

REPUBLIC OF RWANDA



NATIONAL COMMISSION FOR CHILDREN (NCC)

*The Situation of Street Children in Rwanda:
Prevalence, Causes and Remedial Measures*

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Foreword

The study on the *Situation of Street Children in Rwanda* was initiated out of the desire to generate evidence for better understanding of the causes, prevalence and implications for the children who live on streets. The study provides important evidence on the prevalence of street children, causes, distribution, types of activities done by street children, etc. This knowledge is critical in order to improve the planning and effectiveness of the interventions and direct the Government's strategies for coordination of interventions towards identified needs of street children. The findings come at an opportune time when the Government is developing the next round of the Economic Development and Poverty Reduction Strategy (EDPRS-2), and sector strategies to contribute to the EDPRS-2. It will therefore be an important input to the development of a strategic plan for the Ministry of Gender and Family Promotion.

The production of this document has involved many individuals who merit our sincere gratitude.

Our most important acknowledgement is reserved to all participants from governmental authorities at national and local levels, parents and community, rehabilitation centers' administration, street children for their time, hospitality, cooperation and helpful contribution to this *study on the situation of street children in Rwanda*.

We are grateful to UNICEF for technical and financial support for this study.

Our acknowledgement is also reserved to CONCORDIA Consult, for its commitment and cooperation.

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Abbreviations

AIDS:	Acquired Immunity Deficiency Syndrome
CSO:	Civil Society Organizations
NCC	National Commission of Children
DHS:	Demographic Health Survey
EDPRS:	Economic Development and Poverty Reduction Strategy
FGDs:	Focus Group Discussions
HIV:	Human Immunodeficiency Virus
MIGEPROF:	Ministry of Gender and Family Promotion
MINALOC:	Ministry of Local Government
MINIYOUTH:	Ministry of Youth
NGO:	Non Governmental Organizations
UN:	United Nations
UNICEF:	United Nations Children's Fund
VCT:	Voluntary Counseling and Testing

EXECUTIVE SUMMARY

The problem of street children is a growing issue worldwide and the situation of street children in Rwanda remains under documented. Due to lack of data on the real magnitude of the problem – both from a general perspective and by categories – interventions can only be generalized, without addressing specific aspects related to numbers, sex, origin, underlying causes and other critical aspects.

It is for this purpose that the Government of Rwanda, through MIGEPROF, commissioned a study on *the Situation of Street Children in Rwanda: Prevalence, Causes and Remedial Measures*.

This study attempted to have accurate data and better knowledge on the children living in the streets in order improve the planning and the efficiency of the interventions and direct the Government's strategies for coordination of interventions towards identified needs for street children.

The following are some of the key findings of this study:

- A total of 1,087 street children living in the street were interviewed in 11 targeted districts. The majority of them were males (86.6%) against 13.4% females. 63.66% were between the age group of 14 to 18 years followed by those in the age group of 6 to 13 years (26.40 %) and 86.8% were not attending school.
- The Kigali City Districts recorded the highest numbers (378 street children) followed by districts in Southern Province with 253 street children, districts in the Western Province with 144 street children, districts in the Northern Province with 121 street children and districts in the Eastern Province with 109 street children.
- 22 rehabilitation centers were assessed and accommodate about 1827 children (1445 boys and 382 girls)
- The majority of street children (53%) interviewed were '*children of the street*' (living on the streets full time, and have no contact with their families). Other children (47%) were '*children on the streets*' which means they spend most of their day time on the streets but return home at night.
- About three out of four the children living in streets were engaged in some job related activities, while the other quarter in collecting and selling different food items from garbage. The money earned was mainly used in buying clothes and food, watching movies and buying drugs. The most commonly abused drugs by street children were cannabis sativa (Ganja), glue, illicit spirits (kanyanga) and petrol (premium).
- The main problems faced by street children include: being beaten and injured, lack of food (hunger), lack of proper shelter and lack of access to medical services.
- Being beaten and injured, being taken to transit centers by force ranked significantly higher than all the other forms of violence faced by street children at 79.4% and 64.1% respectively. Data reported also shows other types of abuse and discrimination including: working without pay, being robbed by other street children, Rape and sexual violence and being forced to carry heavy goods.

