

A SITUATION ANALYSIS OF STREET CHILDREN IN HARARE, ZIMBABWE

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PREFACE

The children of a nation are her heritage and hold her future in their hands. Abraham Lincoln said “A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important..... He will assume control of your cities, states and nations. He is going to move in and take over your churches, schools, universities and aspirations. All your books are going to be judged, praised or condemned by him. The fate of humanity is in his hands.”

The motivation behind this study lies in the recognition that amongst the street children of Harare are the potential teachers, leaders, statesmen and women of the nation. It is time for society to rise up to meet the challenge; to eradicate the root causes of the street child phenomenon. To give every child within the borders of this nation the opportunity to grow and develop to their full potential.

“Do we possess the collective devotion and tenacity necessary to stop our childrens’ cruel and incessant nightmare, and turn their dream of justice and joy into reality.” - Peter Tacon

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ABSTRACT

The problem of children on the streets of Harare has been increasing over the last five years. The majority of these children appear to be of school-going age. Who are these children? Where do they live? Why are they not attending school? This study is an attempt to provide answers for these questions, to evaluate current policy and programmes for street children and to promote appropriate and effective policy measures.

A convenience sample of two hundred and eight children, who fulfilled the definition of street child used in the study, were interviewed using a questionnaire and focus group discussions. A number of children's homes, a probation centre and a remand home were visited and personnel from non-governmental organisations working with street children were interviewed. The study found that the majority of children were male (89%), and the age distribution ranged from six to seventeen years. The mean time period spent on the street was 18,4 months. The most common reason for leaving home was that the family was unable to support the child. Most of the children slept in a nearby squatter settlement or at the city railway station. The most popular income generating activity was guarding motor vehicles. Five of the children were attending alternative education programmes and one third had never attended school. The most common medical conditions were acute respiratory infections, diarrhoeal disease and skin rashes. Some of the children had suffered physical (12) and /or sexual (10) abuse while on the street. Substance abuse, notably glue sniffing, was widespread with 78% of the children admitting to this activity. A general attitude of hopelessness prevailed among the children and few could envisage brighter prospects for the future.

Short term measures to improve the children's lives on the street must be taken, but the long term solution requires a broad attack on poverty in order to eradicate the root problems that force children onto the streets. Recommendations were aimed at the major role players in the lives of street children - the Government, the Department of Social Welfare, the Zimbabwe Republic Police and Non-Governmental Organisations.

INTRODUCTION

The problem of children on the streets of Harare has been increasing over the last five years. These children can be seen roaming the streets, begging from passers-by, offering to guard cars while the owners go shopping, accompanying a blind parent, or selling cigarettes, sweets and fruit. The majority of these children appear to be between 6 and 18 years of age and are obviously not attending school.

Who are these children? Where do they live? Why are they not in school? Where are their families? These are questions that demand answers.

The idea for carrying out a situation analysis emerged in an attempt to answer these questions. It was clearly necessary to understand the children's lives; their histories; present situations and their future aspirations in order to plan an informed response.

Through this analysis, the researcher has attempted:-

1. To provide baseline data against which future progress can be compared.
2. To evaluate the effectiveness of current policy and programmes.
3. To promote appropriate and effective policy and programme measures.

The definition of a street child used in this study is the one which came from the inter-NGO programme on street children and street youth: "A street child is a boy or a girl who has not reached adulthood 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".

The study consisted of five sections outlined below:-

1. A LITERATURE REVIEW

A comprehensive literature review was undertaken by the researcher. Information was gathered from local studies and the international literature.

2. THE DEFINITION AND DESCRIPTION OF THE STREET CHILDREN PHENOMENON IN HARARE.

The fieldwork involved gathering information from children on the streets of Harare over a four month period. A questionnaire and focus group discussions were used. Data was collected and analysed using EPIInfo 5 software (WHO).

3. A REVIEW OF CURRENT RESPONSES TO THE PROBLEM

The existing policy and programmes in place for street children were reviewed. In order to obtain current policy measures, reports were studied from the Department of Social Welfare, School of Social Work and the Department of Paediatrics and Child Health at the University of Zimbabwe. Programme information was obtained by visiting children's homes, probation centres and remand homes in the city, and by interviewing representatives of Non-Governmental Organisations (NGOs) working with street children.

4. AN ASSESSMENT OF THE UNMET NEEDS OF CHILDREN

In this section of the study, the researcher was able through the information obtained in sections 2 and 3, to assess the extent to which the needs of the street children were being met by the existing programmes.

5. RECOMMENDATIONS FOR ACTION

In the final section the recommendations were directed towards the Government, Department of Social Welfare, the Zimbabwe Republic Police and NGOs. These being the policy makers, legislators and those responsible for street children programmes.

It is hoped that through the insights gained in this study, policy-makers may be influenced, attitudes towards street children may be changed and most of all, that the children of this nation will be preserved from a life on the streets.

1. LITERATURE REVIEW

1.1 MAGNITUDE OF THE PROBLEM

The phenomenon of street children is certainly not a new one. It has been described throughout history, from the time of the Roman Empire, through the Middle Ages, the Industrial Revolution, and the two world wars¹. Most of us are familiar with the story of Dick Whittington, the street child who eventually became the Lord Mayor of London and the writings of Mark Twain and Charles Dickens who gave graphic descriptions of the lives of street children.

Street children have, once again, come to public attention. The magnitude of the phenomenon is now so great, that it cannot be ignored. These children are symptoms of societies, both in the developed and underdeveloped world, crying out for recognition in order that some action may be taken.

Street and working children are among the most visible signs of poverty and social dislocation. It is estimated that there are between 80-100 million children on the streets of the cities of the world². Of these, approximately 10 million are in the developed countries and nearly half in Latin America which has only 10% of the world child population. In South Africa where the phenomenon is rapidly rising, it is estimated that there are currently 10 000 street children³, with 5-6000 in Johannesburg alone⁴. In neighbouring Zambia, the problem is as bad with estimates of over 3000 children on the streets of Lusaka⁵.

There is uncertainty as to what extent the phenomenon of street children manifests itself in Zimbabwe. Some estimates put the figure at around 10 000 children, 2-3000 of whom are in the capital city Harare⁶. Data collected in a study done by the Department of Social Welfare in 1994 showed a prevalence of 1448 children on the streets of the major towns in Zimbabwe, 375 of whom were in Harare⁷.

Experts report encountering two basic difficulties when estimating the number of street children. One is that of the definition used and the other is the methodology of enumeration⁸. It is important that the definition of street child is clearly understood by researchers and those involved in designing responses to cope with the issues of street children. Some authors have pointed out that over-estimations made by the media are often sensationalistic, misleading and clearly unhelpful when planning interventions and appropriate strategies to deal with the problem⁹. The numbers of street children can only be estimated with accuracy in street surveys.

Though a consensus may not be reached on the numbers of street children, all youth worker and welfare specialists will agree that the number of children living on the streets is on the increase world-wide.

1.2 DEFINITION

The Oxford Dictionary defines 'street child' as "a homeless or neglected child who lives chiefly in the streets". United Nations International Children's Education Fund (UNICEF) broadened the statement thus:

"street children are most practically defined as those minors who spend at least a major part of their waking hours working or wandering in urban streets"¹⁰.

The most popular general definition at present came from the Inter-NGO programme on street children and street youth:

"A street child is any boy or girl who has not reached adulthood for whom the street (in the widest sense of the word including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adults"¹¹.

Differences in definition are mostly semantic. The literature is rife with descriptions of 'children on the street' (working on the street), and 'children of the streets' (living all the time on the street), or 'runaways' and 'throwaways'¹². UNICEF in 1986 provided three categories that relate essentially to the developing world. These are:

- i. 'candidates for the street': children working on the streets but living with their families
- ii. 'children on the street': with inadequate and/or sporadic family support
- iii. 'children of the street': those 'functionally without support'¹³.

The term street children is widely used to describe a special relationship between children and the streets of cities. The term often highlights a set of living conditions rather than the personal or social characteristics of the street children themselves¹⁴. Different researchers have broadened or narrowed the definition according to the purposes of their studies. Richter and Cockburn chose to define street children as those who have abandoned, or have been abandoned by their homes, schools and immediate communities before they are 16 years of age, and have drifted into nomadic street life. Cockburn suggested that a child may fall along a continuum of different degrees of connectedness with their family⁹. Certainly the assumptions that children on the street are all unsupported or have lost contact with family and home are inaccurate. A more definite understanding of street children is a necessity if appropriate intervention is to be carried out.

Williams proposed a hierarchy of street use using the UNICEF definitions mentioned previously as follows:

- i. totally abandoned children.
- ii. children of the streets.
- iii. children on the streets.
- iv. children in families.

This provides a means of identification of common circumstances in relation to street use but permits a wide variance within those circumstances. This hierarchy has been further developed and four broad overlapping levels have been derived. These have been shown as the determinants of appropriate education/welfare intervention¹⁵:

- i. beneficial street use
- ii. assumed adulthood status
- iii. school exclusion
- iv. degenerative estrangement

1.3 AETIOLOGY

Overwhelmingly and predictably, the aetiology of the street child is socio-economic in origin. The global rise in poverty has given rise not only to the obvious deprivations such as lack of basic needs, poor quality of housing, an unhygienic environment and lack of services for the urban poor. It has also brought with it the “new deprivations” which include decreasing support of children within their own families and communities, marginalisation in schools and jobs on the basis of income, gender, race, religion or residence; and diminishing opportunities for earning a living. These ‘new deprivations’ add to the effect of the obvious ones¹.

The phenomenon is closely associated with industrialisation and urbanisation and is tied up with economic hardship and the concomitant poverty and destitution. The adverse economic situation, political upheavals, civil unrest, increasing family disintegration and natural disasters of recent decades have triggered off a much greater exodus of children from the countryside to the streets of large cities¹⁶.

The reasons why children take to the streets are complex and manifold. There are many factors at work. Some authors have made a distinction between 'push' and 'pull' factors. Poverty, unemployment, overcrowding, child abuse, family disintegration, alcohol abuse by parents, failure at school, the collapse of alternative care facilities and family violence are examples of push factors. The desire to earn money, to contribute to the family income, and to roam the streets attract children to street life and may be considered pull factors³. The decision to leave home is made when the stress of the domestic situation with its poor relationships, lack of food and other resources becomes untenable for the child. The street is then seen as an escape and an opportunity for a better life.

In most of the studies on street children, the following common denominators have been noted: poverty; unemployment; overcrowding; family upheaval; alcohol abuse among parents; school failure. Cockburn added two further observations. Breakdown in alternative care placement and familial violence⁹.

Increasing urbanisation is cited as a major causal factor in the street child phenomenon. In the developing world urban expansion and poverty are largely a result of poor resource distribution, population growth and decline in production in the countryside. The crisis in rural areas has led to a steady flow of migrants to cities⁸.

The urban environment contributes to the problem with disruption of the extended family and the concomitant loss of support. Relationships in the family become strained and insecure and

previously hallowed family traditions are neglected and eventually forgotten. Another link in the chain of the family structure is weakened.

Armed conflict is another important cause particularly in Africa and Asia. In all, 150 conflicts or insurgencies have been reported since 1945 and in 1993, 40 countries were so involved. In times of war and other disasters, children in the uprooted families get recruited into supplementing the family income. This process begins in the home with domestic duties, handicraft and so on. The next stage is working with the family outside the home as domestic workers, beggars, vendors and so on. The final stage is reached when the children are working outside of the family on their own, or become self-employed⁸.

A shortage of low-cost housing forces people to seek shelter wherever they can find it. For many families this may be abandoned buildings, parking garages, city parks or simply the pavement on the street⁸.

In both rich and poor countries, land speculation and commercial development combined with population increase, lack of public sector building and poor planning result in shortages of low-cost housing. Tourist hotels, banks, office blocks and luxury apartment buildings are constructed at the expense of houses for the poor. In the rapidly expanding urban centres like Bombay, even families with steady employment in industry or local government are forced by the housing shortage to live on the street.

Crowding is wide-spread in poor communities and presents a danger to children causing unsafe housing; exposure to health hazards due to inadequate sanitation and clean water facilities;

accidents - the highest cause of child mortality and morbidity in poor urban neighbourhoods in the third world; pollution - both noise levels and atmospheric. Psychologically and socially, overcrowding has been found to correlate positively with juvenile court appearance and the numbers of youths receiving public assistance⁸.

1.4 THE ZIMBABWEAN CONTEXT

A 1994 survey conducted by the Department of Social Welfare cited five main reasons for the presence of children on the streets in Zimbabwe⁷.

1.4.1 Rural to Urban Migration

There is a strong rural to urban migration of children who view the cities as places of opportunities for work. Many of these children end up as street children. This migration gained momentum between 1989 and 1994 due to the cumulative effects of the drought in 1991-92. The drought and its aftermath wrought devastation on the agricultural sector and downstream agriculture-based industries, to say nothing of its effects on water supply, health, livestock and the workload of rural people¹⁷. Children left their rural homes to look for means of supporting their families, to escape from hunger or to make a new life.

