

Being and becoming street child: Causes, challenges and opportunities (FC Jimma branch in focus)

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Abstract: The purpose of this study was to explore the causes of street life, challenges they experienced on the street, existing rehabilitation services and opportunities of children returned from street life in Facilitator for Change [FC], Jimma town. Qualitative research approach was used to get in-depth feelings and opinions of the children returned from the street life. Case study was employed to explore the life situation of these children. Purposive sampling technique was employed to select children, organization's workers, care givers (mother takers) and key informant interviewees from women and children affairs office. The participants' selection was based on the saturation of the information gathered. Accordingly, two FGD, ten in-depth interview and five key informants were conducted. As the finding shows, the potential causes which driven the children in to the street life were poverty, family separation, disagreement or conflict with their parents and child abuse at home. There are also challenges both during their stay on the street and in the rehabilitation center. According to the finding, the children were suffered with the problems like sexual abuse, child exploitation, substance abuse, suffering with diseases (loss of sleep, lack of food) and violence before they came to FC organization. There were also challenges during the rehabilitation process. Lack of comprehensive services in the center was the main challenge reported by the study participants. The duration these children have been staying in the organization is very short (not more than three months) which seems incredible to fully reintegrate the children in to the community. The study therefore concludes that the services provided by facilitator for change, non-government organization is substantial to reduce the risks of street life. But, there are still many things that remain to be done by the government, non-governmental and other stake holders in order to improve rehabilitation programs and reduce street life of children.

Keywords: street children, facilitator for change, challenges, opportunities, rehabilitation center

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BACKGROUND OF THE STUDY AND JUSTIFICATION

The enormous problems faced by the street children in the last several years were stated by different scholars in different times and topic of diverse philosophy (Habtamu W., & Arindam L. 2016). The phenomenon of street children is rapidly becoming one of global epic proportions. Sixteen years later, in 2002, UNICEF reported, the latest estimates put the number of children as high as one hundred million. More recently the organization added, “The exact number of street children is impossible to quantify, but the figure almost certainly runs in to tens of millions across the world. It is likely that the numbers are increasing” (Sara T. 2007). The number has increased in recent decades because of political turmoil, civil unrest, family breakdowns and death of parents, war, poverty, natural disasters, HIV/AIDs, rapid industrialization or simply social economic collapse. Many destitute children are forced to eke out a living on the streets scavenging, begging and hawking in the slums of polluted cities of the developing world (Mohamed 2007).

Although children living on the streets phenomenon are a global concern, it is more prominent in Latin America, Asia and Africa. In South America alone, there are at least 40 million children with majority living on the streets of Mexico City, in Asia, 25 million children and Europe approximately 26 million while the estimates in most countries have fluctuated widely (UNICEF 2007). In Brazil, the exact number of children living on the streets is not known. According to unofficial estimates, the numbers range between 200,000 and 1 million, but this number does not necessarily correspond to the number of children who live on the streets. These children fall between ten and eighteen years of age. These children do what they can to survive ranging from selling candy on street corners, shoe shining and watching parked cars; to drug peddling, petty theft and prostitution (Mitchell 2010).

UNICEF (2010) estimated that there are over 32 million children living on the streets in the African region. It is estimated that Angola 10,000, Ghana 30,000 and Zambia 1.5 million children and 450,000 children live on the streets of Sudan and 450,000 in Ethiopia. The growing numbers of street children is one of the most serious urban social problems facing Ethiopia today. In the country as a whole, it has been estimated that as many as one hundred thousand children are engaged to varying degrees in street life activities. However, little is

known about the exact nature and extent of involvement of children in street life in Ethiopia.

A number of studies have claimed that the number of street children in Ethiopia had been increasing with the high population growth, accelerated urbanization, effects of HIV/AIDS pandemic and cyclic draught during the last several decades. However, estimates vary widely since the mobile characteristics of the street population made efforts to quantify the exact number of children had been difficult (SC UK 2012 as cited by Mahiderhiwot 2014).