- Concerning the reintegration of street children into families, the study examined the main causes that made these children to leave their family homes and the functioning and efficiency of existing street children Centers/institutions.
- ✚ The main causes that made children to leave their family homes included parents' poverty, death of one or both parents, lack of school fees and materials, searching for jobs, juvenile delinquency, lack of a caretaker or parents' irresponsibility, child labour and lack of time to play, parents separation and mistreatment by parents or step-parents.
- ✚ A total of 22 centers from 11 districts were assessed and the majority used different methodologies/strategies in recruiting children including: using Community Social Workers who discuss with children in the street and bring them to the centres and using incentives such as food and other basic needs provision to street children. Other centres were getting children from referrals made by the national police, MIGEPROF, local authorities and other transit centres.
- ✚ On children rehabilitation, various approach and strategies such as counseling methods, play therapy, ergo therapy, testimonies from success stories as incentives for rehabilitation process were the most used by the assessed children centres
- ✚ On children reintegration, various approaches and strategies that were used include: provision of reintegration incentives including children's school reintegration kits, family households strengthening through financial support, provision of livestock, basic materials such as mattresses and provision of professional kits for vocational trainees.
- ✚ Concerning the follow up approach and strategies, the majority (95.2%) of centres made family visits to follow up family reintegration.
- ✚ The major services provided to children in rehabilitation centers included: educational sponsorships, psychosocial counseling, vocational training, food and clothing provision, medical care, sports, games and entertainment programs.
- ✚ The weaknesses and challenges pointed out by centers coordinators included limited/insufficient funds, poor infrastructures and equipment, small salaries/allowances and insufficient staff.

i. Introduction

The United Nations Convention on the Rights of the Child (Art.1), the African Charter on the Rights and Welfare of the Child (Art.2), Rwanda law N° 27/2001 of 28/04/2001 relating to rights and protection of the child against violence in (Article 1) and the Integrated Child Rights Policy (2011), define a child as “anybody aged below eighteen (18) years¹

According to an Inter-NGO Program on street children and youth, a street child is “any girl or boy 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, directed, and supervised by responsible adults.”²

The problem of street children is a growing issue worldwide. UNICEF³ estimates there are approximately 100 million street children worldwide, with up to 40 million street children in Latin America, around 40 million in Africa and at least 18 million in India. Children living on the streets are especially vulnerable to victimization, exploitation, and the abuse of their civil and economic rights.

In many African countries, an increasing number of children are being forced to the streets as result of poverty, abuse, torture, rape, abandonment or orphaned by AIDS and human rights violations⁴. Various reports from different international summits and African countries such as International conference on street children and street children’s Health in East Africa⁵, Egypt⁶, Zimbabwe⁷, Zambia⁸, Namibia⁹, underline a similar situation. In some countries emerging from conflicts or in conflicts such as Somalia¹⁰, street children face a life of distress, with total lack of security; sleeping on the roadside at night with no access to shelter, food, and water and suffering from severe malnutrition.

The situation of street children in Rwanda is still largely un-documented and the root causes for this phenomenon are vaguely known and often misinterpreted.

¹<http://www.migeprof.gov.Rw/index>

²http://www.unicef.org/evaldatabase/files/ZIM_01-805.pdf

³<http://www.cyc-net.org/cyc-online/cycol-0904-Homelessness.html>

⁴ [http Peter Anthony Kopoka, The Problem of Street children in Africa: An ignored tragedy, 2000](#)

⁵[Peter Anthony Kopoka, The Problem of Street children in Africa: An ignored tragedy, 2000](#)

⁶http://www.unicef.org/evaldatabase/index_14268.html

⁷http://www.unicef.org/evaldatabase/files/ZIM_01-805.pdf

⁸ [Lukas Muntingh, Report on survey and analysis of the situation of street children in Zambia, 2006](#)

⁹ http://www.unicef.org/evaldatabase/index_14596.html

¹⁰<http://www.humanitarianforum.org/pages/en/assessment-of-the-situation-of-street-children-in-mogadishu-somalia.html>

The number of street children in Kigali was estimated at between 6,000-7,000¹¹ in 2002 and some of the root causes behind this phenomenon highlighted in Strategic plan for street children, are¹²: the 1990-94 war and the 1994 genocide and related internal and external displacements, HIV/AIDS; poverty; and domestic violence. In addition, MIGEPROF has also identified other linked related causes¹³ such as double orphanhood; maltreatment by their parents' spouses in case of death or separation from one parent; large family size; misunderstandings among parents; juvenile delinquency; parents' irresponsibility to take care of their children; children's work that keeps them busy and does not leave them time to play with other children; school dropout; parents' poverty that doesn't allow them to feed their children.