1.4.2 Family Breakdown

Zimbabwe's family structures and values have undergone far-reaching changes over the last few decades. Not all of the changes have been beneficial and many have had negative effects. Colonial economic policies and processes such as loan alienation and labour migration caused families to become divided. The most significant trends in the modification of family structure are female-headed households and a breakdown in the extended family. There is a predominance of patriarchal values and growing individualistic tendencies. Such changes have weakened the role of the family as a key support system for the transmission of social values and education, protection of the vulnerable and in offering care for the poor and sick¹⁸.

The shift from the traditional extended family structure towards nuclear family units was documented in a 1985 survey. This survey found that only 25% of all household units in communal areas are constituted by extended families, compared to 66% nuclear families, 4% single occupant households and 3% polygamous household units¹⁷. One negative result of the breakdown in the extended family structure is a distortion of the system of socialisation whereby social and moral advice and sex education was passed down from one generation of mothers to another via the grandmothers and aunts in the household.

One author has indicated that many of the street children come from one parent families or disrupted families with no support systems such as an extended family⁵. Other research has shown that this is not necessarily true. For example, studies of street children in Maputo, Mozambique and Asuncion, Paraguay show that there is little connection between abandonment or runaways and one-parent families. The majority of these children come from nuclear families with both parents present⁸. The nuclear family may well be a loving, secure

environment but it may also be the place where physical and sexual abuse remains hidden. The domesticity fostered by the nuclear family removes power and independence from women and children making them vulnerable to exploitation and maltreatment. In a traditional extended family, relatives are those who can exercise a degree of control over the abuse of parental authority and neglect of their children. In urban areas such control is usually absent⁷.

Traditional culture was developed in rural areas for situations in which extended families are held together by their common interest in the land. Does such a culture continue to govern people's lives in an urban environment? Is it fair to expect those who are born and brought up away from their kin to rely on those kin in times of trouble? Can families who are battling to survive in a depressed economic climate be expected to support relatives they have never intimately known? Can the poor, overcrowded rural areas be expected to accept and support anyone whom the wealthier cities cannot tolerate?

Things have changed materially, the population has increased. People have migrated to the cities, branches of the extended family live apart and rely on separate incomes. Large families no longer mean more labour for larger fields, but more mouths to feed from a limited cash income. All these changes have placed a heavy burden on the traditional culture. New patterns of behaviour have emerged, but many people continue to think in the ways they learnt in childhood or youth. It takes time for people to change their expectations of how others should behave to conform with how they in practise respond to situations¹⁹.

There is also a growing number of people in modern urban communities who do not have extended families to fall back on. This group includes immigrants from Malawi, Zambia and

Mozambique, as well as those who for a number of reasons, have lost contact with their rural families. These people have no support system when crisis strikes the family. For them, the only option they may have is to make a life on the street.

Social scientists have observed that family disorganisation is a major cause of the phenomenon of street children. It has been noted that family disorganisation may take different forms. Some families will outwardly manifest most of the characteristics of an organised unit, when in reality the family suffers from a lack of communication among its members. Such a family is not healthy. There may be constant conflict which erodes the emotional support within the family and the children are forced to seek refuge outside of the home. Crisis may strike the family in the form of death of the breadwinner, divorce, separation, imprisonment of a member, unemployment or chronic illness. The normal functioning of the family unit is adversely affected and may result in disorganisation of the family⁵.

The child experiences emotional trauma becomes isolated and may become alienated from the rest of the family. He may roam the streets looking for comfort and identity among a peer group. Such a child will develop a strong social bond with colleagues of the same age existing under the same circumstances. Studies have shown that the peer group provides images and experiences which are incorporated into the child's perception of life in general. The perception may not always be in conformity with what society deems to be normal behaviour, and this may lead to conflict between the child and the wider society.

1.4.3 The Refugee Phenomenon

The civil unrest in neighbouring Mozambique led to an influx of refugees into Zimbabwe between 1989 and 1994. This was cited to be the single major cause of children on the streets in Harare and the border towns⁷.

1.4.4 Poverty

Zimbabwe is classified as a moderately indebted nation by the World Bank. She has earned this title for a number of reasons, and it is important to know the background to the current economic situation in order to understand how society is operating and the strategies for survival that exist.

The first decade after Independence in 1980 saw the new Government operating a highly regulated economic regime with a large welfare sector and subsidised health and education. Economic activity was closely regulated by Government with foreign exchange controls, price controls, subsidies, government-set producer prices, parastatal monopolies in key sectors and regulation of investment and labour. The government also greatly expanded and re-directed state activities and, despite limited economic growth in the 1980's, impressive social progress was achieved especially in health and education.

By the late 1980's it was becoming obvious that this economic regime was no longer sustainable. The national income was stagnating but central government expenditure was on the increase. At the same time there was a persistent deficit in the current account of the balance of payments which led to an increase in total external debt from US\$786 million in 1980 to US\$3 199 million in 1990¹⁷.

The slow growth of the 1980's was associated with low savings, investment and employment growth. Employment creation was insufficient to absorb increasing numbers of school leavers and by 1989 unemployment had risen to 26%. Gross domestic investment fell by 1% per annum over the 1980's. It was against this background in October 1990 that the government introduced a 5 year economic reform programme known as the Economic Structural Adjustment Programme (ESAP).

This involved major policy reforms including decontrol of domestic prices and the removal of subsidies, foreign exchange control liberalisation, deregulation of foreign and domestic trade, liberalisation of investment controls, maintenance of positive real interest rates, inflation control and the curtailment of public expenditure. The aim of the programme was to achieve economic growth of 5% a year to 1995. This was to be achieved through expenditure restraint, scaling down the public service wage bill and improved revenue collection especially user fees for government services.

The drought in 1991-92 had a great negative impact on the country's economy with agriculture experiencing a 35% decline. The mining sector was badly affected by water and power shortages and private industry was pressured by a tight monetary policy introduced as an inflation control measure. Inflation peaked at 49,1% in August 1992¹⁷.

Zimbabwean families were faced with extreme financial pressure and the most obvious evidence of this was, and is, the increasing numbers of street children²⁰.

1.4.5 Limited Housing

A desperate shortage of housing exists in the urban areas of the major cities of Zimbabwe. There are limited resources for large scale urban housing programmes and this, coupled with rapidly growing cities inevitably leads to large numbers of homeless people. Harare's population of around 1/3 of a million in 1962 had doubled by 1982, and is well over a million today. There are over 60 000 names on the waiting list for houses. The municipality is unable to cope with the increasing needs of the city.

Another factor contributing to the housing crisis is the extremely high standard of building required by municipal regulations. Traditional building techniques of wood, mud and thatch are not permitted. Terraced housing is not allowed in the high density suburbs and a second floor must be made of concrete not wood, which is a cheaper alternative. The result of these rigid building restrictions is that building is very expensive and the city cannot afford to build enough homes for the urban population¹⁹.

1.5 THE ROLE OF ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) IN THE PHENOMENON OF STREET CHILDREN

It is feared that by the year 2000 that in Africa alone, there will be 16 million children orphaned by AIDS¹⁶. In Zimbabwe it is estimated that there will be 600,000 orphans by the year 2000 (Powell, GM personal communication). AIDS orphanhood will lead to a rise in the numbers of children living on the streets begging, scavenging and descending into a life of crime. Children in vulnerable city-dwelling families were already at risk of reduced parental care and protection before the advent of AIDS. Children who spend much of their time living and working on the streets are themselves highly vulnerable to AIDS. Their lifestyle, which may include drug abuse and/or prostitution exposes them to HIV infection. The matron of a Harare Children's Home reported that among street children who had been admitted to probation hostels and remand homes were children who were HIV positive²¹.

The relaxation of family ties and the lack of adult guidance which is common in the single parent household, contributes to the failure of many young people to develop a personal and moral self-protective behavioural code. AIDS will exacerbate this problem by increasing the numbers of such households, where the custodian is not the natural parent but a substitute with less interest or a reduced capacity for child guidance.

The most visible effect of mass orphanhood upon society will be the increasing number of children with no place to go. Social Welfare Workers in Africa cited the problem of child vagrancy as their major pending concern at a UNICEF meeting on AIDS orphans²². AIDS

orphans provide a window on the picture of social and economic breakdown threatening populations penetrated by the AIDS virus²³.

1.6 HEALTH ISSUES FACED BY STREET CHILDREN

Street youth are children and adolescents who express through their bodies and lives, misery and social abandonment. Paradoxically, they are also the embodiment of resistance and survival strategies in a very unfavourable environment. Poverty conditions reach levels of misery and create strategies of survival that lead to multiple high risk health situations²⁴.

These young people tend to fall outside of conventional health-care systems, while at the same time facing severe health hazards. The leading illnesses among street children are respiratory infections, skin diseases, gastro-intestinal problems and trauma. Many programmes around the world working with street children also report that sexual abuse, exploitation, unwanted pregnancies and sexually transmitted diseases (STDs) are on the increase, and for many street children, violence is a daily threat²⁵.

The problems of hunger, malnutrition, developmental delay, anxiety, behavioural problems and educational under achievement are of major concern and pose serious threats to the street children's ability to succeed and their future well-being²⁶. Health care, if available, is generally fragmented and often not relevant to their needs. Their high risk existence leads to individual morbidity and has a negative effect on the health of the community²⁷.

An American study found that homeless children were almost totally deprived of organised or effective access to the health care system. Few of the children were fully immunised. Chronic diseases from asthma to anaemia, were untreated or unrecognised. Many of the medical problems found among the homeless were evidence of sub-optimal access to appropriate health services. Consequences of inadequate access to primary care have a major impact on the entire health care system²⁸.

Deprivation of primary care leads to delayed medical attention for common problems and thus to higher rates of complications, chronicity and mortality. Lack of regular, comprehensive primary care undermines the opportunity for screening through regular physical examinations, developmental assessments and standard laboratory tests²⁹.

Potentially more damaging than these physical health problems are the behavioural and developmental lags, anxiety or depression³⁰.

In a Brazilian study it was found that children who lived at home and worked on the street appeared to be experiencing orderly development despite their impoverished circumstances. Children who lived on the street showed hallmarks of psychological and physical risk including parental loss, diminished social support, substance abuse and early onset of sexual activity³¹.

The issue of substance abuse by street children is one of major concern. The regular use of alcohol and drugs by a significant proportion of street children was reported in a study done by the WHO Programme on Substance Abuse, 1993. The study looked at 550 children in 10 cities

around the world. The findings were that a significant proportion of street children used drugs and alcohol on a regular basis in all the cities studied, with almost 100% of street children using drugs in Montreal and Toronto. Across all cities the most widely used substances were those that were cheap and easily available including alcohol, tobacco, cannabis, glue, solvents and pharmaceuticals. The use of cocaine, heroin, amphetamines and combinations of drugs and intravenous drug use was also reported. Of particular concern was that new substances and different ways of using drugs were being described by the youths¹⁶.

Often the lives of street children are intimately entwined with the illicit drug industry. Certain groups are exploited by criminal organisations and recruited to carry out subversive and disruptive activities¹⁶.

The WHO report concluded: “This is a global problem and it should be addressed globally. The future of millions of children is at stake. Unless we have firmly in place, a strong and influential network of individuals and agencies to work with street children, the current tragic situation will continue, and drugs will go on damaging more and more young lives”.³²

1.7 INTERVENTION AND POLICY ISSUES

There is an urgent need to investigate root causes of the phenomenon, to formulate new strategies and policy responses to prevent the increase of street children and to rehabilitate those on the street. The phenomenon is complex and cannot be understood in a simple, non-directional fashion. Individual factors, factors within families, communities and the wider society should be considered. These factors are inter-related and their reciprocity contributes

to the phenomenon of street children. Programmatic efforts for prevention, containment and alleviation must realise the importance of dealing individually with each street child and his family, starting with a careful assessment of the social environment. It may be necessary to intervene in the wider social environment thereby bringing significant changes to the street child and his family¹⁴.

Street children have learnt to provide for themselves and survive against all the hardships of street life. Having missed out on the fun of being carefree children, they have developed a sense of independence and therefore cannot be dealt with as ordinary children in the need of care. Research done in South Africa indicated that programmes aimed at street children will only be effective when the whole community concerned is prepared to accept responsibility to solve the problem, to provide proper protection to the children, to treat them with respect and to create the necessary opportunities for the development of the children's potential³.

The nutritional, health and developmental problems faced by homeless children will affect their ability to contribute their best to society. It is time to move to publicly funded programmes that, with an individualised case-management approach, help families to obtain permanent housing and economic opportunity. There must be an equal commitment to preventing the phenomenon of street children. Given the well-documented effects of homelessness on children, it is imperative to act now³³.

Many programmes and services have been designed and are operating in cities across the world. Current approaches focus on three lines of activities revolving around the child and his family, the community and the street. Examples of such services include:

- * Outreach projects, where social workers identify vulnerable families and offer them support.
- * Drop-in centres where children can have a meal, bath, counselling services and varying educational activities.
- * Transitional homes provide temporary shelter for 3-6 months until links with the family are established. These are residential homes with sleeping accommodation, food, educational and recreational facilities. Children are free to come and go and are involved in decision making. They gain progressive access to educational and training facilities as they move from street-child identity to the world of work.