The few programmes that exist for street-children are principally concentrated in Addis Ababa where a core group of agencies have established services specifically targeted for street-children and their families. According to Mekonnen (2011), streetism is becoming one of the major challenges of all urban areas of Ethiopia. The capital city Addis Ababa especially is 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 particularly in Addis Ababa but the prevalence is increasing alarmingly in many towns than before.

According to the study conducted by Mahderehiwot (2014), street children have encountered different difficulties. Some of these are the negative perception in the general public's attitudes towards street children. The risk of sexual abuse, especially for girls is high. Many of the street children reported that female children living on the street are more vulnerable to street life than their male counterparts due to gender based violence and exploitation. They are also forced to deviant to commercial sex work when other survival options are limited. As a result of both sexual abuse and exploitation of street girls are exposed to various problems like HIV/AIDS, STDs and unwanted pregnancy.

There was also a study conducted by Gudina A., Nega J., and Tariku A. 2014. The study investigated the situation of orphans and vulnerable children in selected Woredas and towns in Jimma Zone. The study revealed that OVC are vulnerable to malnutrition, poor hygiene, child sexual abuse, drug use, child labor exploitation. However, they didn't touch the issue of street children and rehabilitation services specifically.

Facilitator for Change (FC) has been undertaking various intervention activities in Jimma town and its surroundings starting from May 2002 in response to the request from Oromia Bureau of Labor and Social Affairs Office which asked FC to address the

problems of street children in Jimma City that was increasing at an alarming rate. Thus, FC has designed a project proposal titled as “Opportunities for Street Children and Youths: Community Based and Capacity Building for Street Children and Youths in Jimma Town” for the prevention of children’s vulnerability to street life and the rehabilitation of those who have already joined street. Hence, this study focused on causes to street life, challenges they faced, existing rehabilitation services and opportunities by taking Facilitator for Change, Jimma branch in focus.

OBJECTIVES OF THE STUDY

This study addressed the following specific objectives:

- To describe factors leading children to street life in the study area
- To explore the challenges children faced on the street before joining FC rehabilitation center
- To explore the existing rehabilitation services in the FC
- To find out the existing opportunities for children returned from street life and getting rehabilitation services in FC

RESEARCH METHODS

This study was conducted in Facilitator for Change (FC) rehabilitation center found in Jimma town, south west Ethiopia. Facilitator Change (FC) Jimma project formerly known as, Facilitator Change Ethiopia (FCE), is a locally registered non-governmental, non-political, non-religious and non-profit seeking community-based organization which has been operating in Oromia regional state, Jimma town, since 1998. The organization was registered and got formal recognition with registration number 0048 in 2009 in accordance with Ethiopian Civil Society Organization (CSO) proclamation. This organization is providing rehabilitation service by classifying children in to two, children of the street (street-living children) - who sleep in public spaces, without their families and children on the street (street-working children) - who work on the streets during the day and return to their family at night to sleep. This study was conducted from September-July, 2018.

To address the objectives, the study used qualitative research approach. Case study was employed to investigate the situation of these returned street children who have been getting the rehabilitation services from FC organization. The workers of FC organization,

members of CBOs and Women and children affairs office workers were the study participants besides the children using the services. Purposive sampling technique was employed to select the research participants. Accordingly, eight children participated in in-depth interview. Two FGDs (one with children who were getting service and one with employees of the organization) were conducted. In both FGD, sixteen participants were participated. Two from women and children affairs, two from CBO members and one community influencer were the key informants. The number of participants engaged in this study was determined based on the data saturation point principle. Both primary and secondary data sources were collected. The primary data was collected through in-depth interview, FGD, and observation and secondary data was collected in reviewing different published and unpublished documents.

The collected data was analyzed thematically in line with the objectives of the research. In this process, all the key issues, concepts, and themes by which the data can be examined were identified. To sum up, ethical clearance was obtained from College of Social Sciences and Humanities, Research and Postgraduate Coordinating office of Jimma University. Consent was sought from study participant to confirm willingness to participate in the study. Privacy and confidentiality was ensured throughout the process of the study.