Aware of this situation, the UN Commission on Human Rights resolution 1993/81 taken in its 67th meeting on 10 March 1993, calls upon the international community to support, through effective international cooperation, the efforts of states to improve the situation of street children by, among other measures, supporting development projects that can have a positive impact on the situation of street children.

In addition, United Nations Convention on the Rights of the Child (adopted by the United Nations General Assembly in 1989) outlines the basic rights of children and the responsibilities of governments to protect children. Street children have the same rights as any other children and the same laws should apply to them¹⁴.

In order to implement these international instruments, the Government of Rwanda has put in place relevant and favorable policies, strategies and key institutional framework in order to find appropriate solutions. Among them, the following are quoted:

- In collaboration with its partner, the Government of Rwanda has put in place rehabilitation centers nationwide, including the one commonly known as Gitagata centre and the Diocesan Caritas and Gatenga Salesian centres already operational from 1984 and 1985 respectively ;
- Adoption of Law N° 27/2001 of 28/04/2001 relating to rights and protection of the child against violence;
- Development of the National Programme for Street Children in 2001;
- Adoption of the Integrated Child Rights Policy (2011) ;
- Setting up of the National Commission for Children in 2011;
- Development of the Strategic Plan for Street Children in 2005;
- Establishing the street children reintegration guidelines in 2006;

¹¹ MINALOC, Rapport initial sur la mise en oeuvre de la Convention relative aux Droits de l'Enfant, 2002

¹² MIGEPROF, Strategic plan for street children , 2005

¹³ MIGEPROF: Gahunda yo kuvana abana b'inzererezi mu muhanda, kubasubiza mu buzima busanzwe no gukumira ikibazo cy'ubuzererezi, 2007

¹⁴http://www.unodc.org/pdf/youthnet/who_street_children_module9.PDF

- Development of the National Policy on Orphans and other vulnerable children in 2003;
- Adoption and ratification of key international instruments on human and child rights such as the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

Despite this strong governmental political will and commitment, the situation of street children in Rwanda remains under documented. There are no detailed data nor assessments carried out about this population in Rwanda, specifying those who permanently live on or work in the street during daytime and go home during the night.

Due to lack of data on the real magnitude of the problem – both from a general perspective and by categories – interventions can only be generalized, without addressing specific aspects related to numbers, gender, origin, underlying causes and critical aspects.

It is for this purpose that the Government of Rwanda, through MIGEPROF, has decided to conduct a study on *the Situation of Street Children in Rwanda: Prevalence, Causes and Remedial Measures*.

Based on the former prefecture town centres, this study was conducted in main town centres of 11 Districts (Nyarugenge, Gasabo, Kicukiro, Muhanga, Huye, Rusizi, Rubavu, Musanze, Gicumbi, Bugesera, Kayonza. It is an operational research for better programming of appropriate interventions targeting this subpopulation.

ii. Objectives of the studies

ii. 1. Overall objective

The overall objective of this study is to have accurate data and better knowledge on the children living in the streets in order to improve the planning and the efficiency of the interventions and direct the Government's strategies for coordination of interventions towards identified needs for street children.

ii. 2. Specific objective

Specific objectives of this study are the following:

- To establish a common definition of street children, including both general and specific aspects, in consultation with experts, relevant ministries, local authorities, communities and children themselves;
- To establish and define the different categories disaggregated by numbers, sex, age, locations and origin of children in/on the streets of Rwanda;
- To establish categories and living conditions of the children in the streets;
- To identify the main causes of the plight in view of preventive interventions;
- To analyze the functioning and efficiency of the Centers/institutions, their methodologies both for the care and reintegration of children into families and communities;
- To assess the work of stakeholders and identify indicators of efficiency applied by them;
- To make recommendations for the adjustment of current strategies and guidelines

Chapter 1. METHODOLOGICAL APPROACH

The assessment used a participatory approach during data collection. It has involved the target group (street children) and other stakeholders in the phenomenon of street children. During data collection process, different techniques have been used in order to capture all aspects and data related to this phenomenon.

