of definition, how street youths see themselves in relation to their families and society at large, he asserted that "In some countries it is quite harmful for youths to work in the street, dance in the street, beg in the streets, sleep in the street ... [and so]... the street is venue for their actions not the essence of their character" Hecht (1988:103). Street children, therefore, play a number of roles and it would be a mistake to lump them together, as this would mean that they bring with them similar problems and needs, calling for similar interventions.

Apart from commonly used definitions, some countries have peculiar ways to appellation the phenomenon, which give clues about the country and the way they approach street children. For instance, in the UK and the USA, street children are defined as "runaways", who leave home without permission and stay away during the night (Altanis and Goddard, 2003). In Columbia they are called "gamin" (urchin) and "chinchas" (bed bugs), in Brazil; "resistoleros" (little rebels), in Italy "bui doi" (dust Children), in Vietnam; "saligoman" (nasty kids", in Rwanda

“moustiques” (mosquitoes) and “mala pipe” (pipe sleepers) in South Africa (Barrette, 1995:7, in Brink, 2001) In Peru they are called *pajaro frutere* meaning fruit bird; in the Cameroons they are called *monstiques*, meaning mosquitoes; in French they are called Gamin ,which means a neglected boy/girl or the one left to run about the street ;in Spanish particularly in south America they are called *Trombadiha* which means Juvenile theft ;in Turkey since they settled under the Galata Bridge in Istanbul, they are called *children under the bridge* .Other names also given to them such us hopeless, ruffians, thieves, parasites, hooligans, and bad influence” (Schurink, 1993:15 in Michael, 2010).

As has been previously mentioned, street youths are often thought to be deviants and criminals who should be locked away as they are a danger to society in general *a lost generation, hooligans, good for nothings, thieves, violent youngsters, nuisances and parasites* (Barrette, 1995 in Tudoric, 2005) .However, this is considered a too simplistic a point of view, and in fact, there is a multiplicity of view points and options currently emerging as how to define a street child.

In this way, formulating an accurate definition of what exactly constitutes a street child has become problematic and has often fostered much hot debate amongst the professionals. However UNICEF has attempted to address the definition problem by grouping all youths as *urban youths at risk* .In this regard, they refer to *working youths* as these youths that work in the city streets or elsewhere (Ennew, 1994).

Another factor that has been focused on in formulating definitions has been the emphasis on the rhetoric used by researchers, policy makers, health workers and the media. It has been argued that discourses have been used to provide a set of meanings, misrepresentations, images and stories in such a way so as to provide a particular version of street children, often to stimulate interest and support from social structure and resource, which has ultimately influenced how street children are seen and therefore understood (Richter, 1990).

Similarly, Payne (1997) has argued that contemporary social work is a creation by social workers, clients and agency contexts. Therefore, an awareness of the role of language in social work is also significant as it can have far reaching implications that influence decision making processes. This reality created by the use of language can be seen in some of the discourses around street youths. For example the use of phrase such as child protection or youths in

particular difficult circumstances or working youths prove for very strong rhetoric. This indicates the marked effect that language can have on social work policy and practice. (De' Moura, 2002). Other research outputs have come to see the importance of age and gender in definitions of street youths because these are important in organizing principles in society. Hanson (2003) in Tudoric, (2005) points out that because social life is a gendered experience, it is important to highlight the impact of gendered social organization, and that too much emphasis has been given to race and class a crucial to explanations of street youths, while gender is often ignored .In addition, definitions around street youths tend to reflect only the typical male experience of the female street children rendered as invisible.

Swart (1988)in Tudoric (2005) also expressed that one of the biggest problems with underestimating female street youths is that male street youths be seen by social services as more in need of social assistance than their female counterparts (Swart ,1988). Thus, it is concluded that current definitions of street youths are still problematic because they ignore the female experience of street life, while only reflecting phallogocentric discourse (Hanson, 2003).

The human right to which the CRC gives priority is that of the survival of the child. The provisions of basic food, shelter and healthcare needs as guaranteed in the CRC cannot be assured while the child is on the street. The CRC states in Article 27 that “states parties need to recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual world and social development”. None of these developmental goals can be realized with children live on the street. Without proper protection, this vulnerable group can suffer undernourishment, poor healthy and intellectual underdevelopment, which can leave lasting impacts on young people’s ability to participate fully in their governments and the broader economy. Hence investing in their protection has profound implications for the development of the nation./Boholano 2013/

2.2. Underlying causes of street children

Street children by the nature of their lifestyle including their living and working conditions fall within the category of the most vulnerable children. Their rights to quality life, education, shelter, food, health care, parental care, protection from physical and emotional abuse, harmful child labour and use of harmful drugs are violated or denied (SC ,2013).

A general reluctance to understand the root causes for the widespread phenomena of street children, is an important element for a general inability to address this issue. Despite efforts which conceptualize street children as “vulnerable” or “children at risk in need of protection”, the prevailing view is that they are really “delinquents” who come from very poor backgrounds and uncaring parents. Given this, government policies are often confined to a legal approach and tend to ignore the root causes of the problem (ESCWA, 2009).

For this reason they remain one of the few marginalized groups who still lack the capacity to meet their basic needs for food, shelter, and clothing. Even when these needs are met, they usually get them in highly sub-standard conditions and often come at the expense of their overall wellbeing. On a daily basis, the rights of street children are violated as they face the risks of violence, abuse and exploitation, health hazards, stigma and discrimination, and psychological problems related to stress, anxiety and depression. Street children do not have access to basic services that are freely available including basic health care and education that are essential for the overall child and youth development (Goal Ethiopia, 2013).

The World Bank estimates that 45% of the world population is forced to live with less \$1 a day, of whom almost 50% are children. Hundreds of millions of children today live in urban slums, many without access to basic services. They are particularly vulnerable because of stresses of their living conditions (UNICEF, 2012). According to the convention of Child Right (CRC, 1989) and United Nations declaration, children should have given proper and complete care and services shall be extended to street children to ensure their all rounded and harmonious development. However the vulnerability of street children have more often served as tragic illustrations of neglect and marginalization as genuine targets of national policies, program and services.

Street children experience high levels stress and physical and sexual abuse and psychological trauma as a result of living on the street, and they suffer from psychological pathologies such as depression and suicide behavior at substantially higher rates than children who live at home or in alternative permanent accommodation (Schimmel 2006 in Naidoo, 2008). They typically face danger on a daily basis and their lives are threatened in a myriad ways. High rates of disease and infection amongst street children are indicative of health hazards of street life. This encourages street children to lose trust in them, in other people and in GOD. Their self esteem is challenged by experience of humiliation, guilt and helplessness.

In the case of street children their living conditions including residential and working locations and their links with their families also become determinant factors. Many of the street children say that they ended up in the street due to violence in the home or family (UNICEF, 2005). Another Indian study done by (Pietkiewicz, 2012) has showed that the most common family problems of street children are death of a parent, stained relationships with step parents, parents separation, alcoholism of father, insufficient food, abuse and family violence thus, although poverty was a significant aspect of the children being on the streets, family discord was the major problem (Apetakar, 1994). Living in a constant state of survival mode in which they must be preoccupied with finding food, shelter and clothing takes a severe toll on their psychological well being (Naidoo, 2008).

In addition migration from rural areas to urban is also one of the factors that increase the problem of streetism in towns. According to a study conducted in Addis Ababa by Abeje Berehanu 32% of respondents were of rural origin (Abeje, 1998). Another study in Hawassa also showed that about 61.1% of street children are migrants from other rural or urban areas (Kidist, 2007).

Hitman Gurung (2004) has noted the that the underlying causes for children to come to the street related to the issues such as poverty and illiteracy which affect the majority of street children he also indicated that other factors such as children are abused on not provided adequate love, care and support and single parents or the presence of step mother or step father are common phenomenon. The 2007 baseline survey on children of the street in Addis Ababa by UNICEF, BoSCA and BoFED revealed that a complex set of factors push and pull children to street life (UNICEF, 2007). The most common factor was family poverty (30.5%), followed by disagreement with biological parents (26.7%), physical abuse by step parents or guardians (11.4%), parental death (10.5%) and peer pressure which accounted to 8 per cent .A more recent study in Addis Ababa found out that about 60 per cent of street-living children left home on their own, 30.2 per cent with the influence of friends and the rest with parents or family members and brokers (SC UK, 2011).

Different studies on street children also indicated that the sexual abuse that children experience on the street and at the work placeman visible form of sexual exploitation is commercial flesh trade. While initially girls were thought to be vulnerable to this, now the number of boys being

trafficked for work in commercial flesh trade is increasing .In addition, the incidence of sexual abuse on the streets is very high, especially during night (Michael, 2010).

The study by Michael (2010) is also noteworthy in that it combines all the above underline causes of the problem into three levels that is *Macro* level factors within the community context this are urbanization, forced resettlements, overcrowding, and education no job opportunities, low salaries, high cost of leaving, lack of recreational facilities and violence are some of them while *Meso* level factors are in the family context such as parents relocation to the cities without adequate planning for the provision of assistance and care for their children ;the disintegration of marriage and family life; single parent families and the inability of parents to feed the children family violence ,physical and psychological maltreatment of children by parents ,the presence of step parents, the collapse of tradition ,the absence of parents due to their long working hours were also identified in the *Meso* level .The third level is the *Micro* level factors that are identified as personality traits such as feeling of inferiority because parents cannot afford school books or school uniforms ,a need for personal attention which is impossible in a large family, school performance; children who are orphans or whose parents or guardians are either in jail or have deserted them, young unmarried mothers without an income , a feeling of uselessness, the desire to survive, a love for adventure ,the need to be free and peer pressure are some of the factors in the micro level .

2.3. Magnitude of the problem and the challenges that street children face

Since Street children are becoming a worldwide phenomenon. The World Report on Violence against Children underlined that street-connected children face emotional, physical and sexual abuse. They are exposed to trafficking and labour exploitation including the worst forms of child labour, sexual exploitation and forced labour (Pinheiro, 2006, Inter-Parliamentary Union and UNICEF, 2005; de Benítez, 2007 in SC UK, 2011).

It is difficult to count the number of street children living on the street because of their floating nature .Their lack of permanent address, their wandering lifestyles, and their changing workplaces make them a difficult group to locate (Petel, 1990 in Pietkiewicz, 2012). There are no accurate estimates of the number of street children worldwide, and estimates often vary from one source to another. Moreover Over one third of children in urban areas go unregistered at birth, they have no birth certificate or an official identity card .Realistic estimates are necessary

for effective programming and focused intervention. The vast majorities of these children work and live in large urban areas of the developing world. More than half, 650 million, of the world's 1.2 billion people living in poverty are children (UNICEF, 2012).