Many of the above services have been developed by Non-governmental Organisations (NGOs), and are therefore decentralised and community based. Their strategy is to develop a three-pronged action programme comprising the following:

- i. Advocacy to create awareness and promote legal safeguards to protect children from exploitation
- ii. Provision of basic services for health, nutrition and education
- iii. The forging of a link between protection and care on the one hand and education and work on the other¹.

There is a need to measure the extent of the problem of street children. The effectiveness of the existing programmes should be monitored and new approaches developed. Programmes and

services to maintain family cohesion and to counsel and support families through crises are needed in the rapidly growing urban areas.

Society must stop blaming the victims for what are clearly structural problems. Concerted efforts must be made to try and find durable solutions to this problem. Strategies must be integrated and developmental. Society as a whole is obliged to assist in the process of rehabilitation of the street children. A leading Harare newspaper, The Herald, stated in an editorial: “every citizen should feel concerned over the phenomenon of the street child because failure to do so means society will reap the rewards of benign negligence”³⁴.

2. THE DEFINITION AND DESCRIPTION OF THE STREET CHILDREN PHENOMENON IN HARARE

2.1 AIMS AND OBJECTIVES OF THE STUDY

The aims of the study were:

- To provide baseline data of the street children in Harare against which future progress can be monitored.
- To evaluate the effectiveness of current policy and programmes pertaining to street children
- To promote effective policy and programme measures.

The following objectives were identified in order to meet the aims of the study.

- To identify the homeless children in Harare
- To examine their family backgrounds
- To detail their present life on the street including their survival strategies.
- To determine their future aspirations
- To investigate the current resources and services available to street children in Harare (both Governmental and Non-Governmental)
- To make recommendations to relevant authorities and organisations working with street children.

2.2 METHODS AND RESEARCH DESIGN.

2.2.1 Study design

This was a qualitative study with a small analytical component. The fieldwork component of the study was conducted from May to August 1995. These months were chosen to exclude the school holidays and therefore avoid the influx of opportunistic school children on the street.

2.2.2 Study population

An attempt was made to interview as many children as possible on the streets of Harare who fulfilled the criteria of the definition of street child used in the study. The definition chosen by the researcher was one which came from the inter-NGO programme on street children and street youth. "A street child is a boy or a girl who has not reached adulthood 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". Children who did not fulfill the criteria were excluded from the study.

Accurate statistics on the numbers of street children in Harare were not available. (The problems of enumeration of the street children population have been mentioned in the literature review). The most recent survey carried out in Harare in 1994 estimated a number of street children in Harare to be 375 (Kasere C, Deputy Director, Department of Social Welfare). A total of 208 children who fulfilled the criteria and agreed to take part, were included in the study. The majority of the children took part in the study voluntarily; approximately 30 of

them required a fee for answering the questionnaire. 9 children refused to answer the questionnaire or take part in focus group discussions.

2.2.3 Sampling methods

The following methods and instruments were used in the gathering of data:

i. Structured interviews

These were based on a questionnaire (see Appendix 1.) which was comprised of 6 sections with both closed and open-ended questions. The sections included personal details, family background, various aspects of life on the street, relationships with authorities, physical and /or sexual abuse, drug and/or alcohol use and future prospects.

The questionnaire was designed to obtain a maximum amount of information in a short period of time. The majority of the questions were closed-ended, with the possible responses included in the options given. These questions were used in order to elicit precise information. The open ended questions encouraged the respondent to speak freely about a number of subjects and personal issues.

The questionnaire was administered by 2 research assistants well versed in the ways of the street children. The first assistant had just recently moved from living on the street to rented accommodation, but was still carrying out his former income generating activity of guarding cars. The second worker was a volunteer worker with an NGO involved in a feeding programme for street children. Both were known and accepted by the majority of the street children.

The research assistants were familiarised with the study and underwent a short training period by the researcher. The aim of the questionnaire was discussed as well as questions involving definition of relationships, medical conditions and aspirations of the children. Both research assistants were highly motivated with sincere desire to assist the children on the street.

The assistants explained the nature and purpose of the study to the children, the majority of whom were willing to respond to the questionnaire. 9 children who refused to take part in the study giving no particular reason for doing so. A number of children would only respond to the questionnaire if they were paid a small fee; these children were given Z\$1. The reliability of the information gathered could be validated or challenged in many cases by the first assistant who had personal knowledge of, and peer relationship with many of the children. The research assistants, by nature of their relationships with the children, were able to ask questions about sensitive personal issues.

ii. Focus group discussions

Some of the children took part in informal focus group discussions in which the questions in the questionnaire were the subject. These discussion groups were held at places on the street where the children congregated, and a worksheet was used to gather information. (See Appendix 2).

iii. Unstructured interviews

The researcher conducted informal sessions with members of staff from a probation centre (an institution in which children are temporarily detained pending investigation of criminal activity).

Each child is assigned a probation officer to investigate his/her case), a remand home (a place of detention for young delinquents in which they serve a given sentence) and children's homes in Harare, and with resource personnel from several NGOs working with street children. The purpose of these interviews was to gain policy and programme information from these organisations. Gaining access to some of these institutions was problematic, therefore the sessions were unstructured and informal so as not to arouse suspicion or hostility.

iv. Participant observation.

The researcher has had the privilege of being involved in a weekly feeding programme and giving medical care to street children in Harare. Insight and information was gathered by interacting with and observing children on the street over an 18 month period.

2.3 RESULTS AND ANALYSIS OF RESEARCH

The following data was obtained from interviews with the children using the questionnaire and worksheet (See Appendices 1 and 2).

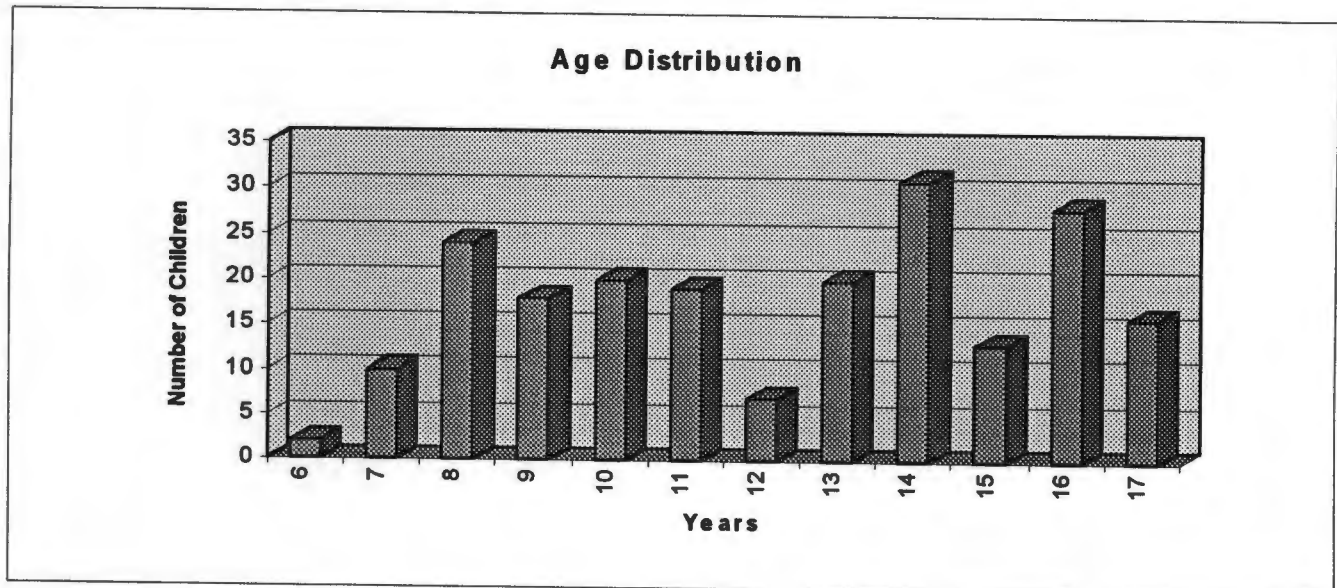
2.3.1 Personal Details

Gender

Of the 208 children interviewed 186 (89.4%) were male. That the majority of the children were male was an expected finding. Female children are protected to a greater extent than male children in the Zimbabwean culture. A female child is a potential bride and will bring in the bride price (lobola) to the father. Female children are taken in to an extended family more readily than male children. They are often made to perform household tasks (used as domestic workers) even at a very young age. Families appear to understand the potential abuse that can occur to children on the street, therefore it is only in extreme circumstances that female children are found living and working on the street.

Age Distribution

FIGURE 1: AGE DISTRIBUTION OF THE CHILDREN



The age distribution of the children is shown in Figure 1. The mean age of the children in the study was 12.2 years. There were 74 (35.6%) children 10 years old and below, and this was most concerning. These young children, exposed to the adult world, were not receiving any formal education. The loss of what is considered to be a normal childhood, would undoubtedly have a negative effect on them physically, psychologically and emotionally.

Ethnic origin

TABLE 1: ETHNIC ORIGIN OF THE CHILDREN

Ethnic Origin	Number of Children	Percentage
Malawian	1	0,50%
Mozambiquean	3	1,40%
Zimbabwean - Ndebele	30	14,40%
Zimbabwean - Shona	174	83,70%
Total	208	100,00%

The ethnic origin of the children is shown in Table 1. The vast majority of the children in the study were Zimbabwean (204 or 98,1%). 4 children claimed to be refugees from neighbouring Malawi and Mozambique. With the peace accord in Mozambique, the number of refugees in Zimbabwe has steadily declined over the last 2 years. The majority of the refugees have been repatriated to their homeland and the number of Mozambiquean children on the streets has decreased considerably. (Data obtained from an unpublished study done by the School of Social Work in Harare in December 1988 showed that 11.5% of street children came from Mozambique).

The Zimbabwean children in the study were asked to which tribal group they belonged. The majority of them belonged to the largest tribe, the Shona. The children were certain of their tribal background which seemed to indicate that they maintained a fairly strong sense of their identity and had not severed themselves from their roots.

Place of Birth

TABLE 2: PLACE OF BIRTH OF THE CHILDREN

Place of Birth	Number of Children	Percentage
Harare - Zimbabwe	150	72,10%
Rural Areas - Zimbabwe	36	17,30%
Bulawayo - Zimbabwe	14	6,70%
Mozambique	3	1,40%
Malawi	1	0,50%
Unknown	4	1,90%
Total	208	100,00%

The majority (150 or 72,1%) were born in Harare, either in the suburban clinics or Government Hospital, 36 (17,3%) were born in the rural areas and 14 (6,7%) in Bulawayo, 4 children were uncertain of their birthplace and these were children who had been orphaned at a young age. This data seems to indicate that the problem of homeless children is a local one. There is little migrancy from outlying areas or other towns in Zimbabwe.