RESULTS AND DISCUSSIONS

This part comprehends two sections. The first section is the main findings of the study and the second section is discussion through comparing with the previously conducted studies. The findings presented and discussed on the basis of the study objectives which sought to explore the causes of street life, challenges they experienced on the street, existing rehabilitation services and existing opportunities of children currently getting rehabilitation service in Facilitator for Change. All the names used in the quotations below are not the real names.

RESULTS

The Causes of Street Life

The finding of this study shows that there were factors leading children in to street. Accordingly, the participants were explained their views regarding the causes of street life. One of the causes is having economically poor family (lack of basic needs and education) and the

children go to street just to get job to address their well beings. Children also look for street life when their families not give them appropriate care and feel insecure attachment from their parents. Peer influence is the other leading factor raised by the study participants. The response given by the children is consistent with the data gathered from the key informants and FGD discussants that most of the children are in the street due to poverty at home. So that the home cannot offer them security and they decide to go and look for means of survival on the street.

The data gathered from the key informants reveals that peer pressure is also the contributing factor for being in the street. It is clear that most of the children depend on their parents and when the parents are not there to offer guidance and provide care for them; these children will find alternative guidance and help from their peers who can help them to navigate in life. This was reported by children who were coming from the slum set ups. As one of the child participant stated during interview session:

My name is Tura. I'm 15 years old. I and my three friends came last year from Terch town, Southern Nations and Nationalities of People. Unfortunately, we came from economically poor family background. Since our families didn't purchase any educational materials (book, exercise book, clothes and unable to pay necessary fees for school), we discussed that we have to go and search job at Jimma City. We came through this process and we suffered a lot here. We engaged in different illegal activities. Two of my friends are now in the prison. I don't know where one of our friends is. I'm happy to be here but my friends are always wonders in my mind.

The cause of street life raised in this case is consistent with the data gathered from FGD and key informants that children coming to a street may be due to pushing factors like coercion by family, lack of access to education, and the existence of displeasing life because of varies reasons besides economic problem.

The other child participant stated his feeling as follows:

My name is Tofik. I'm 14 years old. When I was 12 years old my father was died and after death of my father my mother married another husband. After one year she gave birth but she developed blood pressure during pregnancy. This stepfather didn't help her anything. There was no body in place to assist us. We suffered a lot. All our land was grabbed by others. Then, we came to Jimma with my mother and started street life before two years. I went to street to beg money. By the money I got from begging, I took my mother to health center to check her health status. It was totally deteriorating life. Today she is

leading her life in working as a servant and washing clothes in different homes.
I'm here too from the street life.

The causes for children being in the street could be merged because in one way or another, influencing each other or peer pressure, poverty and lack of school fees or food were main reasons raised by the participants. As data obtained both from interview and FGD, the root causes of street children are resides within the family. For example, the key informants stated that if a child get sponsor who pay his/her school fee and provide other necessary supports unless getting food at home this child cannot able to pursue his/her academic. In this case, this child may decide to drop his/her school and go to street to help their parents in taking care of the family. This confirms that some children are on the street to supplement the family income. The causes of children being in the street are independent from each other but they have some synergy.

As one of a community influencer stated during interview, '*loss of family member is the other cause*'. When parents (either mother/father or both) passed away children develops stress, these children start to work and carry all the responsibilities in their shoulder. Then, things may not go good and their means of survival become deteriorating in general. In line with this, Henock explained his experience as follows:

I'm 17 years old. I'm the first child for my family. Both my father and mother passed away due to HIV/AIDS. My uncle took us to his home with my younger brother. His wife was very harsh. We paid a sacrifice of our childhood besides a death of our parents. She has exploited and abused us a lot. Finally, I left the home and started street life here before two years.

In general, as the finding of this study indicated death of parents, poverty, divorce, absence of parental protection and low attachment with their families, unsupportive home results, various forms of abuse, neglect, conflict and peer influences were the main causes leading children in to street.