Street life is characterized by extreme adversity. Studies document that millions of children throughout the world are facing serious difficulties (Kibrom, 2008). In 1987 UNICEF estimated that over 50 million world children are exposed to street life, spending part or whole of their time in city streets working, begging or engaged in other illicit and criminal activities in their attempt to adapt to street life (MOLSA & Radda Barnen Sweden, 1988:6). Eleven years later Africa Journal (1998: 3) reported that the number of street children worldwide ranges from 30 million to 170 million. Other nongovernmental organizations estimated that there are 100 million children at risk (OMCT &SCF, 2000).

As with the global picture on street children, the data on street children in Ethiopia is very limited, and studies and reports on the subject have come up with varying estimates. According to Child Hope, an NGO working with street children in Ethiopia, street children have become a country wide epidemic, with over 100,000 children living and/or working on the streets of Ethiopian cities (Kibrom, 2008).

Another 500,000 rural children are not in school and live in extreme poverty, creating the potential for thousands more children to join the ranks of the country's growing number of street children (FSCE, 2003: 3). Another report by CRDA estimated that approximately 200,000 children were working and living on urban streets, of which 150,000 reside in Addis Ababa (2006: 5).

Children in especially difficult circumstances include children who live and Work on the streets, abandoned and neglected children, orphans, battered children, and children with disabilities, child workers, children in armed conflicts, child mothers (including child brides) and their children, displaced and refugee children, children infected and affected by AIDS, children of imprisoned mothers, sexually abused children and sexually exploited children. All of these undergo various forms of deprivation, abuse or exploitation, and in most parts of the world, these categories of children are on the increase (CEDC, 2001 in Kibrom, 2008).

The children working, living and surviving on the street is a global problem, affecting developed and developing countries alike. However, the magnitude of the problem varies, with less developed countries facing more acute problems. The street children are marginalized Children

who require enormous assistance but they are often least assisted in a society. (UNICEF, 2012), Thus there are many factors responsible for the increase in the rate of street children.

A study done by kidist in Adama Town has shown that children live on the streets under very poor social, economic and health conditions. Being far away from families or any adult supervision is believed to worsen the situation there. Most children in Nazareth live far away from their families with no one to decide for them and to take care of them (2007).

Another study conducted by FSCE and USAID Ethiopia had also stated that more than half of the children whose parents are outside of Nazareth had never visited their families since living home. Close to half of the children have also stated that their families do not know their current address.

According to a study by FSCE (2003) indicated that in Desse three fourth of street-living children and over three fifth of all street children were not getting sufficient food (2003). On the other hand, there is a common argument that the nutritional status of children living on the street is far better than children who belong to economically marginalized parents. A report by Human Right Watch indicated that children working on the street are hungrier than those actually living on the street (2005).

Connolly further looked at that the problem of street children universally increasing problem in many settings children wondering the streets are identified by what they do to survive, such as Rag pickers, Vendors, Shoe shiners and porters are used to describe them. Today with the increasing awareness among government and international agencies and these children are seen as vulnerable group who worth attention and intervention (Connolly, 1998).

Streetism is a socio- economic phenomenon that has existed for years. Although its cause and magnitude varies from nation to nation depending mainly on the socio-economic structures, the phenomenon is prevalent in both developed and less developed countries and is one among the social problems that has gained international attention currently. Recent years have indicated an alarming increase in the number of street youths around the world, especially in poor and developing counties .It is believed that in order to reduce the number of street youths around the world, issues relating to the political and socio-economic status of a country needs to be addressed (Naidoo,2008).

2.4. The Global and Regional Perspective

The problem of street children has become one of the urban problems which call for the attention of the international community. Experts from various angles proposed different socio-economic factors which they had found out in their studies.

It is reported that children living and working on the street are present in all parts of the world. Studies have also indicated that they are more prevalent in the urban areas of developing countries. However, their mobility makes it difficult to get reliable statistics. In 1998, UNICEF estimated that there are 100 million street children worldwide. Amongst these, ten million are believed to live at least part-time on the streets while most live at home and work on the street, mainly in the 'urban informal sector'. According to UNICEF, street children are highly prevalent in Latin America (40 million), Asia (31.2 million) and Africa (10 million). Among countries, Brazil is presumed to have the highest concentration of street children with 25 million followed by India where 18 million of the world's street children are said to reside (Claudio de Moura Castro, 1997; CSC, 2009a; Plan and CSC, 2011 SC in SC UK, 2012).

The World Bank also estimated that there are 100 million street children in the world (Volp, 2002). The number has plummeted in recent decades because of wide spread recession, political turmoil, civil unrest, increasing family disintegration, urban and rural poverty, natural disaster and rapid industrialization (Catherine 2009). The United Nations International Children's Education Funds (UNICEF) estimates that, out of 100 million children who call streets their homes, only 20 million children live in streets, without their families. In South America alone, there are at least 40 million children, in Asia, 25 million children and Europe approximately 25 million. Estimates in most countries have fluctuated widely (UNICEF, 2004).

The above figures are still being cited today and some reports even suggested that the numbers might even be much higher considering the continuous growth in population. Realistic estimates are necessary for effective programming and focused intervention. Even if the numbers are not in the millions, many children are growing on the street. Street life is characterized by extreme adversity. Studies document that millions of children throughout the world are facing serious difficulties (SC UK, 2011).

The problem of children living on the streets is a global phenomenon. It exists and causes untold havoc to millions of children in every part of the world. These children live a transitory life style and lack of basic necessities like food, health care, and a safe place to stay (UNICEF, 2007).

Children living in street situations are an increasing phenomenon in developing countries and economically advanced countries .Amongst the world's one billion children suffering from deprivation of basic needs these children are highly likely to experience 'absolute poverty' .Once they are on the street their living experience can be viewed as a condition of both severe and chronic poverty (Conticini, and Hulme, 2006).

Poverty, violence, overcrowding, and homelessness exasperate their deprivation. Research indicates that large numbers of children live and work on streets. In sub-Saharan Africa, 32 million children are believed to live on the street. Due to the fact that public social Services are inadequate and almost non-existent, African children in need of care are usually deprived of proper care and protection (UNICEF, 2005).

Even if the phenomenon of street children is relatively new to Africa as compared to Latin America and Asia, various studies noted that it has become an extremely concerning problem which is growing more and more complex and intensified by emerging social problems. According to the Civil Society Forum for East and Southern Africa on Promoting and Protecting the Rights of Street Children, within Africa, the highest number of street children is found in Eastern and Southern Africa. The lowest estimates put the number of street children in South Africa and Kenya at 250 thousand each and 150 thousand in Ethiopia (SC UK, 2012).

Looking at the concentration of street children among African cities, UNICEF estimated that there were around 1 million living and working in Cairo and Alexandria in 2006 (UNICEF, 2006).Estimates for Nairobi varied from 60 to 150 thousand (IRIN, 2007) and 60 to 100 thousand for Addis Ababa (Sexton, 2005 in SC UK,20112).

They are vulnerable to physical injuries, substance abuse and health related problems including sexual and reproductive health. They also lack formal and non-formal education health. They particularly lack life skills and opportunities and upholding of their rights as laid down protection and upholding of their rights as laid down by the United Nations convention on the Rights of the child (UNCRC). Drug and alcohol abuse perpetuates the violence they face on a daily basis. Involvement in criminal activities related to influence of substance abuse is also common in most parts of the world. There are also some who use it as a means of survival on the street. This has

therefore led to a significant proportion of the children entering the criminal justice systems. This eventually leads to their admission into correctional institutions (Human Right Watch Report on Street children, 2005).

The socio-economic and political context within which children live has a considerable impact on family life in the country as elsewhere. Levels of national poverty in contemporary Ethiopia strain the relationships between household members and, in particular, relationships between adults and children. Notably, among other indicators of the increasing numbers of street living children, the rise in the level of poverty in the society is rising as extreme poverty is one of the reasons which force children to run away from their homes (UNICEF, 2012).

In the last twenty years there has been a considerable amount of academic discussion as the late modern conceptualization of childhood in which the child is conceived of as a person ,a status, a course of action ,a set of needs ,rights or differences in sum as a social actor (Thomas,2010).

2.5. Street children and the public image

The public view of street children is vital .However in many countries the public's perception and attitude towards street children are overwhelmingly negative. Street children are subjected to mental and physical abuse by police, their peers and fellow citizen's .The governments treat them as a plague that is to be eradicated, rather than as children that need to be nurtured and protected(Gurung,2004).

Street children are subjected to physical abuse by police throughout the world .The society also treats them as outcasts rather than as children to be nurtured and protected .They are frequently detained arbitrarily by police simply because they are homeless, or they can be charged with vague offences such as loitering ,vacancy or petty theft(UNICEF,2007) As described by Gurung there is an alarming tendency by some low enforcement personnel and civilians, business proprietors and their private security firms, to view street children as almost sub –human. They are frequently detained arbitrarily by police simply they are homeless, or criminally charged with vague offences such as loitering, vagrancy, or petty theft. These children are often tortured or beaten by police or held for long periods in poor condition form of trail without any form of trail or legal process. Girls are sometimes sexually abused, coerced into sexual acts or raped (2004).

Street children are generally considered a nuisance; obviously, extreme deprivation and social exclusion create opportunities for crime involvement .however little evidence exist to suggest that street children actively or deliberately plan criminal activities .They perceive themselves as discriminated against and hated(Ochola, L and Dzikus, A. ,2000).

As commented on in a number of countries involved, the issue of street children in public consciousness has a rather negative image and there is the general perception that the children are themselves to blame for the situation they find themselves; or that their behavior is seen to be more problematic for others .This major factors which propel children into a life on the streets – a life which very often puts them at serious risk of abuse ,ill ,health and health and occasionally loss of life(UNICEF,2007).

Like in any other country, the public view of street living children in Ethiopia is overwhelmingly negative. Street children are viewed with suspicion and fear. Many people simply like to see street living children disappear. This, according to the findings of earlier studies in the area, is mainly due to the low level of awareness of the public. The level of understanding of the police about the situation has shown great improvement in recent years. This could perhaps be due to awareness raising programs through the media and other concerned organizations. Yet, it needs to be pointed out that most children living on the street are still complaining that they are mishandled by the police.

Tadese Hailu has provided extensive survey of the literature of the public perception towards street children in Ethiopia that is the society does not seem to have understood the problem of street children .Hence the attitude of the general public, towards the street children is not positive. According to various survey findings, however not all people see street children negatively .They are various groups and individuals in our society who see street children all the way from angelical to diabolical (2006). He also quoted Tacon (1991: 12) saying “...those who see them [street children] most negatively tend to blame their existence upon the government, upon their parents or even upon themselves .Those who see them most positively, tend to thank God that there are still some and courageous survivors left in our world ...the media with unfortunate knowledge and understanding has all too often pictured them as dead end kids or children without hope”.