Length of time on the street

FIGURE 2: LENGTH OF TIME THE CHILDREN HAD BEEN ON THE STREET

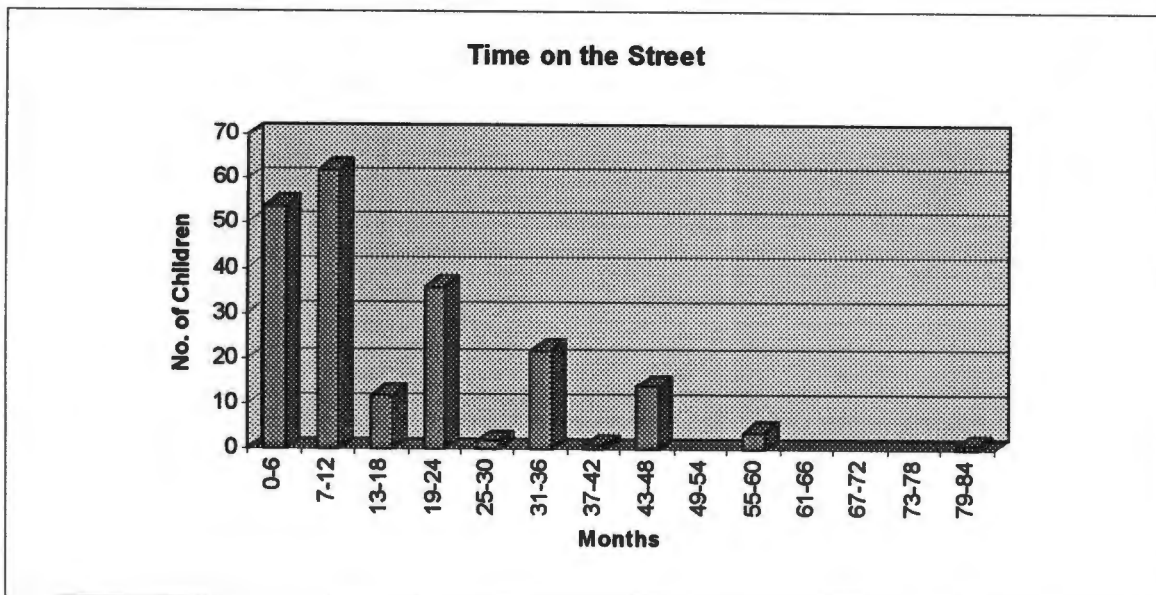
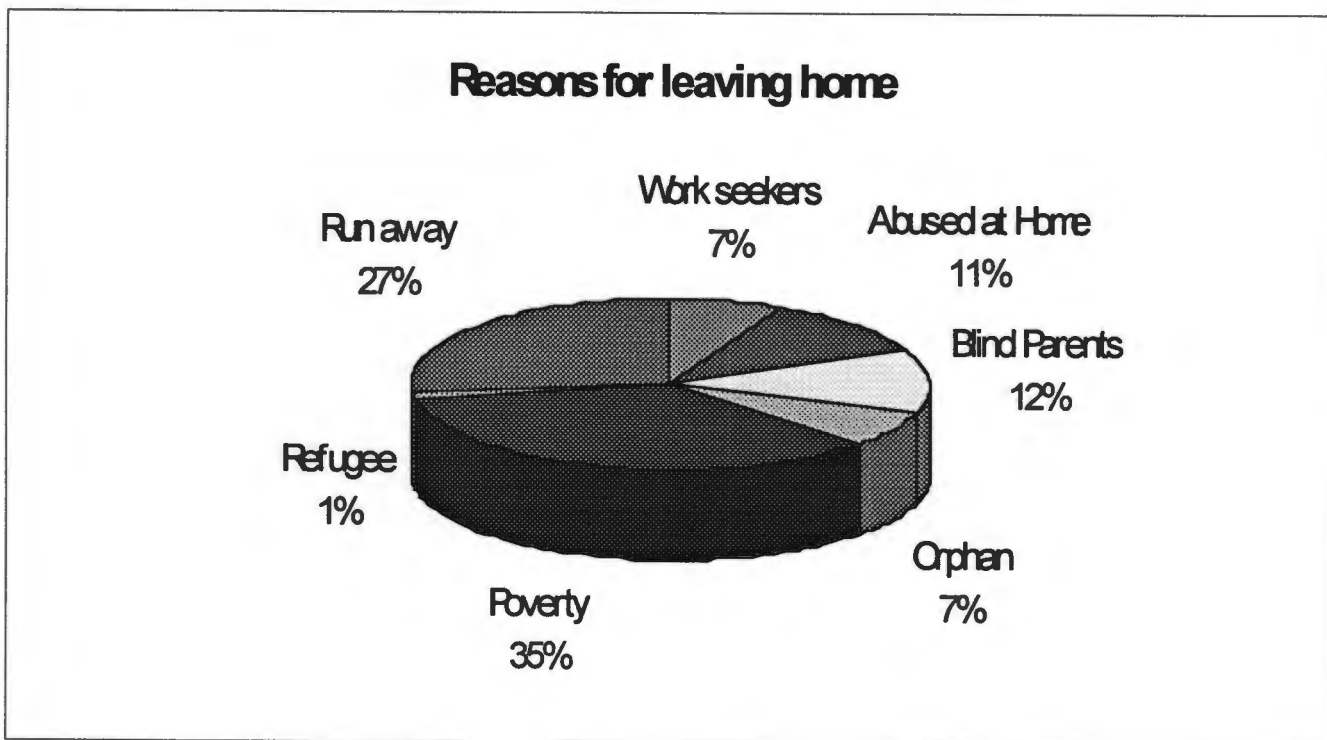


Figure 2 indicates the length of time that children had been away from their homes, working and/or sleeping on the street. The mean time period spent on the street was 18,4 months. More than 1/2 of the children in the study had been on the street 1 year or less, and 16 had been on the street for 1 month. Approximately 1/4 of the children had been on the street for 6 months or less and this seemed to indicate that recent factors and influences may be at work causing children to leave home for the street. 80 (38,4%) of the children had been on the street for 2 years or more.

This data may indicate that children made the street their home for 18 months to 2 years. After this period of time they either find the conditions intolerable or devise alternative survival strategies which do not involve street life. Only 3 children had been living on the street for 4-5 years and 1 child for 7 years. This also indicated that the street children phenomenon is not a new one in Harare.

Reasons for leaving home

FIGURE 3: REASONS FOR THE CHILDREN LEAVING HOME.



The most common reason for children leaving home for a life on the street was that of poverty, that their family was too poor to support them. Some of the children felt that they would have a better life on the street than they would at home, and others wanted to earn money to supplement the family income.

Over 1/4 of the children had run away from home and gave various reasons for doing so. This suggested a degree of family pathology as the children perceived that life would be more tolerable for them on the street than in their home circumstances. 6 said that they did not want to attend

school. Others left because they had stolen either food or money from a family member and a number of children stated that they wanted to be independent.

24 (11,5%) of the children said that they had left home because their parents were blind and could not support them. Many of these children assisted their parents to the places on the street from which they begged, but only the younger children (6 and 7 year olds) actually stayed with their parents. These adults depended on their children to escort them to the places in the city where they sat to beg, to buy them food, and to take them to their places of shelter at the end of the day. The children were deprived of a formal education and there was a strong possibility that the cycle of poverty in the family would be perpetuated as a result.

1 in 10 children cited abuse as their reason for leaving home. Most of these children claimed that they were physically and verbally abused by a step-parent. 6 of the children said that they were abused by their natural parents, and 1 child stated that he had felt unwanted by his parents, and consequently ran away. There was a problem of step-children being accepted in families and this was no doubt exacerbated by the harsh economic climate in which food and basic necessities were scarce.

14 of the children had come into town to look for employment. They were unable to find work and their only alternative they said, was to live and work on the street. The current unemployment rate of 26% made it unlikely that the children would have been able to find jobs. Once the children had made the break from home, many felt that they could not return and the streets became their home.

Despite the large numbers of people with HIV infection and AIDS, very few of the children in the study gave orphanhood as their reason for being on the street. The numbers of orphans in Zimbabwe at the present time are not known, but studies suggest that 60 000 orphans are being produced every year and by the turn of the century there will be in the region of 600 000³⁵. It may well be that the extended families are taking care of the orphaned children and therefore these children are not in evidence on the street.

Contact with immediate family

The children were asked when they last saw a member of their immediate family. This was defined as having contact with them. The amount of time that they spent with the family member was not asked.

TABLE 3: FREQUENCY OF CONTACT WITH IMMEDIATE FAMILY.

Frequency of contact	Number of Children	Percentage
Daily	20	9,60%
Weekly	23	11,10%
Monthly	53	25,50%
Several times a year	42	20,20%
No Contact in preceding year	70	33,70%
Total	208	100,00%

Approximately 10% of the children maintained daily contact with their family members and were not without functional support. These children were those who accompanied their blind parents to and from their begging places on the street. Not all of the children shared the same night shelter as their parents. A mutually dependent relationship existed between the children and their parents. The

parents depended on the children to guide them and to buy them food, and the children were able to benefit from the parents' earnings. These were the youngest children in the study and the majority of them had not attended school.

Just over 1/3 of the children had contact with their families either weekly or monthly and 1/5 visited their families several times a year. The reason why the children visited their families at the intervals was not ascertained.

1/3 of the children in the study had no contact with family members in the preceding year. For these children the street had become their home and their peers their family.

2.3.2 Family Background

Parents.

TABLE 4: ORPHAN STATUS OF THE CHILDREN

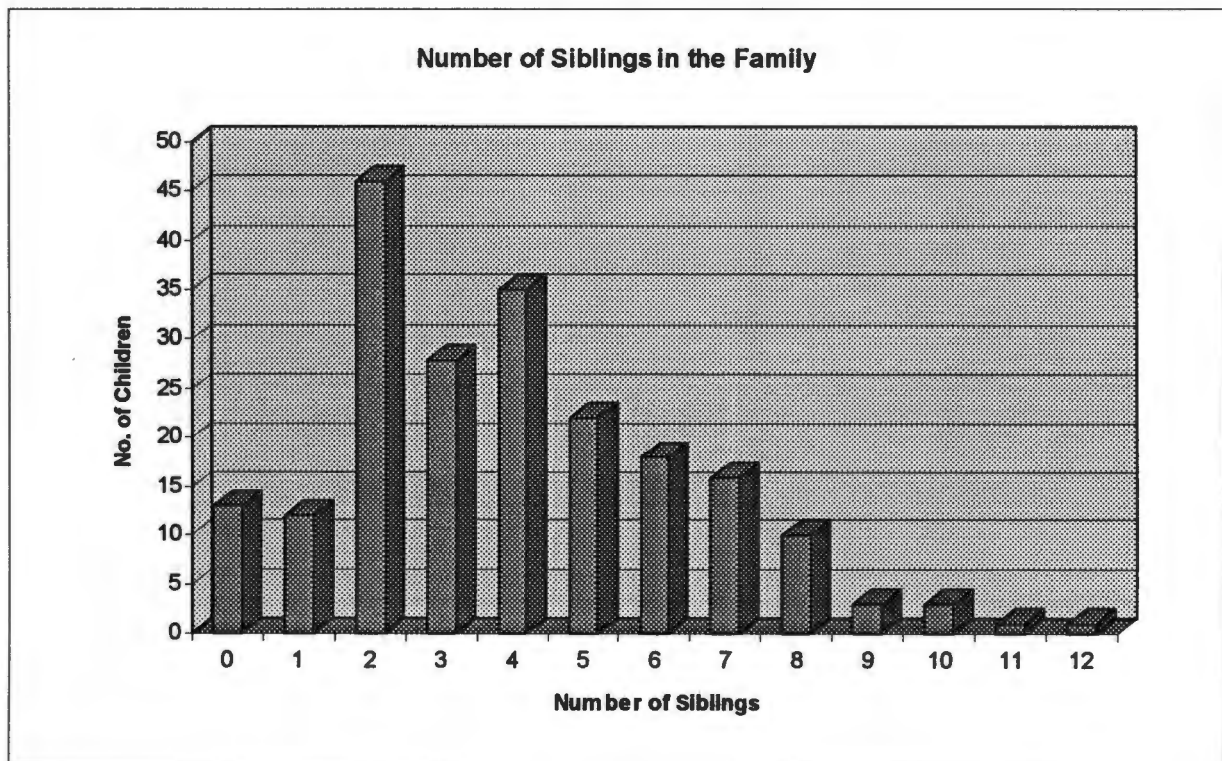
Orphan Status	No. of Children	Percentage
Father dead	19	9,1%
Mother dead	24	11,5%
Both Parents dead	21	9,6%

Approximately 10% of the children in the study were orphans with both parents having died. A further 20% had lost 1 parent. The cause of death of the parents was not elucidated in this study. Zimbabwe has a known high prevalence of HIV infection, and it is probable that a significant

proportion of the deaths were HIV-related. Consequently some of the children may lose both parents.

Siblings

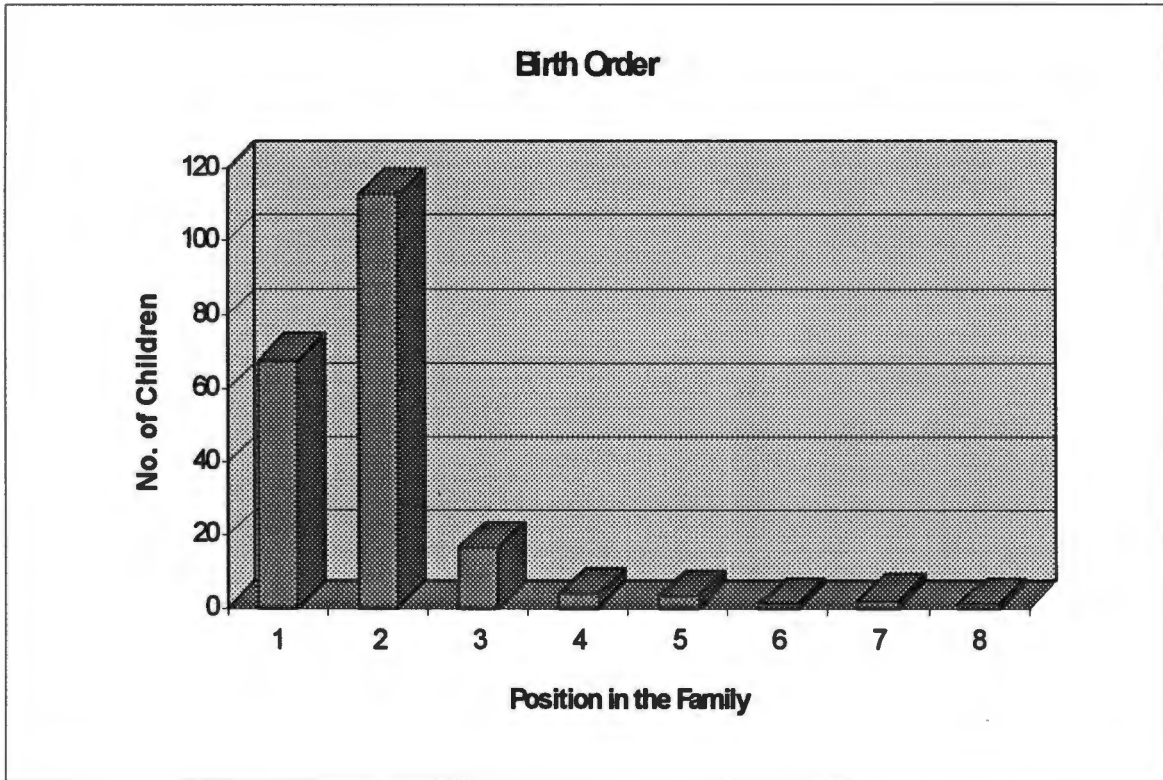
FIGURE 4: NUMBER OF SIBLINGS IN THE FAMILY



13 (6,3%) of the children were the only child in the family. 74 (35,5%) of the children had 5 or more siblings. The large size of the families was cause for concern and undoubtedly one of the reasons why the parents were unable to support their children, forcing them to find alternative survival strategies of the streets. The researcher did not interview family members to discuss issues such as family size band economics. Family planning methods are readily available at the clinics in the city and studies should be done to ascertain the awareness and frequency of their use.