Challenges of Children on the Street

Children living on the streets are vulnerable to various forms of exploitation and abuse. They were deprived not only of their rights as children, but also of their childhood. According to their report, they experienced many challenges in their street life before they came to FC rehabilitation center. Let us start with the experience of one child participant reflection during in-depth interview:

My name is Seid. I was born in Jimma city. I am 14 years old. There was no desirable life in my previous street life rather sleeping in different canals. No food and water. I was sleeping with my empty stomach. I was moving here and there to beg money, when I get money I went to bed room where many street children sleep together by paying five birr each. We simply pay to sleep on the floor without mattress. Many of them were addictive. These addictive children enforce you to start substance. In general, it was very challenging months for me.

These street children were teenagers who were in constant confrontation with those with an authority over them. They were trying to find an identity hence they resulted to go to the streets where there were no rules to govern them. The finding also shows that the street children are living without guidance, concern, love, education and security. Many end up dying on the pavements, victims of drugs, rape, gang rivalry and diseases. They did not get sufficient and well-balanced diets. The key informants and FGD discussants also indicated that many children are living in the street are exposed easily to malnutrition problems and complained about health problems such as headaches, kidney problems, malaria, and blood pressure for which they didn't get treatment. The other child participant stated the difficult of living on the street as follows:

My name is Ziyad. I'm 15 years old. I lived on the street about four years. It is difficult to express my previous street life. To survive and earn money, I worked as daily laborer by carrying materials from different transport stations. By such kind of exploited activities, I paid sacrifices to earn money. This is not unique to me; other street children did the same thing. Kicking and insulting each other were our common languages. If you have money in your pocket at night time, you will not get in the morning. You do nothing rather than keeping silent and it is mandatory to finish all money you have at a day unless, you will be robbed. The area was very slum. There were many others. Generally, street life is very worsening.

On the other side, the FGD participant of children also stated that they were oppressed in many ways during their previous life. They worked for too long hours, worked in hazardous conditions, worked under slave like arrangements, and worked under the conditions which restrict their physical, mental, spiritual, moral and/or social development and underpaid jobs. They felt insecure and worried about several things in their lives to survive. Most of the time, they were often abused by their youngsters and street gangs, their limited properties were snatched, and goods stolen. Tigist, who was a 15 years old interviewed, stated that:

We were on the street with my mother and younger brother. I was raped by gangsters last year. I didn't tell to anyone. I kept silent. I separated from my family and started to live in other kebele. I was visiting frequently my mother and brother but I didn't need to go there because the place created a kind of trauma in my mind. Currently, both my mother and brother are getting help through developmental team training program (DTTP) of Jimma University. They started to engage in income generating activity with the help this program. Many children still perceiving as life seems easy on the street. All children in our age group always preach us that there are opportunities for work and full of freedom on the street, but I found the opposite. There were violations of children's dignity which adversely affected our physical, mental, emotional and overall well-being. This is what I learnt from street life.

The findings also indicated that some community members have a negative attitude towards street children. For instance, the police were arresting them because they thought that street children have the behavior of cheating, stealing and doing self-pity kind of activities. These street children were constantly exposed to heat and cold without having proper cloth, abused by the policemen when they found working on the streets as a street vender without getting permission of the concerned bodies. The other interviewee participant stated that

I lived on the street more than one and half years. I purchased shoe shining materials from the money I got through begging and collecting garbage. The day I started work all materials get stolen. I depressed a lot. Particularly for the newcomer, life on the street is very challenging. Every new corner, by default, belongs to those children who usually work in that area. A newcomer is considered as an invader and will have a trouble to work on the specific street.

To sum up, the finding showed that the street children experiences various difficulties which includes, lack of basic needs, psychical and psychological abuses, substance abuse, lack of education, lack of attachment, lack of guidance and support, rape and health problems.

Existing Rehabilitation Services and Challenges in Rescuing Children from the Street

Facilitator for change rehabilitation center has been providing different services for children, youths and women. For this study, the services given to children for those who were returned from street life was investigated. As observation made by the organization has been providing psychosocial support, vocational training (haircut, wood working, metal works etc). As one of the service user stated during interview session

I am staying in this rehabilitation center for two months and it is was a good time. My previous street life and this life are something incompatible. The organization is treating us as its own child. They have been providing all what needed us. We have strong intimacy with mother takers. Today, I'm too optimistic towards my future life. Hopefully I will live my own life in near future as soon as I finish this rehabilitation process. I will establish my own wood work or male beauty salon in my kebele.