2.6. Street children in Ethiopia

The problem of street children in Ethiopia is not a recent phenomenon. As some governmental documents unveil, children have been living and working on the street not for less than half a century. Why children get move on to the streets is very much assorted. The Convention on the Rights of the Child adopted by the General assembly of the United Nations guarantees legal provisions for the protection of children against abuse, neglect and exploitation. The responsibility for nurturing, protection and socialization of children is primarily given to the family since it is the best and appropriate environment for children to grow and develop normally. Despite these provisions, the plights of children are groping from worse to worse (FSCE, 2003).

In Ethiopian situation, recurrent drought and civil strife on top of the impoverished state of the country have caused many children to be left without adult care and attention. Apart from parental death or abandonment, some parents push their children out to the streets. Generally, the influx of people to the city and other complex social problems like poverty, unemployment, rapid population growth, family breakdown, displacement etc, have largely increased the number of children that make the streets their homes(FSCE,1999).

According to MoLSA, the major causes of streetism in Ethiopia include the prevalence of absolute poverty, domestic violence, rural to urban migration, dropping out of school, family displacement and wanting to support oneself and the family (MoLSA, 2004). On the other hand, rapid growth of urban centers, war and the recurrent drought and famine have also been raised as the major causes of streetism in Ethiopia (Abeje, 1998).

Like all other cities in the developing world, the regional city of Desse in Ethiopia is facing an increasing challenge to address the human rights of street children .For oblivious reasons, children's access to basic human rights including the right to education, adequate nutrition health services, shelter and protection cannot be met by their families (UNICEF, 2007).

Ethiopian children are diverse and immense (CFSC, 2009 in Habtamu, 2011).In Ethiopia, due to Push factors (poverty, family dysfunction abuse and school problems) and pull factors (independence, Freedom, Drug/alcohol abuse) children are drifted to street life to support themselves or their families in major cities (UNESCO, 2006). Over 4 million children are

estimated to live under especially difficult circumstances. It is estimated that 600,000 children are taking part in street life and as many as 500,000 children find themselves at an extremely high risk of becoming involved in street life in Ethiopia (FSCE, 2003)

Ethiopia has ratified the Convention on the Rights of the Child. She has also adopted it as a component of the law of the country. There are legal provisions to protect children from all forms of life hazards. There is, however, a huge gap in the enforcement of the existing legal Provisions in the country. Such an inadequate practice of observing the CRC and the existing gap in the implementation of the existing laws, together with the economic degradation of families in the country has left many children to grow under deplorable situation. Too many suffer from violence, physical, sexual and psychological abuses by their own families, by outsiders or by both. Many others have become victims of child trafficking for the purpose of labour and sexual exploitation. All these problems in their most acute form are highly portrayed among street living children in the country (UNICEF, 2007).

The streets of Desse, the capital city of South Wolo Zone in the Amhara National Regional State, is said to be home to a population of between 5,000 to 10,000 street children with the lower estimates originating from the Ministry of labor and social Affairs and the higher from aid agencies (UN, 2014). Street children live and work in conditions that are not conducive for healthy development. They are exposed to the street subculture such as smoking, drug, alcohol and substance abuse, gambling, engaging in sexual activities or selling sex for survival (FSCE, 2009). The circumstances in which they live and work increase their vulnerability also to sexual exploitation and abuse and put them at a higher risk of unintended pregnancies, sexually transmitted infections and HIV/AIDS (Habtamu ,2011).

The creation of street children in the town of Desse is integrally tied with the phenomenon of urban poverty. The majority children are child workers who are on the street in order to contribute economically to the household. Most of them still remain close contact with their families. This means that they return home every night to sleep over 80% of these children first became involved in street life in search of work while another 10% first come to the streets to play or spend time with friends. In a town like Mekele, the majority of street children came there due to the effects of war, famine and draught .Many of them then progress to become street workers (Veale 1993 in Ochola, L and Dzikus, A, 2000).

Migrant children who come to Dese both from rural and other urban areas become highly vulnerable to destitution, homelessness, exploitation, etc. as soon as they reach their destination. Some international organizations, UNICEF in particular, have been committed for the last two decades to addressing the problem of street children. Non government organizations are also supporting the efforts made by the government to provide both preventive and rehabilitative services for these groups of children. However, services targeting this group of children are far behind when compared to the number of children whose problems need immediate attention (SC UK, 2012).

Dese has an ever-growing population, as people migrate from the rural areas in search of a better life. However, this dream does not transform into reality for most of them. Many of these people find themselves living in an extreme poverty. They are often forced to become street beggars or daily laborers. Hence, the decline in the economic situation has weakened families' capacity to support and sustain their children. Given this situation in a country like Ethiopia where there is no social security fund/system, the number of disadvantaged children, in general, and street living children in particular, is escalating unimaginable particularly in the capital city. Many parents are not able to meet the basic needs of their children. There are other factors like family disintegration and hostile home environments which force children to migrate to the street. Even worse is the situation of HIV/AIDS orphans who are left without protection and care. Many of these children are forced to take to the street as the only survival option regardless of its negative consequences on their growth and development (UNICEF, 2007).

CHAPTER 3: Research Design and Methodology

3.1. SAMPLE SIZE SELECTION

Those street children, both boys and girls, who were fully engaged in the activity of working on the street as well as those who were forced to work and live on the streets occasionally due to certain circumstances, were included in the sample. Since there is no census for the total population of street children in Dessie that can be used as a base, it was difficult to determine the sample size. In agreement with the approval of the research proposal submitted initially, however, for this short study it was found practical to take a smaller sample consisting of 30 street children with cross-sectional distribution including gender, the sex composition, and the street occupation of the target group.

Data collectors were instructed to take respondents with different street occupations in order to include shoe-shiners, street sellers or peddlers, carriers, car washers and beggars as well as children in other street activities. This sample was distributed over the areas selected for data collection. Based on the findings of the preliminary assessment, accordingly, 5 street children was allocated to the five areas with slight variations in consideration of the high concentration of street children. These were selected using both systematic and random sampling techniques. In addition to the survey of 30 street children, the study also included other four children who were beneficiaries of an existing street children project who came from different areas of the town.

The project manager, 3 of the social workers, both vocational trainers and the bookkeeper made themselves fully available to me. The method of data collection used for the survey was stratified sampling. This method was selected because of the advantage it has in insuring the inclusion of each essential group in the sample. To avoid double counting due to the mobile nature of the street children it was arranged to collect data from the selected areas within two days time by grouping and assigning the data collectors at different areas. The data collectors were also told to be very careful not to give false promises to the respondents, as there could be high expectations of aid or assistance from the other party.

Pre-testing was done with a sample of 5 street children and based on the feedback whether questions were clear or ambiguous had been revised and modified. The time it took to fill out the questionnaire was from 30-45 minutes on the average and was more or less found acceptable for the interviewees.²⁷

3.2. Methodology

The nature of this study was employing both qualitative and quantitative research method (which is a mixed research approach). Therefore, to collect data, six main research tools would be employed. Literature review, in depth interview, key informants interviews, focus group discussions and observations from qualitative research approach and Semi-structured questioner from quantitative research method. To select respondents who fill questioner's and to be interviewed purposive sampling method would be used.

3.3. Location of the study and the target population

The study was carried out in Amhara National Regional State of South Wollo Zone, Desse city. The researcher has tried to get informants from the rehabilitation center of Admas Child development project and also from the high ranking staff members of Desse City government Administrations who have been employing the post skilled street children of Desse .The primary targeted populations are children that had been residing on the streets of Desse and street children who are being the beneficiary at the Admas child rehabilitation and Development Project

3.4. Methods for Implemental Interviews

The assessment was carried out using qualitative methods. A simple interview schedule was thus written. The questions were written for project beneficiaries, who had graduated from the vocational training to leaving the program and their parents. All questions used were open-ended and were freely phrased in context with each person and situation. Each questionnaire was used in the presence of a single child and generally lasted one hour and half in each instance. Six beneficiaries (4 ex-street children and 2 parents) of the project were interviewed. No names or personal data was required other than age; gender was also noted. The final part of the questionnaire 'observations' was used for random questions in the form of a short open discussion in order to gather additional information.

For the purposes of collecting complementary and corroborative information interviews and discussions were held with senior officials responsible for NGO (MOLSA, DPPC, City Council, the Police, and community representatives) and reporting in Dessie. The project manager, 3 of the social workers, both vocational trainers and the bookkeeper made themselves fully available

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In order to introduce the data collectors to the objectives of the research and the format of the questionnaire, a one-day training was given to the data collectors before the fieldwork. Accordingly, 7 data collectors (4 male and 3 female) were selected and given both theoretical as well as practical training. The theoretical training included: - Interviewing methods and techniques - How to approach the target group and develop good rapport - Whom to include on the study/survey - How to fill out the questionnaire - The general ethical conditions governing the interviewer (data collector) The practical training covered: - Role-play by some trainees and comments by the trainers and the rest of the trainees - Pre-testing the questionnaire and giving on the spot training to data collectors right on their places of assignments.

- Discussion sessions had also been held after each day's data collection based on the feed backs and experiences of data collectors.

3.5. Ethical considerations

Throughout the research, all measures were taken to make sure that the research was conducted in an ethical manner. Research on the issue of children was very sensitive one especially children of the most vulnerable were those who were on the street. Therefore, making ethical consideration is essential and it was the basic part of methodology of the research.

Hence, written and verbal consent would be obtained from the street children who fulfill the inclusion criteria and let them know they were part of the research participant. Therefore, the

informed consent would be incorporated for those who were only voluntary and who want to be part of the research and their willingness to be interviewed or take part in focus group discussions.

For this study those beneficiaries who were from the age range of 7-17 years of age and who directly supported by the /ACRDP/ project would be the research participants , provided that they have the full right that they can withdraw from the interview at any time with no loss of benefit would also be part of the informed consent form.

3.6. Analysis of survey/interviews

The research method used in this study was mainly description, analysis and comparison. To set the context, the main method used by the study was the descriptive method. The study sought to describe the street children's situation in Dessie and the nature of the service delivery system of the project under discussion. Analysis was used in the critique of the selected project's work options and practices, and also in the review of the perception of beneficiaries and representatives' of the local line departments.