Position in the family

FIGURE 5: BIRTH ORDER OF THE CHILDREN



The majority of the children (86%) were either the first or second child in the family. This fact suggests that the older children may have left home in order that the limited resources be given to younger siblings or in an attempt to supplement the family income by working on the street. Only 2 of the children interviewed stated that they had a sibling who was also living and working on the street.

Family relationships

The children were asked if, in their own opinion, they had good or poor relationships with their family members. No specific criteria for defining a relationship were used.

i. Relationship with parents.

158 (76%) of the children claimed to have a good relationship with their parents. (The question did not ask if these were step-parents or natural parents.) This information did not correlate with the question regarding immediate family members in which 1/3 of the children said that they had not had contact with them in the preceding year.

It was conceivable that the children perceived that they had a good relationship with their parents while not having had contact with them. It was also possible that the children were not completely accurate in answering the questions. Of the remaining 50, 21 (9,6%) were orphans. The number of children who had a poor relationship with their parents was 29 (13%). Most of these children claimed that they had been abused at home.

ii. Relationship with siblings.

188 (90,4%) of the children in the study had a good relationship with their siblings in spite of the fact that many had infrequent contact with them. 13 (6,3%) had no siblings and 7 (4,3%) had poor sibling relationships.

Parental home

TABLE 5: LOCATION OF THE PARENTAL HOME OF THE CHILDREN

Location of Parental Home	Number of Children	Percentage
Harare	187	89,90%
Rural Areas (Zimbabwe)	15	7,20%
Mozambique	3	1,40%
Malawi	1	0,5%
Unknown	2	1,00%
Total	208	100,00%

189 (90,9%) of the children interviewed stated that their parental home was in Harare. This was a most unexpected finding as most Zimbabweans come from a rural area which they consider to be their home. They may live and work in the city but they do not refer to it as home.

Zimbabwe has faced recurrent droughts over the last few years and it is possible that the resulting devastation in the rural areas has caused families to move to the cities.

Extended family

TABLE 6: RELATIONSHIP BETWEEN THE CHILDREN AND THEIR EXTENDED FAMILIES

	Number of Children	Percentage
Knowledge of extended family	111	53,4
No knowledge of extended family	97	46,6
Knowledge of location of extended family	101	48,6
No knowledge of location of extended family	107	51,4
Visited extended families.	82	39,4
No contact with extended family	126	60,6
Good relationship with extended family	87	41,8
Poor/no relationship with extended family	121	58,2

Just over half of the children had knowledge of extended family members, and only 39% visited their relatives. This information suggested that the children did not rely on their extended family and that the family system was no longer operating as the support network that it had in the past.

Economic Background

Two questions were asked in order to assess the economic background of the children. The first was if there was a regular income for the family. (The amount and who the breadwinner was, was not asked). 24 (11,5%) of the children replied in the affirmative. It was noted that these children came from large families and the earnings were insufficient to support the family.

The majority of the children stated that the family did not have a regular income.

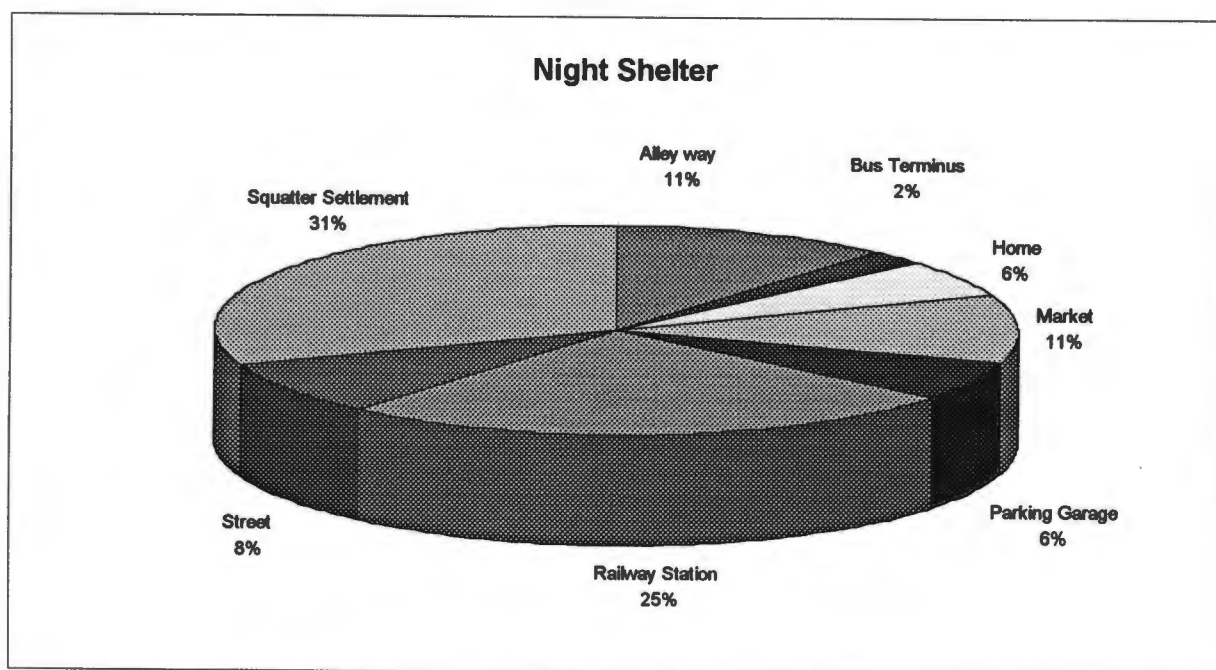
The second question asked was if the family owned their own house or if they were lodgers. 15 (7,2%) came from families who owned their own house. 10% of the children were orphans with no family attachment and 3/4 of the children said that their parents were lodgers. The remainder of the children came from families who either lived in an illegal squatter settlement or on the street.

It was possible to ascertain to some degree the socio-economic background of the children from the above information. It was obvious that poverty was a common denominator in these childrens' lives, and the major reason for these children living and working on the street.

2.3.3 Specific Aspects of Life on the Street

Night shelter

FIGURE 6: PLACES OF NIGHT SHELTER USED BY THE CHILDREN.



Approximately 1/3 of the children in the study slept in a squatter settlement on the outskirts of the city centre. The settlement was also home to some of the parents of the children. A number of the children who had lost contact with family members were given shelter by members of the squatter community.

1/4 of the children found shelter in the railway station at night. A large waiting area with benches, toilets and hand basins provided relatively comfortable accommodation. Many of the children had

been living at the station for some time and, what appeared to be a well-organised community operated from this base.

Almost 1/5 of the children said that they actually slept on the street or in alleyways in the city. These children slept in groups to protect each other and their belongings.

A city parking garage, bus terminus and a high density suburb market gave shelter to a further 1/5 of the children. The children appeared to use any venue which offered a cover over their heads for shelter at night.

Only a small number of children lived at home and worked on the street during the day. These were the younger children whose parents were blind.

Income generation

TABLE 7: INCOME GENERATING ACTIVITIES OF THE CHILDREN

Income Generation	Number of Children	Percentage
Guarding Cars	139	66,80%
Begging	43	20,70%
Guarding Cars/Begging	16	7,70%
Vending	4	1,90%
Informal Sex Work	2	1,00%
Begging and Informal Sex Work	1	0,50%
Cleaning Cars	1	0,50%
Guarding Cars/Informal Sex Work/Pick-pocketing	1	0,50%
Guarding Cars/Vending	1	0,50%
Total	208	100,00%

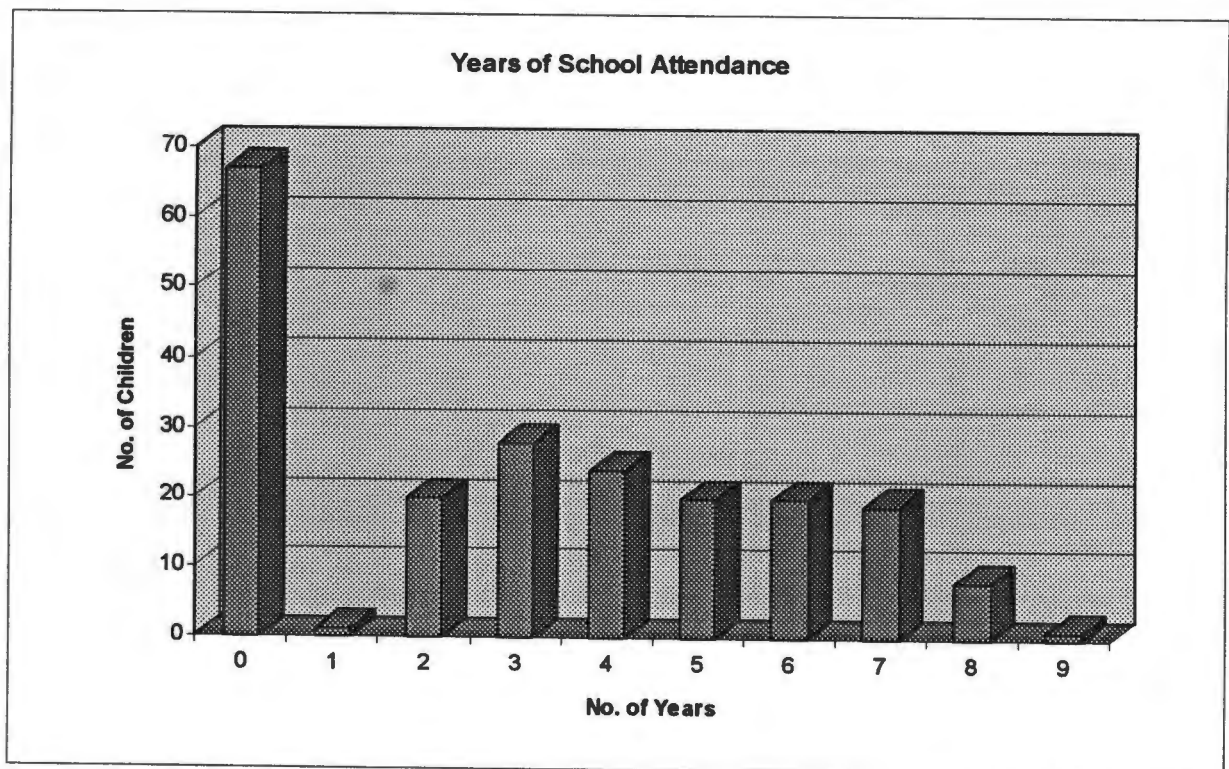
The most popular activity carried out by the children was watching/guarding motor vehicles. This was followed by begging. For these activities to be lucrative, there had to be a certain amount of public support for the children's activities.

4 children said that they were involved in vending as a means of income. In reality the researcher had observed a significantly higher number of children who were selling cigarettes, sweets and fruit. It was possible that the children involved in this activity did not admit to vending as this was an illegal activity and subject to prosecution.