The employees also expressed that the center is offering a number of vocational training programs that were aimed at imparting skills and knowledge, with aim of enabling the boys and girls to discover their talents as well as earn their means of survival through work, to counteract loitering on the streets. This concurs with the empowerment theory in that empowerment develops over time as children gain greater control over their lives after undergoing through the programs. The other study participant said that

I'm really happy to be here. I'm getting appropriate socialization what I was missing from my family. This rehabilitation center providing us on how to re-integrate with our family. This organization showing us tangible evidences about the status previous beneficiaries who were getting these services so far. Many of them were grown up and graduated from different universities and recruited in different organization, business owners and some of them are attending their university and high school education. I'm thinking that I will be there one day.

The data obtained through key informant interview and FGD also showed that the organization is playing a significant role in rescuing children from street life. Since the organization is working in collaboration with varies stakeholders, the efforts made so far were fruitful. These participants also raised the potential challenges and threats of re-integrating street children. These includes, the unwillingness of some families to take back their child, lack of well-organized services in the institution, lack of sponsors, and the duration of staying in the rehabilitation center is very limited.

Guidance and counseling in the facilitator for change is the other important services in changing the children's life style in the center through promoting behavior change, reintegrating them to the community, reducing drug abuse as well as reducing their antisocial behaviors. This implies that guidance and counseling is an integral process that is aimed at changing ones way of their life. Observation checklist confirmed that the center was situated on a small piece of land and as such every available space were utilized with buildings for

providing different services such as, recreation centers, the place of where the children get different training and develop skills such as, wood work, beauty salon, dress making, wood works and rooms where the programs have been carried out.

Effectiveness of Rehabilitation Program and Opportunities

The effectiveness of the rehabilitation programs is evaluated by the satisfaction level of the service users in the rehabilitation center. Accordingly, the service users reflected their feeling through FGD and interview. One of the study participants indicated that

It is unexpected thing for me. I did not expect this kind of services provided to me. This organization is providing us food three times per day, soap, cloth, vocational trainings on haircut, dress making, tailor, and wood work and we have a place for recreation, I am happy to be heard.

Social worker of this organization also briefed that the rehabilitation services enabling them to engage in or develop senses of responsibility, so as the children will rebuild their moral and inculcate the habit of good and useful life with a view of empowering them to be conformist in the community. Most of the street children had abandoned their old way of life and had high self-esteem as a result of counseling sessions held in this center. There were continues supports to mitigate psychological problems, such as stress and depression. Some of the street children who had successfully gone through rehabilitation are now role models among their peers and they look upon them for inspiration. In the other way, these service users revealed that what they have been getting in this rehabilitation center is more than addressing their basic needs. The different skill based trainings will enable them to be self-employed after completion of the rehabilitation process. The participants stated that the rehabilitation services are effective in changing the previous life style they learned while on the street. Once the re-integration process became successful, the chance of being coming back to the street life will be minimum. In this rehabilitation center there are psychosocial supports, sports and recreational activities which help the children to form social tie among them.

DISCUSSIONS

With regard to the causes of streetism participants of this study expressed their views through interviews and focus group discussions. One of the main cause that lead children in to street is poverty at home.

When the parents cannot provide and secure necessary basic needs for their children, the children start to look outside. This finding was related with the study conducted by Kidist (2007) that poverty was the main cause of children for being on the street. Family poverty, family disintegration due to divorce, school dropout, lack of skill training and the resulting unemployment, rural urban migration in expectation of employment opportunities. The finding is consistent with the study conducted on the situations of street children in Zimbabwe which suggested the street children were bread winners in their families hence they went to the streets to seek for finances to cater for their needs and those of their family members. They eventually end up doing manual labor, begging and collecting garbage.

Children look and compare themselves with their peers. According to the psychosocial development theory of Erik E. (1950), in industry versus isolation the peers can be negatively or positively influence each other. This finding is also comparable with the study conducted by Habtamu & Arindam (2016); children coming to a street may be due to push factors like coercion by family, lack of access to education, and the existence of displeasing life.