The study has also tried to draw lessons from selected international best practice through the use of the comparative analysis method. In order to be able to analyze data, thus 31 draw conclusions and reach recommendations, it was necessary to use triangulation of those data with existing data on Ethiopia and, within the bounds of possibility, comparatively with data on similar programs and projects worldwide. Since the sample size taken in the study was very small, a basic knowledge of statistical techniques was used in the analysis of the interviews that required counting the responses and reproducing them (frequency count). Utmost care has been given in order not to have missing answers in the count. In the final report, the responses have been worked out by converting frequency counts to percentages, which were then further calculated against the total number of respondents. A number of coding boxes appropriate for the questionnaire were arranged. During the data collection and after its completion the responses were thoroughly edited and crosschecked. Following this, responses for the closed -ended questions were categorized and given codes according to the coding manual prepared. Important variables were determined for cross tabulation. Corresponding to each question, results were then put in demographics, in tables and used to describe the findings. Apart from describing the findings, attempts have also been made to find out if there was a connection between one variable and a number of other variables to the extent possible.

Intensive supervision has been carried out during the survey undertaking at the field level. Almost all questionnaires were checked to correct contradictory responses and unfilled questions at the spot. Close monitoring and supervision activities were carried out throughout the survey undertaking through formal and informal contacts with the data collectors in their area of assignment.

3.7. Secondary Sources

As far as the secondary sources are concerned, consultation of several relevant literature reviews, text books and magazines, reviewing published and unpublished official or non-official reports of various agencies currently working on children's rehabilitation services, documentary researches, United Nations publications, discussion papers presented on various workshops and seminars on street children, NGO publications and periodic reports, as well as my own personal observation based on long years work experience in the related field were considered to supplement the study.

3.8. Data analysis

The major objective of this study was to explore the experience of street children in the rehabilitation program of the ACRDP/Admas Child Rehabilitation and Development project in the town of Dese. To fulfill this objective, mixed research approach was implemented. From qualitative data collection method I employed in-depth interview, focus group discussion and direct observation with the service recipients and with care givers who are residing in the rehabilitation center. This was made by and exploring their present experiences as well as past experiences of street life and in the rehabilitation center. Data were gathered from Thirty street children (19 males and 11 females) who are currently getting services from Admas Child Rehabilitation and Development project center.

To gain numerical data questioner was employed as a data collection instrument. Using questioner survey was made on children living on the street of Dese. The survey covered a total of 30 street children comprising of 19 boys and 11 girls. The surveyed sample was divided in age groups of 7-9, 10-12, 13-15 and 16-18 years. However, since it was practically difficult to get respondents in the 7-9-age range the distribution was slightly altered. This also indicated that there are a smaller proportion of 7-9 year old street children than previously assumed. Thus the

actual distribution was 3 from the age group 7-9, six from the age group 10-12, thirteen from age group 13-15 and four others from the age group 16-18. In total they were 19(63.3%) boys and 11(36.7%) girls.

The sample taken from the different areas in the city were also proportionate depending on the concentration of street children in each site. Having the highest concentration 7 children were interviewed from bus station, followed by 5 from Arada/piazza, 4 from Segno Gebeya, 5 from Maraiam Sefer area, 6 from Melaku Desalegne and 3 from Buanbawoha area. These are business areas in Dessie

Fifty percent of the 30 street children interviewed were children on the street, and had homes to go to at night. Seven of them (23.3%) of the street children worked and slept on the street. Most were staying with at least one biological parent while others were staying with members of the extended family. The rest 26.7 %(8) were children who slept both on the streets and at their homes (Table 1).

Table 1: Where the street children slept before they joined the rehabilitation center

Where the street children slept	Female	Male	Total
Home	6	9	15
Street	2	5	7
Home and Street	3	5	8

Table 2 Respondents by Age and sex Age group

Age Group	male	%	Female	%	Both Sex	%
7-9	2	6.6	1	3.3	3	10
10-12	4	13.3	2	6.6	6	20
13-15	10	33.3	7	23.3	17	57
16-18	3	10	1	3.3	4	13
Total	19	100	11	100	30	100

As shown in the above table, out of 30 sample groups'63%/19/ were boys and 36.7% / 11/were female street children. Thirty children, aged 7 years to 18 years, 19 males and 11 females, constituted the sample for this study. The sample's average age was 13 years. Ten percent of the sample were below the age of ten, 6(20%) were aged ten to twelve, 17(56.7%) were aged thirteen to fifteen, and four 9(13.3%) were 16 to 18 years of age (Table 2).

Table 3: Proportion of Street Children Categories by Location

Categories of street children	Selected Study Areas					
	Marian-Sefer (%)	Segno Gebeya/%/	Buanbwa wuha sefer/%/	Shell	Melaku Desalegn/%/	Bus Station/
Children on the street	6.7	10	6.7	10	3.33	23.33
Children of the street	6.7	3.33	3.33	6.7	3.33	26.7
Home and street	3.3	3.33	6.7	3.33	6.7	3.33
Percentage of total	17.7	16.66	16.73	20.03	13.36	53.36

The above table indicated that seven children “of” the street, who were in Segno Gebeya , shell and around bus station, and interviewed in the rehabilitation center later appeared more unkempt and dirty, with poor access to shelter, water, and sanitation and health facilities. They had been slept individually or in groups on the street or rented shacks in high-density suburbs such as Mariam Sefer. The study areas in and around Melaku Desalegne area, Arada, Shell and Buanbua-Woha had relatively fewer street children on the road. Mariam Sefer had the majority of children who slept “both at home and on the streets”. Fifteen of the children “on the street” who had access to shelter or slept at home with parents appeared to be smarter than “children of the street”, and mainly sold wares while a few washed and guarded cars. This category had better access to shelter, water, and sanitation and health facilities. This is mostly because those children on the streets had families to go to at night whereas those of the streets work and sleep on the streets.

Table 4 Children's schooling

Schooling Level	All Street Children/%/	Children of the street/%/	Home and Street/%/	Children on the Street/%/
Never	16.7(5)	13.3	-	3.3
Read and write	13.3/5/	6.7	3.33	3.3
Gread1-6	43.3/13/	26.7	6.66	10
From7-8	16.7/5/	3.3	3.33	10.1
From 9-12	10/3/	3.3	-	6.7
	100	53.3	13.3	33.4

Table 4 Children's schooling

Five children (16.7%) of the street children had never been to school. Slightly over thirteen percent (13.3%) had some basic skill of reading and writing, 43.3% had some primary education (Grades 1 to 6) while 16.7% had some higher primary education (Grades 7-8). Around ten percent (3) had had one to two years of secondary education. Children of the street were the least educated, followed by those who slept at home and then those who slept both in the streets and at home. 3.3% of children on the street had never been to school while 13.3% of the street had no school experience. Twenty-six percent (26.7%) of children of the street had some primary education while 10% of children who slept at home and on the streets, and 6.6 % of children of the street had some primary education.

Table 5. Children's Life Status

Family Condition	Frequency	Percent
Only Mother alive	5	16.66
Only father alive	3	10
Both alive	16	53.33
Both Died	2	6.7
Divorced	4	13.3
Total	30	100

The above table indicated that Five (16.7%) of the street children covered by the research came from a home where only mothers are alive. In three cases (10%) only the fathers were alive. Parents of the majority, 16 (53%) of the children were both alive. Parents of two other children (6.7%) were reported to be dead while the remaining four (13.3%) cases came from a divorced family. In sum, fourteen (46.7) of the street children interviewed have incomplete families. In 16 cases (53%) both parents of children are alive and live together. The incomplete families have only one of the parents living either due to death, divorce and/or separation

Table, 6: Place of origin and cause of migration of children

Original Home	Frequency	Percentage
Desse	16	53.3
Hayiq, ambasel and Gelsha	3	10
Delanta	4	13.3
Tigray	2	6.7
Gonder,Gojam	2	6.7
Raya	3	10
Total	30	100

The majority, 16 children (53.3%) of street children came from Dessie while 7 (23.3%) came from nearby towns and rural vicinities of South Wollo. Two children (6.78%) migrated from Tigray in the northern region, another 2 children from Gonder and Gojjam. These findings confirm what other studies and organizations such as FSCE, MOLSA have discovered, that street children originate from rural areas. In the Dessie case, they pointed out that seven children (23.3) are from the nearby towns and other provinces

Table 7: Street Children’s Economic Activities before they joined the rehabilitation center

No	Kinds of Occupation	Frequency	Percent
1	Shoe shining	5	16.6
2	Parking	2	6.7
3	Selling illicit items	12	40
4	Car washing/watching	3	10
5	Taxi boy/woyala/	2	6.7
6	Robbing	2	6.7
7	Begging	4	13.3
	Total	30	100

Before they joined the rehabilitation center, the street children interviewed were involved in a number of different kinds of street occupations such as shoe-shining, carrying goods in market places and bus or taxi stations, selling illicit items or door-to-door vending. These activities are generally less harmful than begging because among other things, the work may be enjoyable and the children were, in the main, self-employed. But, even though such odd street work can offer some advantages over other form of petty employments, it is poorly remunerated, providing only small, irregular income. Thirteen percent (13.3%) of street children were beggars while the vast majorities 40% were vendors, 10% guarded/washed cars, and 16.6% were shoe shining boys. The research confirms that the majority of vendors are children on the street (40%) followed by those who were shoe-shining boys. Those who worked as taxi touts (6.7%) were mostly children who slept both at home and on the streets.

Table 8: How children obtain food before they joined the rehabilitation center

How they get food	Percentage
Buying	60.1
Eating flavors from restaurants	7.2
Begging	11.2
Home	19.3
Other	2.2

Before they joined the rehabilitation center, the majority of children “of the street” (60.1%) bought the food they ate, 7.2% ate leftovers from restaurants and bins, while 11.2% ate from drop-in centers. Many of children “on” the street and those who slept both at home and on the streets also bought their own.

3.8.1. Educational Background of Parents

Regarding educational status of their parents, 15 fathers and 20 mothers are reported to be illiterate, followed by another 6 fathers and 4 mothers with the ability only to read and write. Five mothers have attended grades one to six and only one mother is said to have attended above grade six. Four of the fathers have attended grades 1-6, two from 7-9 and two others grade nine and above. The educational background of two of the fathers was not known. Overall, the educational achievement of their parents is very minimal.

The finding revealed that out of the thirty respondents, nineteen responded that their parents’ income was below Birr 50/month, six between ETB 51 to 100/month and three others above ETB 100/month. The remaining two parents being farmers and daily laborers, the children were not able to indicate the specific incomes or salaries of parents because most of the respondents do not know what level of income their parents used to have or still have. From the nature of occupation of their parents, however, we can safely conclude that majority of these children are from economically unprivileged families. Because of this fact, yes children need to work to earning their daily bread and also to contribute toward their family budget.