On the other hand, 2 children admitted to being involved in informal sex work, as their only means of income and 2 carried out begging and watching cars in addition. These children obviously had a certain amount of trust in the interviewer as they felt safe to divulge this type of information. It is not known to what extent child prostitution occurs in Harare. The above information most probably represents the tip of the iceberg., as STD studies have shown that there is a high incidence of venereal disease in children 10 to 16 years of age. (Personal communication, Dr. G Powell, Paediatrician, Harare Central Hospital)

Education/literacy level

FIGURE 7: YEARS OF SCHOOL ATTENDANCE OF THE CHILDREN

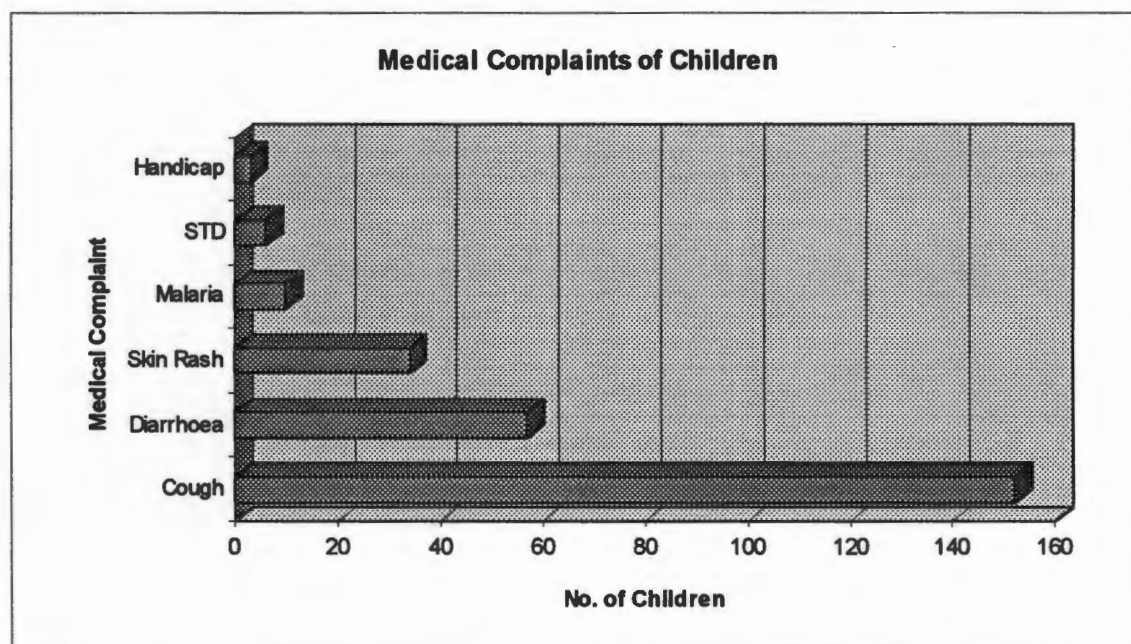


- i. 2/3 of the children were literate in either the native Shona language or in English. The remaining 1/3 who were unable to read and write were the younger children in the study who had not attended school.
- ii. Only 5 of the children were attending school at the time of the study. These children were registered at 2 informal education centres - a Drop-in-Centre organised and managed by an NGO and the Anglican Cathedral which offers informal classes. None of the children in the study were attending a formal school.
- iii. Over half the children had completed primary school and only 8 had commenced secondary school. The increased fees, cost of uniforms and books were a likely factor in preventing children from going to secondary school.

It was most concerning that 1/3 of the children had never attended school. The reason for this being that parents could not afford to buy the necessary uniforms and books. The children of blind parents could not manage without the daily assistance of their children thus precluding them from attending school.

Health status.

FIGURE 8: MEDICAL COMPLAINTS OF THE CHILDREN



The following definitions were used in the study:

Malaria was defined as a febrile illness with a headache, which did not resolve spontaneously, but required medical attention.

Diarrhoea was defined as 3 or more loose, watery stools in a day.

The other medical complaints were self explanatory.

As Figure 8 illustrates, the most common medical complaints were those of acute respiratory infections (152 or 73,1%), diarrhoeal disease (57 or 24%) and skin rashes (34 or 16,3%). These are the conditions commonly occurring in individuals living in poor hygienic circumstances.

The 6 children treated for STDs were at high risk for HIV infection.

3 children were physically handicapped, 1 had a malformed arm, and 2 had lower limb deformities, apparently as complications of polio. These handicaps were perceived to be an asset when begging as it often evoked a sympathetic or compassionate response from the public.

The majority of children did not seek treatment from a health centre unless their illness had not resolved after a week. The few that did were treated at a local clinic or government hospital.

Relationship with authorities

1. Police

126 (60,6%) children had some contact with the police, and 44 (21,2%) claimed to have been beaten. 66 (31,7%) said that they had been arrested and 82 (39,4%) had been detained in a probation centre/remand home. Almost 2/3 of the children had come into contact with the police and unexpectedly high numbers had allegedly been beaten, arrested or taken to a probation centre/remand home. This information suggests the unsympathetic and confrontational approach taken by the police force.

2. Social Welfare Officers.

21 (10, 1%) children had contact with a social welfare officer and 12 (5,8%) children had received assistance. It was difficult to ascertain what type of assistance the children had received from a Social Welfare Officer (SWO). Those children who said they had been given help by an SWO were those who, for undetermined reasons had been detained in a probation centre / remand home.

During their detention, they had been interviewed by and SWO who had apparently arranged for their release from the institutions.

3. Non-Governmental Organisations (NGOs).

206 (99%) children had contact with an NGO, and all of these children had been given food. 192 (92,3%) children had also received clothing. The frequency of feeding and clothing programmes by NGOs was not established, but it was obvious that their work was impacting the lives of the children.

Physical/Sexual abuse.

Physical abuse.

12 (5,8%) children stated that they had been physically abused while on the street. 6 (2,9%) claimed to have been assaulted by street children and 6 by unknown individuals.

Sexual abuse.

10 (4,8%) children stated they had been sexually abused. 6 (2,9%) said that the perpetrators were street children, and 1 child who was involved in informal sex work claimed that she had been abused by some of her clients. 3 (1,4%) children were abused by unknown individuals.

The incidence of both physical and sexual abuse appeared to be low though it was difficult to ascertain how many children would divulge this type of sensitive information.

In approximately half of the physical and sexual abuse cases, the perpetrators were street children or older street people. The physical abuse seemed to centre around the possession of glue, cigarettes or money; the older and stronger children assaulting the younger ones in order to steal whatever it was they were after.

The cases of sexual abuse consisted of both homosexual and heterosexual incidents. The study did not determine if the abuse was an ongoing phenomenon or isolated events.

Drug/Alcohol use.

TABLE 8: DRUG/ALCOHOL USE AMONG THE CHILDREN

Substance	Past Exposure	%	Present Use	%
Cigarettes	76	(36,5)	60	(28,8)
Marijuana(Mbanje)	41	(19,7)	25	(12,0)
Glue	162	(77,9)	127	(61,1)
Alcohol	65	(31,3)	54	(26,0)
Other	1	(0,5)	1	(0,5)

The table above outlines the profile of substance use among the children interviewed in the study. The children were not questioned about the quantities or frequency of use of the substances. The substance most commonly used by the children was glue. The children bought the glue, placed it in milk packets and then sniffed the fumes that were generated. This was the least expensive way the children had of “escaping” from the harsh reality of life on the street.

1/3 of the children had used alcohol in the past and 1/4 were using it at the time of the study. Many of the children could not afford to pay the relatively high price of the alcohol.

Cigarettes were popular with 1/3 of the children having smoked.

Marijuana was not easily available and expensive, therefore not many children used it.

The prohibitive cost of hard drugs such as cocaine and LSD, precluded the children in the study from using them. Only 1 child, an informal sex worker, was given LSD by her clients.

Future prospects.

188 (90,4%) children said that they could not envisage life off the streets and 20 (9,6%) children said that they would not always be living and working on the street.

When asked what they would do with their lives if they could choose, the children gave the following replies:

179 (86, 1%) stated that they would like to go back to school. Many children said that if they were to progress in life they needed to have a good education.

20 (9,6 %) children said that they would like to find jobs, no matter how menial the work.

Some said that they were prepared to be manual labourers.

7 (3,4%) children wanted to return to their families but were unable to as their families were unable to support them.

The impression of the researcher was that a general attitude of hopelessness prevailed among the children. An overwhelming 90% of the children interviewed said that they could not see a time when they would have a life off the street. They had become so conditioned to living in poverty that they were unable to see beyond their present circumstances.

They also felt that it was impossible to improve their present status as they did not possess the necessary education to do so. The children expressed this sentiment by saying that their greatest desire was to go to school.

1/5 of the children wanted to find employment in order to secure a regular income and to establish their own homes.

It was obvious from the responses given by the children that few of them were satisfied with their present circumstances. At the same time, the problems that they had to overcome in order to change their way of life appeared too great and rendered them powerless to direct the course of their lives.

2.4 CONCLUSION

It was evident from the findings of the study that the root cause of the street children phenomenon was poverty.

In the short term, measures may be taken to improve the conditions of the children's lives on the street. These measures may include increasing their accessibility to essential services, providing

places of shelter with regular meals and offering vocational training. The researcher discovered that this was already happening to a certain extent.

The long term solution requires a broad attack on poverty in order to eradicate the root problems that force children on to the streets. There are no simple answers as to how the inequalities may be corrected, but it is evident that the solutions lie in the hands of the policy-makers.

2.4.1 Limitations of the study

A number of limitations were encountered when carrying out the research and these may well have influenced the findings of the study.

1. Unknown number of children on the streets of Harare.

The number of street children in Harare is not accurately known. It was therefore impossible for the researcher to know how representative of the total population the 208 children interviewed in the study were.

2. Limited time.

The data was collected over a 4 month period, timed to coincide with the school term. If it had been possible to conduct the study over a longer time period a greater number of street children could have been included in the study. This would have made the study more representative.

3. Reliability of information obtained from the children

It was not possible to determine how accurately the children responded to the questionnaire. The researcher hoped that by employing research assistants who were familiar to the children, they would be willing to divulge accurate information to them.

Some of the information was gathered using focus group discussions. The data was entered on a worksheet at the end of the discussion. The research assistant who used this method indicated that it was effective in obtaining information from the children. The children were willing to discuss their backgrounds, families, present life circumstances and future hopes and aspirations in groups with their peers. At the same time the children could ascertain if one of their peers was not being honest.

The questionnaire had one drawback in that it did not contain cross-questions to detect those children who may have been deliberately lying. Therefore the researcher assumed that the data collected in the study was accurate.

4. Financial constraints

The study was carried out under marked financial constraints. The research assistants could be paid for only a short period of time thus limiting the time period of the study. A number of children refused to be interviewed unless they were given some financial remuneration. This was not always possible due to the limited budget and consequently some children were excluded from the study.

5. Language and racial barriers

The researcher was not able to take part in the data collection stage of the study due to both racial and language barriers. It was felt that she would not be able to obtain accurate information if she interviewed the children and therefore had to rely on the information gathered by the research assistants.

3. REVIEW OF CURRENT RESPONSES TO THE PROBLEM

3.1 THE GOVERNMENT

The Zimbabwe government has ratified both the African Charter and the United Nations Convention on the Rights of the Child. As a consequence the Zimbabwe National Plan of Action for Children (NPA) was prepared by mid -1992. The NPA outlines the country's goals in the sectors of health, living environment, education and Children in Difficult Circumstances. These are defined as 'children whose probability of suffering has been exacerbated by unusual individual or societal circumstances'.

The goals of the NPA include:

- * Reducing infant and under-five mortality rates by 33%; reducing maternal mortality and malnutrition by 50%.

- * Increasing access to safe drinking water and sanitation in communal and resettlement areas, and improving access to housing.

- * Maintaining 100% enrollment in primary school; increasing Early Childhood Education and Care; improving the quality and relevance of education; improving the nutrition of school-age children.

- * Improving services for disabled children, street children, refugee children and AIDS orphans, based on a community-oriented approach.

Zimbabwe's policy regarding care of children is stated in the Children's Protection and Adoption Amendment Act, Chapter 33, 1979 which is currently under review; the Guardianship of Minors Act and the Education Act. The Children's Protection and Adoption Amendment Act provides for the protection, welfare and supervision of children.

Placement options for children declared in 'need of care' by the Juvenile Court include return to parental custody with or without the supervision of the Probation Officer; placement in foster care; or committal to a registered institution for a specified period. Prior to a Juvenile court hearing, children may be detained for an unspecified period in an institution or foster care.

Definition of a 'child in need of care'

The Act defines a child in need of care as a child or young person:

1. who is destitute or has been abandoned.
2. both of whose parents are dead or cannot be traced and who has no legal guardian.
3. whose parents/guardian do not exercise control or are unfit to exercise control over him.
4. who is in the custody of a person convicted of committing upon him offenses such as abduction, child-stealing, assault, any sexual offense or bodily injury.
5. who cannot be controlled by his parents/guardian.
6. who is a habitual truant.

7. who is living in circumstances likely to cause his seduction, corruption or prostitution.
8. who begs or engages in street trading.
9. who is being maintained in circumstances detrimental to his welfare.
10. who is found in possession of drugs.
11. who suffers from a mental or physical disability which requires treatment that his parents/guardian are unable to provide.

The proposed amendments to the Act suggest that more emphasis be placed on community and family-related care arrangements - that informal traditional and community-based arrangements should first be explored before a child is removed to an institution as a Place of Safety.

It is obvious that policy is in place for the protection of children, but it appears that the enactment thereof is the problem. Those who have been tasked with implementing the policy face constraints of both material and human resources, and appear unable to carry out the work that is required.

If the nation is to meet the needs of the children in difficult circumstances, more funds must be made available to those sectors charged with the task.

3.2 THE DEPARTMENT OF SOCIAL WELFARE

The Department of Social Welfare (DSW) in the Ministry of Public Service, Labour and Social Welfare has been charged with implementing the provisions of the Children's Protection and Adoption Act. The department's Social Welfare Officers act as Probation Officers to protect children and represent their interests as officers of the High Court. Proposals to amend the Act suggest that professional social workers from other sectors be empowered to act as Probation Officers.

The Department is responsible for carrying out an enormous number of diverse functions including administrative and supervisory roles - Children's homes, Old Age homes, day care centres etc. Professional social work functions - family case work, adoption, foster care, street children, refugees, beggars etc. Clerical functions - public assistance, old age pensions, free medical treatment orders, food money, drought relief etc.

Many of these functions require a great deal of paperwork as the social welfare officers are accountable for the expenditure of public funds for hundreds of thousands of individuals and organisations in need.