Documentation review

Relevant documents in relation to the street children phenomenon have been reviewed, (policies, strategies, reports and other documents). Documentation review at this step helped consultants to be familiar with the phenomenon especially the current situation, indicators etc. Furthermore, documentation review helped consultants to assess and collect existing information on specific objectives of the study.

Discussions with the technical working team

MIGEPROF has put in place a technical working team for this important study. The role of the technical team was to guide and facilitate the study process which includes providing comments and inputs on drafts of different deliverables, including the methodology, data collection tools and later on draft reports and different steps. The technical working team was made up by staff related to this assignment and other partners, and experts working in the area of child and youth protection especially street children.

1.1. Sampling

A sample size was calculated when the study population cannot be totally reached or when, and in most cases, there was no need to reach the whole population because the information needed could be collected by contacting a representative number of the population randomly selected.

MIGEPROF predetermined a purposive sample of 11 districts in which the study was conducted (Nyarugenge, Gasabo, Kicukiro, Muhanga, Huye, Rusizi, Rubavu, Musanze, Gicumbi, Kayonza, Bugesera).

The findings (data) of this research were not extrapolated to the national level; they only concern the 11 districts but give a significant indication of the state of the street children phenomenon in Rwanda.

1.2. Data collection tools

Data collection tools were developed on the basis of study objectives complemented by documentation review and technical discussions between consultants and the technical working team.

Tools developed included:

1. A questionnaire for children with a section that served as identification for the children
2. Questionnaires for parents and other community members (structured and semi structured)

3. A questionnaire for stakeholders (Ministries, UN agencies and CSOs staff, Experts working in this area.
4. A questionnaire for managers of street children centers
5. A focus group discussions guide for children living in the streets

1.3 Recruitment and training of enumerators.

The data collection was carried out not only by recruited and trained enumerators on data collection techniques, use of data collection tools and on how to work with street children and get the information required from them but also by former street children, social workers working with street children and chiefs of sites (amaseta).

1.4. Pre-test

A pre-test was prepared and organized in three sites (amaseta) of Kigali city (Kicukiro Center, Remera and Nyamirambo) in order to test the questionnaire. It also helped us to apply all techniques proposed to approach street children and collect relevant information.

1.5. Field Data collection

Interviews with children

Interviews with children were conducted with different categories of street children after identification. Interviews with street children helped to find a common definition of street children, categories of street children, their profile, identification of root causes, identification of prevention interventions, taking into consideration children's views and considerations. Interviews with street children were conducted during the general meetings as explained in the previous section.

Focus group discussions with street children

Focus Group Discussions with children was an opportunity to deepen some aspects of street children phenomenon. During FGD, we asked open-ended questions for discussions and agree on a discussed topic. A FGD has the advantage that every participant had an opportunity to voice his/her point of view, and other participants made their comments. Not all children participated in FGD. We selected children to participate in FGD based on some criteria like socio-demographic characteristics (sex, age, operating sites, living conditions etc). We organised 1 FGD with children in the street in every district (Children to be part of the FGD were selected from among those participating in the general gatherings); and 1 FGD in one street children center in every district was also organized. The FGD brought together 7 to 11 children.

Interviews with parents/communities

In order to deepen some aspects of the street children phenomenon, we believed it was very important to meet some parents with children in the street or parents whose children had been in the street as well as community members in general. This part mainly helped to identify root

causes and prevention measures to this problem. Parents and community members were identified in collaboration with former street children and social workers working in street children programmes. They were identified in the vicinity of the neighborhoods where we met the street children.

In-depth interviews with stakeholders

Interviews with stakeholders mainly contributed to identifying prevention interventions to find a sustainable solution to the street children problem. (Local authorities, ministries, experts, staff and managers of institutions working in the area of child and youth protection and development, especially street children, etc) Relevant stakeholders were identified together with MIGEPROF and local authorities while conducting interviews in districts.

Interviews with Coordinators of street children centers

The main objective of these interviews was to analyse the functioning and efficiency of Centers/Institutions, their methodologies both for caring and reintegrating children in their families and communities. Street children centers were of two categories: Closed centers and Open centers. There were also listening points. We conducted an analysis, center by center, using data collection tools, documentation review on the work done by street children centers and other institutions working in this area. Discussions with the technical working team and experts helped us to identify key indicators. We already had a list of existing street children centers, but needed to cross check with local authorities whether there were any other street children centres or other similar initiatives in their respective districts.