3.8.2 Occupational Distribution of the Respondent's Family

The findings concerning occupational distribution of the parents of the thirty street children interviewed revealed that almost all of the occupations - farming, daily laborers, petty sellers, guarding - to mention but a few, in which parents of the street children are engaged are of very low economic return. This reflects the fact that poverty contributes to the root cause of the problem of street children. Above 95% of the families earn below the minimum wages (below Birr 150/month) of the country.

The occupation of most fathers of these street children is farming (11%), guard (1), daily laborers (5), 2 are pensioners; three are ex-soldiers, three are petty traders, two are government employees and the remaining three are beggars. On the other hand, ten of the mothers are housewives; seven are daily laborers, 5 petty traders (street sellers), 2 house maids and another one a cook. In general, the occupations indicated a monthly income that is not sufficient to support the family. As reported by children, the child belonging to such a family is thus forced to join the streets in order to contribute to the family income.

3.8.3. Work done by Children's Guardians/Parents

According to the findings of the study, the vast majority of the street children came from very poor family backgrounds, and the Work done by the children's guardians or parents were domestic workers (13.1%), vendors (18.5%), peasant farmers (19.6%), self-employed (21.2%), and industrial daily workers (12%). Taking into account the increasing number of families of these children surviving under extreme poverty, unemployment, lack of opportunity for social mobility and strained family relationships, reasonably, it seems that poverty was one of the causes for pushing children onto the streets. Hence no amount of intervention programming designed for street children can be successful and bring permanent solutions unless the community is prepared to respect, protect and provide opportunities to street children and their families.

3.8.4. Habit and Addiction

Nearly ninety-three percent (28) of street children reported that they don't take any kind of intoxicants while only two out of the interviewed children reported that they have habit of smoking and chewing chat. The two children using chat and smoking appeared more vulnerable to a number of risks due to their apparent lack of experience and street wisdom. The use of

intoxicants by street children can be viewed as a risk factor in a number of areas including sexual abuse and infection with HIV

3.8.5. HIV/AIDS/STDs Knowledge, Attitude and Practices

Twenty reported they have been sick while living and/or working on the streets. Ten reported they have never been sick. Concerning the kind of illnesses, six reported they had severe headaches (6); Stomachache (10), and malaria (4).

Almost all of the street children reported they hadn't had sex within the previous months, while two of the young girls reported that they were forced to do sexual acts by adults on the streets. The majority of street children (85.7%) reported that they had never had sexually transmitted diseases.

Twenty-two (73.3%) of the children interviewed could identify at least three ways one can become infected with HIV, while the rest eight could not. The majority of the street children (39.9%) said everyone is at risk for getting HIV, while 10.1% felt it was only commercial sex workers, Thirty-two percent (32.4%) identified commercial sex work as a practice that accelerates the spread of STDs. Forty-two percent (42.6%) identified at least three ways of preventing AIDS, while the majority 57.4% could not identify three ways of preventing HIV/AIDS. Twelve (40%) of the street children identified use of condoms as a measure to reduce the spread of HIV; two mentioned that they did not know what could be done to reduce the spread of AIDS. Eleven children (39.6%) mentioned that they usually call their peers when they get sick; Fourteen street children stated that they call upon their biological mothers, relatives (5), Parents/guardians (3). One of the respondents reported saying that "he does not call any one" when he gets sick. Nineteen of the children mentioned municipal clinics and 11 mentioned traditional healers as places where they would get treatment, if seriously sick. Close to half (46.7%) stated easy access and low cost of treatment as the reason why they would seek treatment.

3.8.6. Child Abuse

Two street children mentioned that there have been times street adults have forced them to sexual act, while 9 children (30%) mentioned that they have been beaten or hurt by adults while living/working on the streets. None of the respondents reported to have had any sexual intercourse with someone for the sake of money. Four children reported that they have been caught by the police for having quarreled with their peers, during an accident while riding a bicycle (1), and conflict with adults while working on the streets (3).

3.8.7. Public's Perception of street children

Street children were questioned as to what they felt were the general public's opinions about them as "street children". More than a third (35.1%) felt that the general public disliked them, 28% mentioned they were seen as hooligans and that they should be forcefully removed from streets, while 36.9% reported that the general public was very supportive.

3.8.8. Street Children's Perception about Street Life

Asked about how they perceived their lives on the street, 28.5% of the street children felt hopeless and helpless; they mentioned that they had no other option concerning what to do about their lives except live on the street. Nearly twenty-six percent mentioned that their lives on the streets were tough, 20.8% felt fatalistic and mentioned that their lives were bleak and without a future, 11.3% said their lives on the streets are temporary and 13.4% mentioned that they enjoyed living on the streets. The majority of children in all three categories felt that their lives were tough and that they had no future

3.8.9. Analysis of Causal factors

A careful analysis of the street children phenomenon reflected a number of immediate, underlying and basic causes. Available literature on street children in Ethiopia from academic presentations, journal articles, books by researchers and situational analysis and survey reports, shows that a plethora of casual factors and effects to the street children problem. The phenomenon of street children in all countries seems to be a social institution with basic social, economic and environmental causes (Auret, 1995; Bourdillon, 1991; Dube, 1991). It appears to have basic causes in the polity, the economy and other basic social factors such as public social

policies about employment, housing and land ownership. Following the two recurrent droughts and famine, more rural poor families together with their children came onto the streets due to the inability of the Ethiopian economy to create sufficient formal employment. The 1974/1978, recurrent drought periods and the civil wars between Ethiopia and Eritrea had displaced many thousands of families, mainly children and women. Research had demonstrated that no amount of intervention programming designed for street children can be successful unless the community is prepared to respect, protect and provide opportunities to street children (Tacon, cited in Schurink & Rip, 1993) This study shows that only slightly higher than a quarter of the community is supportive of street children. In the interviews, street children mentioned they were treated violently, scorned and subjected to hostility by adults. This indicates that programs for street children should be directed at the general public and those charged to enforce the law to address negative attitudes and violent practices against street children

3.8.10. Intervention for street children in Dessie

Like in many other countries, the problems of street children are not properly addressed in Ethiopia. There is no government organization or ministry that explicitly deals with the problem of this category of children to date. This, however, does not mean that no efforts have been made at all to alleviate problems facing street children. There are a few governmental organizations working directly or indirectly to ameliorate problems related to children in difficult circumstances. Many surveys on street children have been carried out jointly with some non-governmental agencies with conclusions that urged immediate response. But, very little has been done in the way of concrete programs for the target group.

In order to assess the role so far played by governmental and non-governmental organizations undertaking projects to assist street children in the study area, interviews have been conducted with beneficiaries of the ADMAS street children project, senior government officials, NGO staff, the Police and community representatives. Based on the interviews with beneficiaries and organizational directors, the following discussion attempts to give a general highlight of the responses so far given to ameliorate the problem of street children by governmental and non-governmental organizations operating in South Wollo zone in general and that of the ADMAS street children's project in Dessie in particular.

3.8.11. Governmental organizations

The zonal Ministry of Labour & social Affairs department (MOLSA) and the Disaster Prevention and Preparedness Commission (DPPC) are mandated to carry out various activities related to children in difficult circumstances. The MOLSA is mandated to offer technical guidelines to NGOs in planning, programming, coordination and implementing programs of children. The ministry, however, does not have an exclusive project, which deals with or directly addresses itself to the problems of street children. Presently, the department of MOLSA is running an intervention programme for street children in collaboration with UNICEF.

The other governmental organization that is closely related with the problem under discussion is the Disaster Prevention and Preparedness Commission (DPPC). It does not however, directly work with street children. It plans and executes activities for children affected by the disasters of drought and famine. Through its NGO coordination desk, however, it does carry out and coordinate programs in collaboration with NGOs operating in the zone. There are also a number of organizations in South Wollo that provide multifaceted services to vulnerable children and destitute families. In Dessie, there are 11 Non- Governmental organizations, which are based in the town of Dessie, and yet only 3 local NGOs, viz, HOPE Enterprises, Forum on Street Children Ethiopia (FSCE) and ADMAS CRADO are operating with specific and limited target groups of destitute children. The remaining NGOs operate in the surrounding rural areas and do not directly work with street children. This following section of the paper attempts to explore the services and activities of one of the existing local NGO called ADMAS that directly works with street children and their destitute families and find out what benefits it had provided to the beneficiary children in its care. The questions that arise are: "Is service delivery of the project effective?" What improvements has the project brought to the beneficiaries of the projects? Did the program as a whole produce positive outcomes and benefits to the children in its care? (By positive outcome and benefits I am referring to the economic aspect, i.e., improvements in the standard of living of the children under the care of the project, fair and rewarding employment and regular income, whether or not it is a " community development program, which seeks to integrate the delivery of economic, social and environmental objectives"); Have any social or economic changes occurred as a result of the project?

CHAPTER 4: The major findings of the study

Having analyzed the data in the previous chapter, in this section I would discuss the findings by referring to some of the major ones. Interview analysis of the primary data collected revealed that the reasons behind the initiation to street life were violence and abuse at home, death of one of or both of parents, lack of support in case of orphan hood, poverty (inability to satisfy basic needs) and pressure created upon families due to poverty, family breakdown and family pressure to engage in work, peer pressure and other social and psychological reasons related to the social environment. Most street children experienced abject poverty and were particularly vulnerable to abuse. These children were facing serious health hazards and developmental risks that compromise their wellbeing. This was consistent with previous studies in confirming that the most common push factor was family poverty (MoLSA 1995, FSCE 2003 and UNICEF 2007).

Moreover, for street children of *Desse*, certain pull factors also render the street as an attractive option, such as the perceived freedom and independence, the lack of supervision, chances of remunerative employment, basic needs fulfillment, and access to money and of different services and exposure to technology. Besides the findings of the research showed that a set of multidimensional factors that were involved for leaving their birthplace since the majority of the research participants were migrants where as family poverty, death of parents, breakdown of family, abandonment and peer pressure were the major once. They also indicated that they migrated to the capital city due to their high expectation of better employment opportunities such as to work in cafeterias as waitresses, to work in construction activities as daily laborers, shoe shining, and at the same time to pursue their education in evening classes.

Meeting their basic necessities was another major challenge that children on the streets faced in their everyday lives. Street children do not have a constant source of material and financial resources. Therefore, they have to go to great lengths to make sure that they have food.

According to the findings among the activities they engage were working menial jobs, begging, scavenging and stealing. For girls, most of these activities were somehow culturally inappropriate for them and they hence depend on prostitution as a source of money and food. Not

only were they paid by boys on the street for sex but by members of the public too. The aforementioned findings were also very consistent with study results of other scholars (Motonga 2008; Conticini, 2005).