The Department is operating under serious financial and human resource constraints. Analysis of the annual Government Estimates of Expenditure over the last 6 years shows the DSW's percentage of the total Vote Appropriation.

TABLE 9: DETAILS OF SOCIAL WELFARE VOTE APPROPRIATION (Z\$1000'S)

(Child Welfare Policy and practice in Zimbabwe - Powell, GM et.al., Dec. 1994)

	1989/90	1990/91	1991/92	1992/93	1993/94	1994/95
Salaries	7572	8777	9460	9545	11835	15620
Subs and Transport	620	625	700	800	900	1000
Incidentals	357	415	500	700	800	900
Institutions	924	980	1450	2000	2810	4200
Public Assistance	9970	30025	72050	307640	58685	72260
Grants	6646	9025	9540	11000	13450	114560
Furniture etc.	110	110	120	200	430	400
	26199	499957	93820	331885	88910	208940
% of Total vote Appropriation	0,51%	0,72%	1,19%	3,12%	0,75%	1,48%
Total vote appropriation	5158116	6052277	7865226	10632010	11801090	14060129

The largest budget item is Public Assistance and drought relief accounts for most of this, so explaining the increase in Vote Appropriation during the drought years. A comparison with other sectors reveals the following:

Education	18,0 - 21,5%
Defense	12,1 - 16,3%
Health	6,57 - 7,6%
Housing	6,5 - 7,5%

TABLE 10: RATIO OF SOCIAL WORKERS TO POPULATION BY PROVINCE DSW 1994

(Child Welfare Policy and practice in Zimbabwe - Powell, GM et.al., Dec. 1994)

Province	Total Population	Ratio of Qualified Social Workers
Harare	1478810	1:38916 Planned
		1:42252 Actual
Matabeleland North	1262893	1:72868
Manicaland	1537676	1:96104
Midlands	13022144	1:81388
Masvingo	1221845	1:101820
Mashonaland West	1116928	1:124103
Mashonaland East	1033336	1:93940
Mashonaland Central	857318	1:95258
Matabeleland South	591747	1:59175
Totals	10401767	1:64607

It is the policy of the DSW to work together with NGOs and local welfare organisations as well as developing inter-sectoral strategies. There are several initiatives relevant to children.

1. The Child Welfare Forum.

This was set up in 1990 by the Department, and all organisations involved in child welfare issues were invited to take part. The goal of the Forum is to promote co-ordination and plan strategies to avoid duplication in the face of scarce resources. The Forum holds no policy-making powers but does provide an arena in which information and ideas may be exchanged, problems shared and solutions sought.

Although the overall portion of the national budget given to Social Welfare is small, there has been a greater increase in the Vote Appropriation year on year than in any other sector and the national budget itself. The Government, despite the desperate needs that exist in the country and the heavy burden that ESAP has placed on the people of the nation, has not prioritised Social Welfare spending, and has failed to curb the Defense budget. In so doing, it has shown a lack of real commitment to the children in need in the nation. This, along with the impending orphan crisis, makes it essential that responses to the problem of caring for children in difficult circumstances are sustainable and community-based. Therefore the problem appears to be that the baseline figure available for public expenditure is insufficient for the functions that Social Welfare is expected to perform.

The DSW is severely understaffed for the volume of work it is expected to undertake. This obviously affects the quality of social work services provided and the morale of the staff. The ratio of qualified social workers to population is very low. (See Table 10.) These social workers are responsible for all Social Welfare activities in their districts, including Relief of Distress. There is little time to provide professional counselling services and regular follow-up of children in difficult circumstances.

2. The Working Party of Officials on Street Kids.

The growing problem of street children is of great concern to the Government and has been taken to the highest levels. A Cabinet Task force on street children has been set up, and the Council of Ministers has passed a National Action Plan on Street Kids, which was developed by a working party of officials from 10 Ministries and Child Welfare Forum representatives. Each Ministry has submitted a paper on programmes into which street children may be incorporated to provide them with the necessary skills to earn a living off the streets.

Despite all the policies and planned initiatives, the role taken by the DSW in dealing with the street children appears to be passive and the measures that have been adopted have been fragmentary and short term. They include placing children in Children's Homes or Probation Hostels, sending some of them to their homes or putting the parents of the street children on public assistance.

The results of this study indicate that only 21% of the children had contact with a social welfare officer and that 12% received some form of assistance. All these children had been detained in a remand home, and it was there that they had contact with social workers. There had been no active case finding of the street children and no follow-up of any children who had at one time been in a Probation Centre/Remand Home. The restricted resources available to the DSW explain the limited role that the Department has played in addressing the phenomenon.

A number of measures intended to correct the street children phenomenon have been cited by the DSW . These include:

- Working together with other government and non-governmental agencies to remove children to safe rehabilitation centres where they receive education and skills training.
- Efforts to amend the Education Act and the Children's Protection and Adoption Act to make provision for compulsory school attendance. The aim of this being to keep children off the street and in school.
- Measures to legalise vending have been proposed to allow adults to do the work, alleviating the need for fleet-footed children to be used.
- Long term measures proposed include rural development, repatriation of foreign street children to their country of origin, poverty reducing measures, employment creation, increased housing, growth of the informal sector and education of the community to the dangers facing children on the street.

In summary, the approach taken by the DSW in dealing with the street children phenomenon has proved to be very limited and generally ineffective, for the reasons stated above. The short term proposals are vague and have not been applied with any consistency. Implementation of the long term measures put forward by the Department require inter-sectoral collaboration and the provision of sufficient resources to meet the vast challenges which it faces.

3.3 THE ZIMBABWE REPUBLIC POLICE.

Information regarding the Zimbabwe Republic Police (ZRP) policies towards street children was obtained from a number of sources, including the Mayor's Workshop for Street Children in May 1995 and research done by the school of Social Work in 1989.

It is apparent that the ZRP has no clear policy on street children - their behaviour or activities. They have taken part in a number of exercises to remove the children from the streets. These "round-ups" often occur prior to an important political conference hosted by the city of Harare, or to a visit by a foreign dignitary.

As is evident in the study, 60,6% of the children had been in contact with police, approximately a third had been arrested and almost 40% taken to Probation Centres or Remand Homes.

These exercises proved to be futile with most of the children finding their way back on to the street.

A ZRP spokesman gave the following reply when questioned regarding the future measures to be taken by the Police:

- The arresting and ticketing of unlicensed child vendors and subsequently confiscating their wares.
- The prospective legislation of a law providing for the ticketing of car owners and shoppers who employ children in looking after their cars and carrying their shopping.

- Encouraging supermarket, cinema, hotel and night-club owners to employ security guards who will look after such cars.

These proposed solutions appear short-sighted and lack insight into the reasons why children live on the streets. They do not begin to address the root cause of the problem. Curbing the economic activities of the street children will not change the socio-economic conditions which force them into this existence. In actuality, it may lead to the children becoming involved in illegal activities in order to solve their problems.

3.4 NON-GOVERNMENTAL ORGANISATIONS

A number of non-governmental organisations (NGOs) are involved in programmes for street children in Harare. These include the Anglican Cathedral Feeding Scheme, the Anglican Cathedral Programme, Harare Shelter for the Destitute, Streets Ahead, the Zimbabwe Council for the Welfare of Children, Street Kids in Action and Compassion Ministries. Three of these organisations have amalgamated their efforts under the umbrella of Harare Street Children's Organisation (HSCO).

The main services provided by these NGOs include feeding schemes, clothing, counselling, referral to DSW, medical services and a Drop-in-Centre.

99% of the children in the study had received assistance from an NGO, all of them were given food and 92% receiving clothes, 2 children said that they had been given money but this was not confirmed by the NGOs.

The Drop-in-Centre is a project co-ordinated by the HSCO. It is situated close to the centre of Harare and provides a place of shelter for a maximum of 15 children under 14 years of age. Children are permitted to stay for a maximum period of 3 months during which time attempts are made to either reunite them with their families, place them in various homes or centres where they have regular meals, basic shelter and attend school. An informal school which offers classes in mathematics, English, Shona and general knowledge is run on a daily basis from the Centre. At present 25 children attend the school, 2 of whom were interviewed in this study. Afternoon activities such as drama, bible knowledge and sports are conducted at the Centre.

Up to the end of July 1995, 36 children have been taken from the streets, 2 reunited with their families with assistance given for school fees and uniforms, and the remainder placed in various homes and institutions. The Drop-in-Centre is able to provide time for the children to relax and tell teachers and counsellors what their problems are and to ask for real solutions.

The Anglican Cathedral has a feeding scheme catering for needy adults and children in the city. The meals are free and comprise breakfast and lunch. Only a select group of the children receive breakfast which is offered as an incentive for children to attend classes offered by the Cathedral. Voluntary classes are held for street children these include instruction in the Scriptures and on good morals. Activities such as drama, story-telling and football are also engaged in. The curriculum does not include subjects such as mathematics, history and English as the learning centre has not been registered with the Ministry of Education, 25 children have enrolled for the classes, 7 of whom attend regularly.

Compassion Ministries runs a weekly feeding programme on the street. The organisation also provides clothing for up to 100 children twice a year. They have recently begun a project in which contract work (usually manual labour) is found for the older street youth.

TABLE 11: ACTIVITIES OF STREET CHILDREN PROGRAMMES.

(Services Available to Street Children in Zimbabwe: A Study; Kiire R and Marlow C; Research Unit, School of Social Work, Harare, 1995)

Activities	Percentage of Programmes
Housing	63
Information and referral	70
Counselling	86
Educational Grants	57
Education	53
Feeding Schemes	33
Food	66
Material Provisions	73
Job Training	50
Medical Services	80
Mental Health Services	33
Health Education	63
Investigations	33
Commitment/Detention	30
Reunification/Fostering/Adoption	33
Spiritual	23
Sports/Recreation	33

The table summarises the activities of street children programmes both governmental and non-governmental. It is clear that a great deal of work is being done by many different organisations and individuals. What is lacking is a co-ordinating body linking all those involved in programmes.

Resources, information and experience should be shared in order to provide a comprehensive service to all the street children.

4. ASSESSMENT OF THE UNMET NEEDS OF THE CHILDREN.

The United Nations Declaration on the Rights of the Child states that, amongst other things, the child has a right to affection, love, understanding, to learn to be a useful member of society, in addition to being adequately housed and nourished.

It was obvious that the children in the study were denied their basic rights as set down in the UN charter and ratified by the Zimbabwean Government in 1990. The policies were certainly in place to provide for the welfare of children, but the mechanisms required to implement them were sadly lacking. Many of the children lacked the basic necessities including adequate food, clothes and shelter.

Food

The children on the street had access to a number of feeding schemes organised by NGOs. The food they were given was not sufficient to meet their daily nutritional requirements and the children supplemented their diet with food bought from their earnings on the street and scraps taken from the rubbish bins.

Clothing

The children were inadequately clothed despite having received items of clothing from an NGO. This became more of a concern during the winter months when they were exposed to cold conditions.

Shelter

One of the major areas of need in the children's lives was that of shelter. Only a small number of children had a secure roof over their heads at night. They had no "safe place" to which they could go in order to escape from harassment by the police, other authorities or fellow street children.

Limited access to welfare assistance

The children's access to assistance was limited for a number of reasons:

- i. Ignorance about the benefits that they were eligible for and the means of obtaining these benefits.
- ii. Fear of being arrested and removed from the street and/or returned to their homes.
- iii. Lack of the necessary documents required by the DSW when registering for assistance.
(e.g. birth certificate, parental identity documents, etc.)

The children were eligible for the following assistance:

- to have their school fees paid
- to have free medical treatment
- tracing of relatives of those who had been abandoned
- repatriation of refugees to their country of origin

but none of the children in the study had attempted to make use of these benefits.

Medical facilities

Health centres in the city which were theoretically accessible to the street children were investigated. In order to receive treatment the children had to have a free medical treatment order from the DSW. Few of the children in the study had such a document and therefore could not access the facilities. Certain clinics administered treatment without the free treatment order if the

sister-in-charge of the health centre gave her permission. It proved to be extremely difficult for the children to access Health Care Facilities and therefore most of them did not make an attempt to do so when they were ill.

Education

It was not possible for the children to take part in the formal education system as well as generating an income from working on the street. Consequently the majority of the children were no longer attending school. Information obtained from the children indicated that many of the parents were ignorant regarding the fact that they could apply to have the school fees of their children paid by the DSW if they were unemployed. It was possible that if they had been aware of the fact their children may have continued in school.

Affection, love and understanding

Those children in the study who maintained regular contact with their families were not without some form of a support system, but the majority of the children did not have a support network apart from their peers. They had no access to information regarding their rights as children or to any agency offering protection or counselling on a 24 hour basis. It was apparent that there was no forum to which they could appeal when harassed or abused and no arena in which they could voice their opinions.

5. RECOMMENDATIONS FOR ACTION

The following recommendations are proposed based on the findings of the study. It is evident that the solutions to the street children phenomenon must be sought by an inter-sectoral, collaborative approach. The problem touches many sectors, the more obvious ones being the Ministry of Public Service, Labour and Social Welfare, the Ministry of Education and the Ministry of Health.

The various other departments also have an important role to play and it is imperative that each sector plays its part. The recommendations have been directed to the Government, the Department of Social Welfare, the Zimbabwe Republic Police, and Non-Governmental Organisations working with street children.