1.6. Data entry, analysis and reporting

After collection, data were entered in data analysis program to be treated and analyzed. Data were analyzed using SPSS for quantitative data and ATLAS for qualitative data on the basis of data analysis plan.

The report was written following the analysis plan as well. The draft was shared with the study technical working team and partners for feedback. Comments, observations and inputs from technical team have been taken into consideration to finalize the report.

Using the survey report which incorporated comments observations and inputs, a power point presentation has been prepared to present the survey report in a restitution meeting.

1.7. Constraints encountered

Some children appeared afraid and tried to evade the interview fearing it was authorities' intervention to catch and take them to the Gikondo Transit Center, Iwawa center and other transit centers. In collaboration with social workers and former street children familiar with street children, we did our best to create an atmosphere of trust and reassurance in order to encourage children to participate.

After interviewing children in some districts, the police carried out interventions aimed at removing children and youth from the streets and this had an impact on the future interviews in other sites.

FINDINGS

Chapter 2: BACKGROUND CHARACTERISTICS OF STREET CHILDREN

2.1 Socio- demographic profile of street children

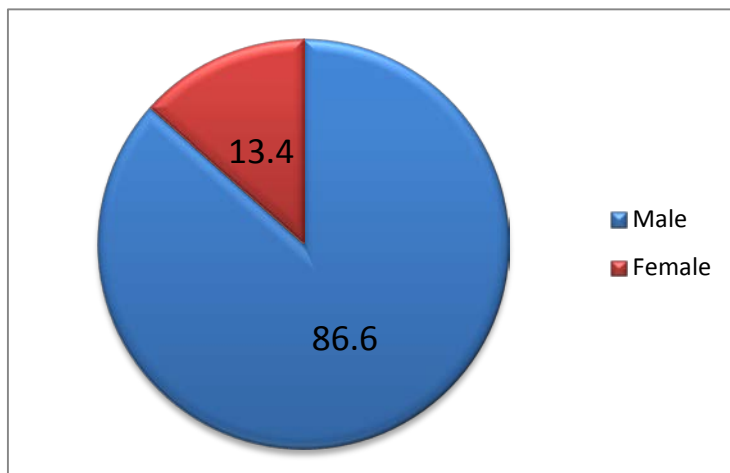
This chapter provides a socio-demographic profile of street children interviewed during *the study on the situation of street children in Rwanda carried out in 11 districts*. The individual questionnaire gathered information disaggregated by number, sex, age, place of origin and residence of children in/on the streets of Rwanda, parental status and educational level of street children. It also presents the living conditions of street children.

2.2.1 Number and sex

A total of 1,087 street children were interviewed in the selected 11 Districts. A majority of the children living in the streets were males, accounting for 86.6% of the children in the streets. Female children only made 13.4% of the street children population. This number does not include those kept in different transit centers throughout the country such as Gikondo Transit Center and others located at the districts levels.

In addition, the limited number of female (13.4%) presented in the chart 1 represents only those found in the streets during the study and who accepted to respond to the questionnaire. According to the street children and local authorities, the majority of street girls are less visible daytime and only appear on the streets at night for commercial sex worker activities.

Figure 1: Street children by sex

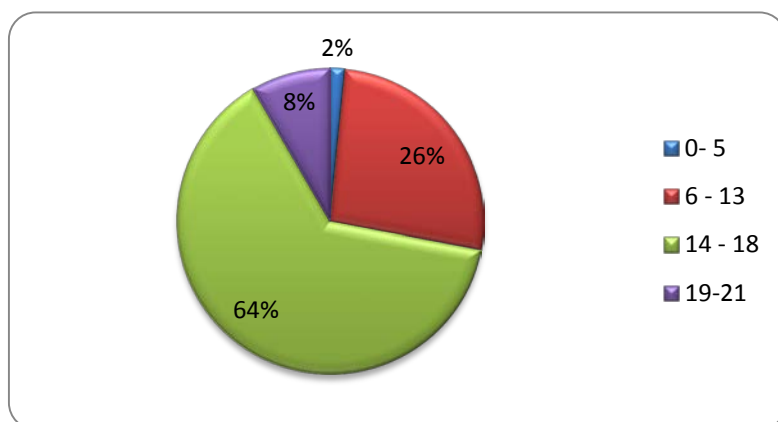


2.2.2. Age of children in the streets

Out of 1,087 street children interviewed, 63.7% of them were 14 to 18 years of age, 26.4% were 6 to 13 years of age, 1.6% were 0 to 5 years of age. Children in the streets age 19-21 represented 8.3% of the street children population.