The other main challenges of the study revealed that the different challenges that street children face while they are living on the street. In this study it was found out that living on the streets does put children at great risk not only from the treatment they receive from others but also from the effects on themselves of their life styles. The risk of sexual abuse, especially for girls was high .Many of the street children reported that female children living on the street were more vulnerable to street life than their male counterparts due to gender based violence and exploitation .Most of these children was highly exposed to rape. They were also forced to deviant to commercial sex work when other survival options were limited .As a result of both sexual abuse and exploitation of street girls were exposed to various problems like HIV/AIDS, STDs and unwanted pregnancy.

On the other hand, even though street girls were more vulnerable to physical and sexual abuse and exploitation now a day's male street children were also becoming a victim of sexual abuse. Younger street boys were raped by older male youths or adult street people, passengers and drunken. They were often beaten up for no justified reason, traumatized and subject to physical injury.

Children on the streets also faced a challenge of finding decent secure sleeping places for sleeping. Most of them sleep outside, exposed to weather elements that might cause health problems. And again, this challenge puts girls in a more precarious situation as they were easily raped and sexually abused for sleeping out in the street. Moving from one sleeping area to another was also mentioned as a coping mechanism from police harassment and sexual abuse. Eviction by police and Keble guards was found to be the most common reason for moving from one sleeping area to another.

Another challenge encountered by any street children were involving in harmful use of substance abuse like chewing 'chat', hashish, mastish(inhaling glue) and cigarette. Substance abuse was mentioned as a coping mechanism by street-living children. According to the children, drugs help them to deal with the harsh street life, to endure stresses and to deal with problems of food, hunger and pain. Many of the strategies they use to cope with their problems were harmful to

their health and increase their vulnerability to disease and to further abuse (FSCE, 1998; FSCE, 2003; UNICEF, 2007).

It was also revealed that the street children have encountered different difficulties. One of this was the negative perception in the general public's attitudes towards street children which determines our own way to interact with them. Some people fear and avoid street children due to their dirty looks and consider them potential trouble makers. When they come into contact with them, they prefer to give them a few coins to get rid of them, although others they give money on humanitarian grounds. They are even suspected and chased out and picked up from street and detained in police stations. When the police have physically assaulted these children, they receive the public's blessings, as this presumed to letter criminal tendencies among street children.

The other main problem that these children have faced while they were on the street was lack of health. Street children face various health hazards due to unsanitary living environment and lack of access to health services. Consequently, many of them develop nutrition-related health problems, food poisoning and infectious diseases including typhoid, cholera, TB, abdominal pain, gastritis, malaria, headache, anemia cough, epilepsy, rape, unwanted pregnancy, and physical abuse by police are some of the health problems they face frequently.

Having said all this, it is important to mention and recognize that street children have devised ways on how to deal with most of the challenges they face. A brief look on these survival strategies is presented below.

Street children have been used several strategies to survive the difficult conditions of the streets. These were based on the findings, it is clear that girls and boys on the streets use different means of acquiring money, food and other necessities; however boys had more diverse means of survival such as washing cars, looking after cars in car parks, selling carrier bags to people in the market, throwing garbage, drawing water, carrying goods etc. while girls largely engaged in prostitution. The implication of this is that girls on the street end up with limited survival strategies.

Another coping mechanism developed by the street children according to the finding of this study were these children have developed coping strategies against all those odds. In order for children to be able to deal with their problems and sustain their life on the street, they had to use coping strategies and mechanisms (FSCE, 2003; UNICEF, 2007). The study conducted by

Apetekar (1988) also indicated that street children develop coping strategies against the many problems they encountered. However individual differences regarding the capacity to adjust to new and hostile environment in general were inevitable. In this study the majority of the children reported that they found themselves unable to cope with street life, especially during their early days. One common coping mechanisms used by most of the street children to deal with the different problems and the violence they face on the street was to belong to mutual supporting groups.

Based on my analysis, it has become clear that at individual level, street children benefited from social capital through an increase in their own social networks and resources vital to their survival. Meeting of their daily needs such as food, security, protection, clothing, etc. is all done through social networks. Social capital and social networks were therefore not only important as a means of meeting individual and collective resources but they were important assets that street children use to cope up against the challenges and stresses of street life. This finding was also in agreement with the research result of (Conticini, 2005). It was revealed that socializing with peers were the main strategies for children to cope up with all the challenges and problems encountered them while on the street.

However, For children that live under institutional care, the platform to use social capital is limited due to restrictions on activities that they can engage in and the fact that institutions meet most of their needs that require them to employ social capital, their social capital and networks were as not as useful as they were living on the streets.

Street children were provided different rehabilitation services from the organization. The center provides rehabilitation and reintegration services. The services given under rehabilitation include sanitation and hygiene services, health education and medication, psychosocial support, life skill training, sport and recreation services. On the other side the reintegration service includes small business, vocational skill training, and job placement and reunification to their families

In the study finding it was revealed that the street children have encountered different difficulties after joining the rehabilitation organization. Some of the discussants and in-depth interview participants suggested for the center to accommodate shelter based services like other organizations with provisions of food, clothes, bedroom, etc until they become self-reliant individuals.

The other finding was that the challenge they encountered in the rehabilitation process was that the area was not suitable for the children rehabilitation that was many of the street children came to the rehabilitation center from long distances such as 'Atobistera', 'Gojam berenda' and 'Atikiltera' especially those who were below 14 years old. It was not appropriate also for children to play indoor games since it was very narrow place.

The other finding of this study is that children failed from their work due to the fact that the life skill training is not initiated by the children themselves that is some of them reported that they didn't get the training interesting because it is not with their own choice so that they are dissatisfied with the skill they acquired and due to this they have low motivation to work.

The other main finding was that some children complain with the centers' life skill training selection criteria that was some of them were not selected while others got the training joining the organization after them. However, the organizations' intention is to give the life skill training for few street children as models for others and to compete and share best practices among themselves. Moreover, the major selection criteria's for getting the life skill training was Attendance. In addition their initiation to change their behavior and to avoidance of their addiction behavior in short period of time was also another selection criterion. Thus some of them who fail to do so were dissatisfied by the services of the organization.

There were also several reasons street children escape or be absent from the rehabilitation center and return on the street. Based on my findings, social networks come out to be one of the factors that influence children to run away from the rehabilitation center, this was so because while on the street children depend on each other to meet their needs such as food, clothes, etc. They also support each other emotionally and look after one another when they were sick. Especially, since it was a drop in center they would have the chance to meet these children at night. Thus when taken away from the streets, this relationship and cohesiveness was disrupted and some children cannot cope up without their friends on the streets. Thus, the peer pressure made some street children to run away and go back to their friends on the streets.

The other one was strict rules that institutions could also be hindrances to achieving success in removing street children from the streets. Some of my participants felt very restricted by the rules in institutions and hence returned to the streets where no one constantly told them what to do or restricted them. Because children's activities institutions were guided by rules and regulations, some children felt bored in institutions. They also reported that the staff members

were not reading to each other that was all of them had different orders and rules for us .For children that live in institutions with few activities and entertainment to continuously engage them would make them to opt returning to the streets. This was consistent with previous studies of Reyes (2009) the eager to run away can be caused by the strictness and regulations of an institution. Unlike the shelter, the street offers the children autonomy that they could make their own decisions and make up their own rules, without anyone else interfering.

In general, they have indicated that the services provided to them is not enough the non formal education psychosocial support, sport and recreational activities were not provided adequately .They suggested that this has to be improved. Moreover they reported that in their peer house settlement some kitchen equipments like chop sticks were not completed. The girls also complain they didn't get underwear and bed sheets as well.

However as it was shown in the data analysis part the majority of street children appreciate the services of the organization .For many of them it seems that they perceive the services of the organization was a good thing for the betterment of their future life. Moreover almost all the research participants confirmed that how bad their street life was and they expressed their feelings towards building their future that they have a vision to be a self-reliant individual by working hard and continuing their formal education, to meet and help their families and those who were vulnerable like them.

CHAPTER 5: Recommendations, conclusion and social work implication

5.1. Conclusion

In concluding my study, I should briefly look at the themes that this study intended to explore, i.e. reasons why street children resort to the street, challenges street children encounter while they were on the street, their coping mechanisms and their overall experience after joining Admass rehabilitation center and their future prospects.

There were many causes that make children come to the streets of Desse, these were a vital issues that needs serious considerations. Without clearly understanding the push and pull factors for children to move from their locality to the street, it was impossible to positively impact their lives. When asked why they left their homes, they expressed many different reasons .This tells us that the issue was a complex and complicated one. The cause of street children was multidimensional where several factors played the role of pushing and pulling children into the streets.

The findings of the study have indicated that poverty was the major cause of street children in the small town of Desse; it limits the families' capacity to meet the needs of children forcing them to live on the streets. Besides violence and abuse at home, death of one of or both of parents, lack of support in case of orphan hood, family breakdown and family pressure to engage in work, peer pressure and bad experience in school were some of the push factors that forced children to come to the streets. Whereas the pull factors that encouraged child to leave their homes were search of freedom, work and employment opportunities. Thus social and economic factors appeared to be primary in pushing children onto streets. Poverty, disability (mostly blindness) and death of parents were also appeared to be the key factors in resulting the children to the street.

However, children's, relocation to the streets does not mean they live their life without challenges. Once on the streets, street children face infinite challenges, among them meeting peer house settlement some kitchen equipments like chop sticks were not completed. The girls also complain they didn't get underwear and bed sheets as well.

However as it was shown in the data analysis part the majority of street children appreciate the services of the rehabilitation center .For many of them it seems that they perceive the services of the organization was a good thing for the betterment of their future life. Moreover almost all the research participants confirmed that how bad their street life was and they expressed their feelings towards building their future that they have a vision to be a self-reliant individual by working hard and continuing their formal education, to meet and help their families and those who were vulnerable like them.

Their basic needs like food, cloth and finding decent and secure sleeping places, lack of access to services such as health, education and recreation are some of them. Besides violence is another challenge perpetuated by older boys, members of the public and the police, sexual abuse, as they are living unprotected and are highly vulnerable section of the society. Especially female street children are more vulnerable to street life than their male counterparts due to gender based violence and exploitation .Most of these children is highly exposed to rape.

The finding in relation to their survival strategies revealed that in order to survive the challenges they faced they develop different coping mechanisms that include begging for money or food, engaging in work, ignoring the offender incase of beatings and insults, changing sleeping places, reporting to the police and using alcoholic drinks and addictive substances and especially forming supporting mutual groups was one of their main coping mechanism.