5.1 THE GOVERNMENT

It is obvious that with the current economic recession that prevails in Zimbabwe, resources are extremely limited. It is also unfortunate that in the developing world, in times of economic crisis health and welfare are often the first sectors to experience cut-backs in their budgets. This was clearly illustrated when the 1995/96 health budget was cut by Z\$23 million in November 1995.

Despite the Government's statement of commitment to children, it appears that these words will not and cannot be translated into action in the foreseeable future. Nevertheless it was deemed necessary to propose the following policy and research recommendations to the Zimbabwean Government.

1. To reaffirm its commitment to the children of the nation by active promotion of legislation to implement the UN Convention on the Rights of the Child.

2. The establishment of a special national commission to monitor the situation of children's rights, to set national policies and to ensure that the issues of children are given the highest priority at the highest levels. This commission would differ from the Child Welfare Forum, which has no policy-making powers and would embrace the goals of the NPA.
3. Active support for the family unit, recognising that it is the fundamental group of society and the natural environment for the growth and well-being of all its members, particularly children.
4. Develop a clear policy on youth in general and street children in particular.
5. Research the specific situation of children in communities paying particular attention to issues of violence, abuse and specific needs of children with AIDS, and those orphaned by AIDS.
6. Increase and expand affordable or free basic services to poor communities, especially in the areas of health (including reproductive health) and education.
7. Increase adult employment, incomes and literacy.
8. Increase the Social Welfare vote appropriation.

5.2 THE DEPARTMENT OF SOCIAL WELFARE

As stated earlier in section 3.2., the DSW, which has been tasked with the implementation of policy and programmes for children in need, faces serious financial and human resource constraints. The researcher acknowledges that a number of these recommendations are therefore unrealistic and, in the short term, unattainable. It is however, necessary to state them, in order that action may be taken as soon as it becomes possible.

1. Serve as advocates for children in difficult circumstances.
2. Develop a policy of inter-sectoral collaboration in order to provide a comprehensive policy for dealing with street children.
3. Radical reorganisation of the Department with devolution of field work activities to NGOs and other personnel. The Department to take on a more supervisory role.
4. Reduce the workload on social workers by employing more clerical staff.
5. Identify and strengthen community approaches of caring for children. Work closely with community representatives on children's issues.
6. Involve NGOs and local authorities to increase urban day care centres, crèche and pre-school facilities especially in the poor communities.
7. The DSW to operate in the community and on the street and to concentrate on outreach rather than state institutions. To be proactive rather than reactive.
8. Clarify in legislation the distinction between the homeless and the delinquent youth. Avoid the passage of street children through the judicial system to a custodial institution except where necessary.

9. Guarantee street children access to essential services without the need for institutionalisation.
10. Place an emphasis on supportive services such as alternative educational programmes accessible to street children.
11. Improve street children's access to health facilities by collaboration with the local authority clinics and government hospitals. Sensitise and train health workers to better respond to the needs of street children. Encourage local health authorities to allocate time during the week when children would have access to health care specific to their needs, paying special attention to issues of sexuality and the prevention and treatment of STDs and HIV.
12. Advise and train organisations working with street children. Form a network of information and resources in order to provide comprehensive services for street children.
13. Inform parents about the social assistance available to the low income groups and the unemployed.
14. Inform and educate the public about street children and generate public support for street children programmes.
15. Development of centres for the blind, providing social assistance and vocational training. Supportive services for the families of the blind.

5.3 THE ZIMBABWE REPUBLIC POLICE

The ZRP has taken a rather punitive approach to street children in the past. The police have organised “round-ups” of these children from the city centre prior to some national event or visit from a foreign dignitary. The following recommendations were made as it was felt that the ZRP could well be part of the solution to the street children phenomenon and not part of the problem.

1. Develop a clear, non-punitive policy on street children.
2. Avoid taking street children into custodial care unless they have been found guilty of contravening the law.
3. The organisation of a rapid referral system to social workers in the DSW.
4. Form a child protection unit to:
 - investigate cases of child abuse and/or neglect
 - work together with the DSW on street children issues.

5.4 NON-GOVERNMENTAL ORGANISATIONS

At this point in time, the NGOs appear to be the best equipped to offer services to street children. It is necessary for the NGOs to form a network to prevent duplication of resources. The following recommendations have been proposed in an attempt to give some direction to the organisations involved with street children.

1. The formation of a network of organisations to co-ordinate activities, disseminate information and work alongside government and local authorities.
2. Training workshops on policy formation, programme management, skills training in conjunction with the DSW.
3. Work together with Government and Local Authorities to provide Health Services for street children.
4. Acquisition of properties or construction of new buildings in the city in order to provide a place of shelter for street children.
5. The establishment of regular feeding and clothing schemes in locations accessible to street children.

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APPENDICES

Appendix 1

Questionnaire used in individual interviews.

Appendix 2

Worksheet used in focus group discussions.

Appendix 3

List of tables in the study

Appendix 4

List of figures in the study

APPENDIX 1: QUESTIONNAIRE

PERSONAL DETAILS

1. Gender

Male ____ Female ____

2. Age

How old are you?

less than 5 years ____ 5 to 8years ____ 9 to 11years ____

12 to 14years ____ 15 to 17years ____

3. Ethnic origin

What is your ethnic background?

Shona ____ Ndebele ____ Mozambiquean ____ Zambian ____ Other ____

4. Place of birth

5. Length of time on the street.

How long have you been on the street?

less than 1year ____ 1 to 2years ____ 2 to 5years ____ more than 5years ____

6. Reasons for leaving home

Why did you leave home?

7. Contact with immediate family

How often do you see your father and/or mother, brother/s and/or sisters?

daily ____ weekly ____ monthly ____ few time a year ____ never ____

FAMILY BACKGROUND

1. Parents

Are both your parents alive? yes ___ no ___

Is one parent alive? yes ___ no ___

Have both parents died? yes ___ no ___

Unknown? yes ___ no ___

2. Siblings

How many brothers do you have? ___

How many sisters do you have? ___

3. Birth order

What number are you in the family?(firstborn/second-born etc.) ___

4. Family relationships

What kind of relationship do you have with your parents?

Describe _____

What kind of relationship do you have with your brothers and/or sisters?

Describe _____

5. Parental home

Where do/did your parents live?

In Harare ___ in the rural areas ___ unknown ___ other ___

6. Extended family

Do you have any relatives that you know? yes ___ no ___

Do you know where they live? yes ___ no ___

Do you ever visit them? yes ___ no ___

Do you have a good relationship with them? yes ___ no ___

7. Economic background

Does/did your family have a regular source of income? yes ___ no ___
(does/did a family member work?)

Does/did your family own their house? yes ___ no ___

Does/did your family lodge? yes ___ no ___

LIFE ON THE STREET

1. Night shelter

Where do you sleep at night?

on the pavement ___ in an alleyway ___ in the parkade ___

at home ___ other _____

2. Income generation

What do you do to earn money?

street vending ___ watching cars ___ regular job ___

pick-pocketing ___ begging ___ informal sex work ___

other _____

APPENDIX 2: WORKSHEET

Male or Female	Age	Shona, Ndebele	Birth Place	How long on Street?	Why did you leave home?	When did you last see your father, mother, brothers or sisters?	Parents	Brothers and sisters	What number are you in the family
							Alive... Father? Y/N Mother? Y/N Unknown? Y/N	How many brothers?..... How many sisters?.....	Firstborn, second etc.
							Alive... Father? Y/N Mother? Y/N Unknown? Y/N	How many brothers?..... How many sisters?.....	Firstborn, second etc.
							Alive... Father? Y/N Mother? Y/N Unknown? Y/N	How many brothers?..... How many sisters?.....	Firstborn, second etc.
							Alive... Father? Y/N Mother? Y/N Unknown? Y/N	How many brothers?..... How many sisters?.....	Firstborn, second etc.
							Alive... Father? Y/N Mother? Y/N Unknown? Y/N	How many brothers?..... How many sisters?.....	Firstborn, second etc.

Relationship with Parents, Brothers and Sisters	Where is your parents' home?	Extended Family	Economic background	Life on the street	Education	Health in the last year	Health in the last year cont.
Parents Brothers and sisters	Do you know any Y/N? Do you know where they live Y/N? Do you visit them Y/N? Relationship with them Good/Bad?	Does family have regular income Y/N? Family own their own house Y/N? Family are lodgers Y/N?	Where do you sleep at night? What do you do to earn money?	Can you read and write Y/N? Do you go to school now? Y/N? How many years did you go to school?	Cough Y/N? Diarrhoea Y/N? Rash Y/N? Malaria Y/N? Burns Y/N?	Injuries Y/N? STD Y/N? Other..... Handicap.....
Parents Brothers and sisters	Do you know any Y/N? Do you know where they live Y/N? Do you visit them Y/N? Relationship with them Good/Bad?	Does family have regular income Y/N? Family own their own house Y/N? Family are lodgers Y/N?	Where do you sleep at night? What do you do to earn money?	Can you read and write Y/N? Do you go to school now? Y/N? How many years did you go to school?	Cough Y/N? Diarrhoea Y/N? Rash Y/N? Malaria Y/N? Burns Y/N?	Injuries Y/N? STD Y/N? Other..... Handicap.....
Parents Brothers and sisters	Do you know any Y/N? Do you know where they live Y/N? Do you visit them Y/N? Relationship with them Good/Bad?	Does family have regular income Y/N? Family own their own house Y/N? Family are lodgers Y/N?	Where do you sleep at night? What do you do to earn money?	Can you read and write Y/N? Do you go to school now? Y/N? How many years did you go to school?	Cough Y/N? Diarrhoea Y/N? Rash Y/N? Malaria Y/N? Burns Y/N?	Injuries Y/N? STD Y/N? Other..... Handicap.....
Parents Brothers and sisters	Do you know any Y/N? Do you know where they live Y/N? Do you visit them Y/N? Relationship with them Good/Bad?	Does family have regular income Y/N? Family own their own house Y/N? Family are lodgers Y/N?	Where do you sleep at night? What do you do to earn money?	Can you read and write Y/N? Do you go to school now? Y/N? How many years did you go to school?	Cough Y/N? Diarrhoea Y/N? Rash Y/N? Malaria Y/N? Burns Y/N?	Injuries Y/N? STD Y/N? Other..... Handicap.....

Police	Social Welfare	NGOs	Physical / Sexual Abuse	Drugs and/or Alcohol Use	Future Prospects
Contact Y/N? Y/N? Beaten Arrested Y/N? Probation Centre Y/N?	Contact Y/N? Assistance Y/N?	Contact Y/N? Assistance Y/N? Food Y/N? Clothes Y/N? Money Y/N?	Physical..... Sexual.....	Tried Cigarettes Y/N? Now Y/N? Tried Mbanje Y/N? Now Y/N? Tried Glue Y/N? Now Y/N? Tried Alcohol Y/N? Now Y/N? Others.....	Do you see a life for yourself off the street Y/N? What do you wish for your life?
Contact Y/N? Y/N? Beaten Arrested Y/N? Probation Centre Y/N?	Contact Y/N? Assistance Y/N?	Contact Y/N? Assistance Y/N? Food Y/N? Clothes Y/N? Money Y/N?	Physical..... Sexual.....	Tried Cigarettes Y/N? Now Y/N? Tried Mbanje Y/N? Now Y/N? Tried Glue Y/N? Now Y/N? Tried Alcohol Y/N? Now Y/N? Others.....	Do you see a life for yourself off the street Y/N? What do you wish for your life?
Contact Y/N? Y/N? Beaten Arrested Y/N? Probation Centre Y/N?	Contact Y/N? Assistance Y/N?	Contact Y/N? Assistance Y/N? Food Y/N? Clothes Y/N? Money Y/N?	Physical..... Sexual.....	Tried Cigarettes Y/N? Now Y/N? Tried Mbanje Y/N? Now Y/N? Tried Glue Y/N? Now Y/N? Tried Alcohol Y/N? Now Y/N? Others.....	Do you see a life for yourself off the street Y/N? What do you wish for your life?
Contact Y/N? Y/N? Beaten Arrested Y/N? Probation Centre Y/N?	Contact Y/N? Assistance Y/N?	Contact Y/N? Assistance Y/N? Food Y/N? Clothes Y/N? Money Y/N?	Physical..... Sexual.....	Tried Cigarettes Y/N? Now Y/N? Tried Mbanje Y/N? Now Y/N? Tried Glue Y/N? Now Y/N? Tried Alcohol Y/N? Now Y/N? Others.....	Do you see a life for yourself off the street Y/N? What do you wish for your life?
Contact Y/N? Y/N? Beaten Arrested Y/N? Probation Centre Y/N?	Contact Y/N? Assistance Y/N?	Contact Y/N? Assistance Y/N? Food Y/N? Clothes Y/N? Money Y/N?	Physical..... Sexual.....	Tried Cigarettes Y/N? Now Y/N? Tried Mbanje Y/N? Now Y/N? Tried Glue Y/N? Now Y/N? Tried Alcohol Y/N? Now Y/N? Others.....	Do you see a life for yourself off the street Y/N? What do you wish for your life?

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