Concerning the challenges of children on the street, this study found that children exposed to various exploitations and abuses on the street. Substance abuse, rape, participating in different sources of crime and health related problems were some of the challenges they have faced. Gudina & Nega (2014) also stated that the absence of adequate safety precautions and educational supports in spiritual, cultural, recreational, child care, educational, residential and therapeutic care settings place children at risk situation for child sexual abuse. Rehabilitation services given in this institution were important to enable children to become self-reliant in their future even though, the services provided to them is not comprehensive enough to. In line with this finding, Maderehiwot (2014) revealed that lack of comprehensive rehabilitation is still leading children back to their previous street life. Therefore, implementing multidimensional and multidirectional rehabilitation processes will help the rehabilitation centers to fully re-integrate the street children in to the community.

CONCLUSION

The main purpose of the study was to investigate the cause, challenges, rehabilitation services and the existing opportunities of returned children from street life. The main causes for many children to street

life were poverty, family separation, the disagreements between their parents and child abuse (both verbally and non-verbally) at home by their own parents. As the participants of the study mentioned that due to poverty, means children those who do not get proper food and their housing condition always looks for street life or working on the street. When children start to live in/on street they do not get basic needs. They face difficulties of providing themselves with sources of food, clean drinking water, health care services, toilets and bath facilities and adequate shelter. This compels them to form membership in groups or gangs that provides companionship and protection with other streets and gangs but they lacks acceptance from the policemen or the general public.

According to the study finding, Facilitator for Change rehabilitation center giving different vocational trainings such as, dress making, wood work, beauty salon and others. The organization also providing psychosocial supports, guidance and counseling for this returned children from the street. There were other talent development activities and entertainments that existed together with other programs in the rehabilitation center. Furthermore, the findings revealed that some of these rehabilitation programs were effective in promoting behavioral changes; re- integrating children under rehabilitation programs into the community, de-socializing the previous behavior and helping them to be conformist with communities' value. Programs that were effective had impacted positively on the children's lives and therefore ensured specific benefits such as changed lifestyle through positive behavior change, acquisition of knowledge, skills and attitudes which were expected to enable the children to be in self-employment and to acquire life skills after leaving the rehabilitation center.

The study also indicated that there is scarcity of welfare services in the organization. As data obtained from the participants, it is very difficult to fully address the needs of these returned children with the limited resources and capacities of this single institution. Therefore, comprehensive programs are needed to be offered in order to enable all the children from the street.

RECOMMENDATIONS

Based on the main findings the researcher forwarded the following recommendations:

- According to the finding, some of the factors leading children in to street life were poor economic background of the parents,

family separation, insecure attachment among the family and the others. Therefore, it is better to work on the family themselves through providing awareness and strengthening economy of the family to reduce the problem rather than focusing on rehabilitating after the children exposed to street life.

- The finding also shows that Facilitator for Change rehabilitation center offering limited services because of the scarcity of resources. The support provided from Community Based organizations (CBO) and Department of Sociology, School of Social Work and Psychiatric department of Jimma University are encouraging. However, in order to provide comprehensive rehabilitation programs such as, psychosocial, economic and health services the governmental organizations, NGOs and the community in general should participate and support this rehabilitation center.
- The organization more of working on the intervention though rehabilitation. Many of the rehabilitated children are running their own business, completed education up to diploma and degree but there are still limitations in follow up of children after they leave the rehabilitation center and using them as a reference or models for the children recently gating rehabilitation services. Therefore, it would be better if the organization establish or build strong rapport with older street children and parents by creating programs in which they can support and share their experiences.
- As the data gained from the key informants, the flow of children in to street is alarmingly increasing in Jimma town. Therefore, the local government and other stakeholders should have to work more in facilitating and supporting to maximize any organization want to work on rescuing the life of street children.
- To provide effective rehabilitation services there should be fund to ensure effective and vibrant rehabilitation programs. The government and other stake holders should endeavor to stabilize the fund flow through implementation of sound policies on rehabilitation programs.

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