Concerning street children aged 0-5 years found on the street during the study, some of them lived permanently in the streets with their mothers and others were in the streets accompanied by their mothers to beg. All data about children were provided by their mothers.

Figure 2: Age of street children



2.2.3. Street children by place of origin

Information on place of origin for the street children surveyed was sought. About 92% knew their places of origin. Table 1 shows that the children in the streets originate from all the 30 districts of the Republic of Rwanda with numbers varying from 1 in Burera to 188 street children in Nyarugenge Districts. The Kigali City Districts recorded the highest numbers (378 street children) followed by districts in Southern Province with 253 street children, Districts in the Western Province with 144 street children, Districts in the Northern Province with 121 street children and District in the Eastern Province with 109 street children.

However, the study revealed also another category of 82 street children who didn't know their districts or places of origin.

Table 1: Street children place of origin

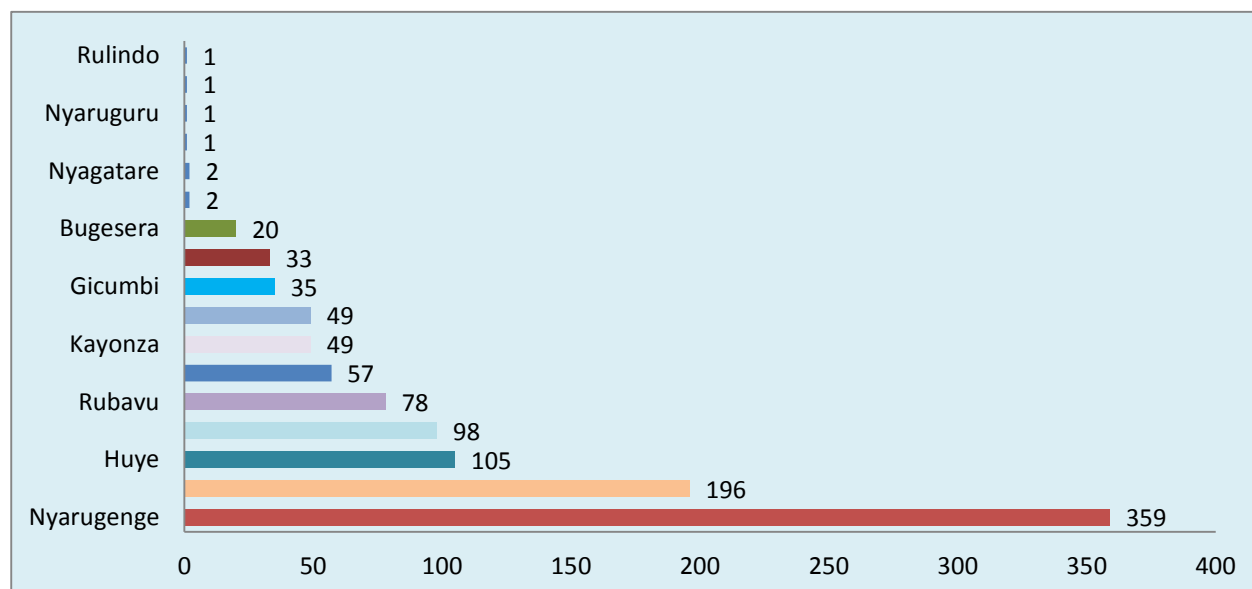
District of origin (N=1087)	Number	%	District of origin (N=1087)	Number	%	District of origin (N=1087)	Number	%
Bugesera	30	2.8	Kayonza	40	3.7	Nyamasheke	14	1.3
Burera	1	0.1	Kicukiro	132	12.1	Nyanza	8	0.7
Gakenke	7	0.6	Kirehe	8	0.7	Nyarugenge	188	17.3
Gasabo	58	5.3	Muhanga	43	3.9	Nyaruguru	18	1.6
Gatsibo	6	0.5	Musanze	58	5.4	Rubavu	70	6.4
Gicumbi	39	3.6	Ngoma	5	0.5	Ruhango	23	2.1
Gisagara	42	3.9	Ngororero	13	1.2	Rulindo	16	1.5
Huye	72	6.6	Nyabihu	3	2.3	Rusizi	30	2.7
Kamonyi	37	3.4	Nyagatare	3	0.3	Rutsiro	5	0.5
Karongi	9	0.8	Nyamagabe	10	0.9	Rwamagana	17	1.6
Unknown District of origin	82	7.5						