Another finding of the study also reveals that street children were also facing many difficulties being in the rehabilitation center like lack of household materials in peer house settlement, lack of comprehensive rehabilitation services due to absence action plan that was the psychosocial support, sport and recreational activities were not given constantly to them. Besides, some of them reported that the rehabilitation services of the organization could not enable them to become self reliant individual in the future because of the life skill training given to them was not by their own choice. Moreover, the place of the rehabilitation center was not suitable for them that were too far and they were forced to go long distances on their foot. Thus, it is recommended that the organization needs either to construct a building or rent a rehabilitation center relatively with adequate facilities in a suitable area which could be a center place in the city for all its beneficiaries.

5.2. Social work implication

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being .utilizing theories of human behavior and social systems. Social work intervenes at the points where people interact with their environments. Principles of human rights and social justice were fundamental to social work (IFSW, 2004). The *UNCRC* (1989) also clearly addresses the state's obligation to protect children from any form of discrimination and to take positive action to promote their rights and that all decisions taken by states and other organizations regarding the care and protection of children should be in the child's best interests.

However, the findings of this study indicated that the rehabilitation services provided to them is not comprehensive enough to enable them to become self-reliant in their future. Thus, there was a need to assess and build the rehabilitation center capacity in order that it would provide comprehensive rehabilitation services to these children, so that they would become self-supporting individuals in their future.

It was clear that the problem of street children cannot be solved by the efforts of one part only. It needs the cooperation of different stakeholders such as the GOs, NGOs, CBOs, and religious organizations. Child abuse and neglect should also be the main concern in a community. Therefore, each member of the community needs to have a moral obligation to promote the safety and wellbeing of the children. Besides, since the parents are the first ones that nurture the children and it is necessary to educate parents first care of their children.

With regard to the rehabilitation center service provisions ,as it was indicated by the research participants, for instance, some children didn't want to stay in the organization for a long period of time because of absence of basic needs such as food, shelter, and clothing .Thus, it is necessary to create feeding program in a way that could not create dependency at least one meal per day, especially for those who were between age (8-14), those who were not getting the reintegration services and who were not reunified with their family. In addition, it is necessary to work on the root cause such as livelihoods and linking the children with line sectors, availing option for those children who do not get the integration option through referral system and foster care.

The exit mechanisms for children were reunification, reintegration, direct employment, and small scale business by renting home to them and vocational skill training. Yet the organization has no any follow up or supervision plans once children get out from the project or after reunification. Thus, the organization should develop the monitoring and follow up plans for exited children. Moreover, the center has to have large compound, teaching rooms; additional manpower, ethics classes and psychosocial support also has to work family planning and economic empowerment. Staff capacity building, with regard to transportation facility the organization need to have full time vehicle which is one of the problems with the reunification process to take the children back to their families.

The reason also for children failure or dropout from the project after completion of the rehabilitation process was that some children have no interest and vision in their life, due to the fact that they were very addicted to different drugs. As a result it was difficult to bring change on their life in short period of time. Therefore, there need to be successive one to one counseling for this kind of children, since the organization has limited manpower especially for all the street children. There was only one psychosocial support officer. Hence, the organization needs to hire more counselors, health officers and as well as social workers.

The other reason for their failure to drop out from the project was that the life skill training given to them was not in their own choice, so that they become so dissatisfied and hence that was one reason to quit from their job. Therefore the organization centers need to keep their choice when they were integrated to the life skill training.

Though there was good relationship with the stakeholders like administrative organ in local district level and also at the Woreda level the, organization needs to create a best mechanism. Due to the policy that the government set with regard to street vendors, it forbidden to sale on the street .So the organization should work the children to get another place and continue their business by negotiating with the Woreda administration. Moreover, by creating strong linkage with all the government levels the trained model street children would have some assistance from the government to work in group with small scale businesses.

These organizations should also create awareness towards bad attitude for the stakeholders, school community, and local administration including the police and the public at large in order

to make some belongingness in the community that was street children were also part of this society. Hence, there should be regular meeting to be made with regard to future adjustments.

In general, the data gathered through in-depth interviews, observation and focus group discussion meetings held with research participants. This study has revealed that the problems of street children were many and various. Hence it needs the response of many stakeholders for collaboration in order to alleviate the multifaceted problems of these children.

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i. Annex

I. Questioners for in-depth interview

The following basic questions are prepared to collect primary data with regard to the experiences of street children in the Admas Rehabilitation and development project, Dessie Branch.

I. Questioners for in-depth interview

A: Personal information of the client:

1. Name of interviewee: -----

2. Age: Sex:

3. Place of birth: -----

4. Place of origin (name of region) -----

5. School attendance status -----

6. Family background of the interviewee

7. Do you have parents? Yes: No:

8. Are they alive? Yes: No:

9. Where do your parents live now? -----

10. What was your mothers and fathers means of livelihood?

11. Farmers: Government Employes: Street Vendors: Others:

12. Who supports the family?

Government : Self Help NGOs Relatives Others

B: Street life profile

13. What are the reasons for you to be on the street? -----

14. With whom are you living on the street? -----

15. Who was supporting you on the street? -----

16. What were the major challenges /problems that you faced on the street? -----

17. How do you cope up with the problems in street life? -----

18. What do you do for living? -----

19. Do you practice saving? -----

20. Present life style of the child

21. How did you get this organization? -----

22. When did you join this organization? -----

23. How long have you been in the organization? -----

24. What benefits /services you are getting from the project? -----

25. Are you happy with the services of the project? -----

26. What did you learn during your stay in the organization? -----

27. How do you experience your life in the organization? -----

28. Do you have any good or bad memories during your stay in the organization? -----

29. What are the main difficulties you encountered in the origination? -----

30. How do manage these difficult situations? -----

31. What kinds of interventions provided to you that you believe enable you to become self-reliant individual in the future? -----

II Questioners for focus group discussions

1. How do you get this organization? -----

2. How long have you been in the organization? -----

3. What are the services or benefits you are getting from the organization? -----

4. What are you doing now in the organization? -----

5. Are the services provided by the organization important to you to become self reliant individuals in the future -----
-----?

6. How do experience your life in the rehabilitation program? -----

7. What are the good conditions you experience in the rehabilitation program? -----

8. What are the bad conditions you experience in the rehabilitation program? -----

9. How do you cope up with the difficult circumstances you encountered in the rehabilitation program? -----

10. How do you see your life before and after joining this organization? -----

11. What are your suggestions regarding the service provisions in the rehabilitation program that needs to be improved? -----

III Questioners for key informants

1. What kinds of services that your organization provides for street children? -----

2. What kind of behavior and emotional problems that the children exhibit in the Admas Development and rehabilitation center? -----

3. What kinds of mechanisms are employed in order to help these children to become self – reliant individuals? -----

4. How are the children’s environments or past experiences related to their current behavior and attitudes? -----

5. How do you see the children’s behavior before and after joining your organization? -----

6What kind of positive behaviors the children develop after joining your organization? -----

7 .What kinds of negative behaviors that the children brought from the street life and that they unable to change it in the rehabilitation center. -----

8 .What kind of challenges you face in rehabilitating the street children? Do you believe these children will become self –reliant individuals in the future? -----

9. What are the weakness and strengths of your organization in rehabilitating the street children?

10 .How do you evaluate the overall rehabilitation program of the street children?

Part One

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28. Do you have any good or bad memories during your stay in the organization? -----

29. What are the main difficulties you encountered in the origination? -----

30. How do manage these difficult situations? -----

31. What kinds of interventions provided to you that you believe enable you to become self-reliant individual in the future? -----

II Questioners for focus group discussions

1. How do you get this organization? -----

2. How long have you been in the organization? -----

3. What are the services or benefits you are getting from the organization? -----

4. What are you doing now in the organization? -----

5. Are the services provided by the organization important to you to become self reliant individuals in the future -----
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9. What are the weakness and strengths of your organization in rehabilitating the street children?

10 .How do you evaluate the overall rehabilitation program of the street children?

**PROFORMA FOR SUBMISSION MSW PROJECT PROPOSAL FOR APPROVAL
FROM ACCADAMIC COUNSELOR AT STUDY CENTER**

Enrolment No: **ID 1326722**

Date of Submission: **June 2016**

Name of the study center: **St. Mary University (8105)**

Title of the project: **The Assessment of Admass Street Child on the rehabilitation Project in
the City of Dessie**

Signature of the student: -----

Approved/not approved

Signature-----

Name and address of the student:

Name and address of Guide:

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PROJECT WORK Proposal

THE EXPERIENCE OF STREET CHILDREN IN THE REHABILITATION PROGRAM OF
DESSE CITY

THE CASE OF ADMAS STREET CHILD REHABILITATION AND DEVELOPMENT
PROJECT

MSWP -001

BY: MAHMUD AHMED ENDRIS

Enrolment No: **ID 1326722**

Thesis Advisor: Dawit Tafesse

Indira Gandhi National Open University School of Social Work

Addis Ababa, Ethiopia

Table of content

page

1. Introduction	1
2. Statement of the problem	2
3. General Objectives-	3
4. Specific Objectives	3
5. Research Questions	3
6. Universe of the study	4
7. Sampling -	4
8. Sampling method	4
9. Data collection tools and procedures	5
10. Data processing	5
11. Data analyzing	6
12. Chapterization	7
13. Reference	8

Introduction

The phenomenon of street children is becoming one of the global big problems that overrun the whole areas of our universe. UNICEF'S annual State report indicated that millions of children live and work around the streets of industrialized, developing, and underdeveloped countries and suffering daily from the consequences of poverty and community neglect. (Apekar, L. 1994).

In the context of Africa, migration from rural areas to urban is one of the factors that increase the problem of streetism in towns. According to a study conducted in the different African capital cities, 32% of respondents were of rural origin (Abeje, 1998). Another study in the sub Saharan Africa showed that about 61.1% of street children are migrants from other rural or urban areas (Kidist, 2007).

. In line with the general concern for the rights and welfare of children in a special and difficult circumstance, it is the other growing international problem of the rising numbers of street children in the new urban areas of Africa. It has translated into the increasing number of governmental and non-governmental organizations throughout the continent whose main activity is to help and alleviate the plight of street children.

In the situation of Ethiopia, natural disaster, internal migration and poverty, lack of proper care and HIV/AIDS are the factors that highlight the vulnerability of children (FHI, 2010). Moreover Retrak (2012) stated that with the advent of recent urbanization, recurrent drought, famine and HIV/AIDS have claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and outside of parental care.

As with the global picture on street children, the data on street children in Ethiopia is very limited, and studies and reports on the subject have come up with varying estimates. According to Child Hope, an NGO working with street children in Ethiopia, street children have become a country wide epidemic, with over 100,000 children living and/or working on the streets of Ethiopian cities (Kibrom, 2008).

The city of Desse, the capital of South Wolo Zone in the Amhara National Regional State, is said to be home to a population of between 5,000 to 10,000 street children with the lower estimates originating from the Ministry of labor and social Affairs and the higher from aid agencies (UN, 2014). The creation of street children in the town of Desse is integrally tied with the phenomenon of urban poverty. The majority of the children are child workers who are on the street in order to contribute economically to the household. Most of them still remain close contact with their families. This means that they return home every night to sleep over 80% of these children first became involved in street life in search of work while another 10% first come to the streets to play or spend time with friends. In a town like Mekele, the majority of street children came there due to the effects of war, famine and draught .Many of them then progress to become street workers (Veale 1993 in Ochola, L and Dzikus, A, 2000).

Statement of the problem

The problem of street children is becoming a worldwide phenomenon since these children exist in every part of the world. According to the 2003 report made by FSCE, USAID and PACT, in Ethiopia large number of children leave their home for various reasons and start living on the street in most urban cities like Addis Ababa, Desse Bahirdar and Mekele. Some of the street children are part of the entire families who live on the street (FSCE, 1998).

According to mekonen (2011), streetism is becoming one of the major challenges of all urban areas of Ethiopia. The capital city Addis Ababa and the regional cities like Desse are among the cities that are highly affected by the problem of street children. Since 1974 there have been attempts to conduct a research concerning the problems of these children in the country in general and Addis Ababa in particular.

The magnitude of the problem of street children in Ethiopia, the first survey on the street children was carried out by the Rehabilitation Agency in 1974. This study which used a head counting technique documented that there were 5,004(4,955 or 99% male and 49 or 1% female) Street children living in Addis Ababa and almost none in Desse.

On the other hand in the case of Desse, the problem of street children as lower estimates indicates 3000 and the higher with 5000 has become one of the major social problems in the city today /MOLSA 2015,report/

Objectives

General Objectives

The general objective of this study is to explore the life experience of street children in the rehabilitation program of Admass Child Rehabilitation and Development Project in Desse.

Specific Objectives

-To understand the effectiveness of the program and the mechanisms in which the plan has already been prepared

To assess the practices of the rehabilitation program centers in rehabilitating the street children and to identify the strengths and weaknesses of the project.

-To identify the strategies that street children uses to cope with the rehabilitation program.

-To understand street children's perceptions of their life in the rehabilitation program towards the problems, fears, hope and the public towards street children in general.

-To examine the major contribution of the relevant intervention mechanisms by the rehabilitation centre in making street children developing positive self esteem and to become self supporting individuals in the future

Research Questions

1: What are the street children's prior experiences before joining the rehabilitation center?

2: How far the interventions are appropriate in order to rehabilitate these children and to become self reliant individuals in the future?

3: What are the challenges faced by the street children in the rehabilitation center?

4: What will be done to overcome the challenges they encountered in the rehabilitation center?

Hence, this research study is important:

To assess and identify the gaps and to examine the different coping strategies and the real life experiences of street children in the rehabilitation program. On the other hand, it paves the way for those who are interested in this area, since it will contribute as a baseline for those who are interested to conduct further investigation about this issue.

Universe of the study

The study is limited in the city of Dese at Adams child Rehabilitation and Development project center in which their main objectives and programs are prevention and rehabilitation of street children in and around the town of Dese. Hence the research believed that it contributes as baseline for all responsible stake holders to alleviate the multifaceted problems of the street children by exploring the above mentioned programs

Sampling

Those street children, both boys and girls, who were fully engaged in the activity of working on the street as well as those who were forced to work and live on the streets of Dese occasionally due to certain circumstances, were included in the sample. Since there is no census for the total population of street children in Dese that can be used as a base, it was difficult to determine the sample size. However, for this short study it was found practical to take a smaller sample consisting of 30 street children with cross-sectional distribution including gender, the sex composition, and the street occupation of the target group.

Sampling method

In this study the sampling method that has already been proposed is purposive sampling method. In order to get an accurate result, the researcher has selected this kind of sampling method because street children by nature has mobile system of living and it is difficult to differentiate them from street beggars.

Data collection tools and procedures

The nature of this study is qualitative research methods. To collect data, five main tools will be employed. Literature review, in depth interview, key informants interviews, focus group discussions and observations and to answer this research questions purposive sampling method will be used. The interview schedule will be carried out from September 22- October 18. The date might be tentative and wil increase the days of interview.

Data collectors will be instructed to take respondents with different street occupations in order to include shoe-shiners, street sellers or peddlers, carriers, car washers and beggars as well as children in other street activities. This sample is distributed over the areas selected for data collection. Based on the findings of the preliminary assessment, accordingly, 5 street children are allocated to the five areas with slight variations in consideration of the high concentration of street children. These are selected using both systematic and random sampling techniques. In addition to the survey of 30 street children, the study also included other four children who are beneficiaries of an existing street children project who came from different areas of the town.

Data processing

Intensive supervision will be carried out during the survey undertaking at the field level. Almost all questionnaires are checked to correct contradictory responses and unfilled questions at the spot. Close monitoring and supervision activities will be carried out throughout the survey undertaking through formal and informal contacts with the data collectors in their area of assign. and the final interview result will be verified, edited and arranged alphabetically. in this research paper four master code interview sheets will be prepared –one for street children ,another for the faculty members of Adams child rehabilitation center and the third for the respected government institutions.

Data analyzing

The major objective of this study is to explore the experience of street children in the Adams Child Rehabilitation Program in the town of Desse. To fulfill this objective, I will employ in-depth interview, focus group discussion and direct observation with the service recipients and with care givers who are residing in the rehabilitation center. This will be made by and exploring their present experiences as well as past experiences of street life and in the rehabilitation center. Data will be gathered from thirty street children (19 males and 11 females) who are currently getting services from Adams Child Rehabilitation and Development project center.

Chapterization

Depending on the main objectives of each chapter, the chapterization of the thesis is proposed in the following manner:

The *first* chapter shall be an introduction to the subject matter of this modest study. in this chapter an attempt shall be made to mentioned the phenomenon of street children in the town of Desse and In line with this, Street children's situations are complex and that quick fixes are helpful in response to help them to get out of the street life.

The *second* chapter shall discuss the Conceptual analysis of street children .A review of literature and the profiles of street children in the town of Desse that are selected for the study will also be given great attention ended.

Chapter *three* shall explain the research design and methodology and data analysis of the study and it discusses the sample size selection and methods for implemental interviews.

In the *fortth* chapter, the major findings of the study would be given and also this chapter shall be included the conclusion and social work implication parts.

In the *fifth* chapter, recommendation, conclusion and social work implication would be given.

so this chapter is last of the research

The appendixes shall included the interview and bibliography parts

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PROFESSIONAL PROFILE:

- Adaptable and dependable professional
- Proven relationship- builder with exceptional interpersonal and communication skills
- Strong organizational and supervisory skills
- Motivated, resourceful, creative troubleshooter who works well in a team.
- Good leadership and managing of resources. Flexible and able to work under stressful condition

Educational Background:

FIELD	QUALIFICATION	UNIVERSITY	YEAR(GC) BEGINNING	YEAR ENDING
<i>Social Work</i>	MA	IGNOU	2010	2012
<i>Chemistry</i>	B.SC	Alemaya	1997	2000
<i>Computer Science</i>	Diploma	Addis Ababa	2001	2004
<i>Management and Leader ship</i>	Diploma	London (distance base)	2009	2010

Training and Work Shops

- Environmental Health and Occupational Health, The Ohio State university ,one health summer institute, May1- August 31,2014
- Guidance on Social Responsibility, based on ISO 26000:210 Ethiopian Standard Agency, certificate no.CS:224-2007
- Basic Management Skills, Ethiopian management institute, June 20/2014
- Training of trainers on Occupational safety and health, Addis Ababa Labour and social Affairs.
- Social Budgeting and Actuarial Modeling, ILO, ITC training Center.

Publications and Books

- Approved Research Proposal by ARLAC (African Regional Labour Administration Center, ILO) by the title “Socio Economic impact of displacement for Marginalized Women”
A case study of Urban Marginalized Women
- Research team leader , the research entitle “ the role of vocational and skill training on participating Labour force to the Labour Market”.
- General Chemistry book published by Ministry of Education
- Environmental and integrated Science book by Addis Ababa Bureau of Education.
- Occupational Safety Management System Manual , Ministry of Labour and Social Affairs
- Environment impact Assessment check List, environment protection Authority and Ministry of Labour and social Affairs.

LANGUAGE:

- English and Amharic (fluent in writing , speaking, listening and reading)

Work Experience:

1. Ministry of Labor and Social Affairs(MOLSA): **From 2014 – Present**

- ✓ Environment and OSH Team Leader, and
- ✓ Advocacy and policy formulation officer

Key responsibilities

- Writing Environmental Mgt Plan in implementing policies that minimize an industry impact on the environment.
- Conduct environment mitigation measures to minimize project impact on the natural environment.
- Identify and mitigate environmental and social project impact and stimulate sustainable development opportunities.
- Carry out environmental and social assessment of industries as per requirement of prepared check list.
- Finding alternatives, eco friendly materials and find green ways of disposing waste products(recycling) to reduce waste.
- Awareness, advocacy and training. Training needs analysis organizing trainings and workshops and implementation.
- Enforcement of laws, policies and strategies.
- Quarter, mid and annual reporting. Preparing periodic reports on the status of activities planned by the ministry or together with partners.
- Preparation of manuals, guidelines and pamphlets.
- Tripartite social dialogue for harmonious industry.
- Checking bylaws of industries and enterprises

2. Addis Ababa Bureau of Labor And Social Affairs From 2013- 2014 G. C

OSH, Law Enforcement team

- Ensure effective implementation of the project through timely provision technical inputs, effective delivery of outputs, and monitoring and evaluation of project activities of partners.
- Gap assessment Study and training. Recommendation to management for remedial action.
- Collaboration with project partners, target groups and donors for planning and implementation of program activities.
- Coordinate with project partners to increase the project's visibility and facilitate the scaling up of project's interventions.
- Enforcement of laws and policies.
- Prepare periodic reporting on the status of activities planned by the bureau and partners.

3. Andinet International school

From 2006-2013 G.C

Key responsibilities

- Leading ,organizing ,planning and monitoring the Department members
- Organizing, evaluating and inspect physics, chemistry, biology Labs.
- Organize Annual Science Fair in a team work base.
- Designed and implemented middle school syllabus and curriculums.
- Develop daily, weekly and yearly lesson plans in accordance with the principles and guidelines of the school.

4. Sub Saharan African research and training center: From 2012- 2014

- Social and environmental research method development.
- Analysis of social and environmental data.

References

- Dr. Zerihun Kebede
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- Mr. Feleke Jember
Director of the directorate of social welfare (MoLSA)
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