2.2.4. Street children by place of residence and location in/on Street

Chart 3 shows that Nyarugenge District represents the main city of attraction for children living in/on street, followed by Kicukiro, Huye and Gasabo. These areas are the most attractive for the children because they consider not only that livelihood in the cities is easier than in the villages but also they believe that they can get better paying informal employment in the cities.

The chart reports another category of street children identified in districts not targeted by this study including Gisagara, Nyagatare, Gakenke, Nyaruguru, Ruhango and Rulindo. According to these children they didn't have permanent sites and they move from one District to another but usually return home at night.

Figure 3: District of residence for street children



2.2.5. Parental survival status of Street Children

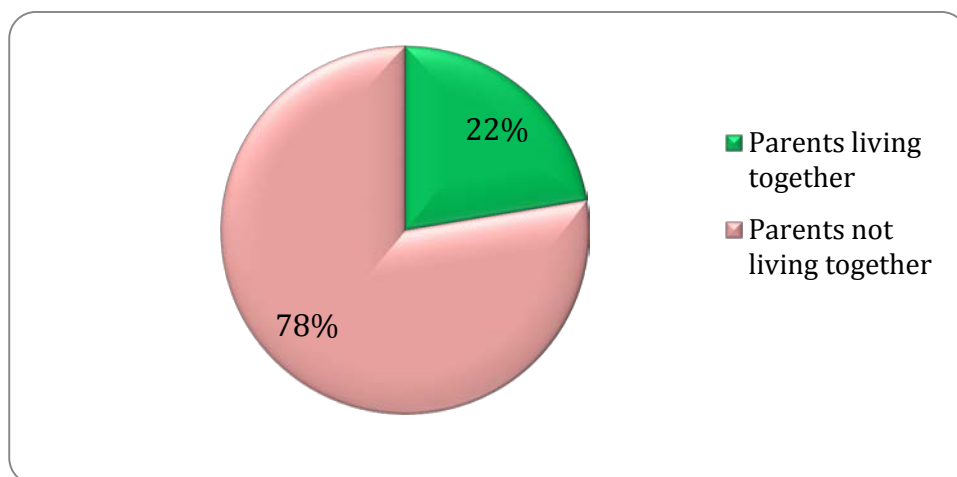
The survival status of street children's parents was assessed by the study and findings (table 2) show that out of 1087 street children surveyed, 71.5% declared to have their mothers alive and 51.6% declared their father alive, 42.1% declared their father dead and 25.5% declared mother dead. About 3% of the street children did not know if their parents were alive or dead.

Table 2: Parental status of street children

N°	Parental Status N=1087	Father		Mother	
		Number	%	Number	Percent
1	Alive	561	51.6	777	71.5
2	Dead	458	42.1	277	25.5
3	Unknown	68	6.3	33	3.0
4	Total	1087	100	1087	100

Responding to the question on whether their parents live together, about 3 in 4 (78%) street children's parents do not live together as shown in chart 4.

Figure 4: Street children whose parents are living together or not



2.2.6. Number of children in street children’s families

Street children were asked to provide information about their family size and 61.5% of street children families were reported to have between 1-4 children followed by 34.4% with 5-8 children. Findings of the study also indicate (table 3) that few families have 9 or more children. About 1084 street children who responded to this question indicated that they have 4561 siblings in total (brothers or sisters) making the family size average to be 4.2.

Table 3: Number of children in families

N°	Number of children in families (N= 1084)	Number	%
1	1- 4	667	61.5
2	5 – 8	373	34.4
3	9- 12	41	3.8
4	13+	3	0.4
5	Total	1084	100

2.2.7. Street children’s educational background

Among the children living in the street that had ever attended school, a majority (97.4%) of them dropped out of school in primary school as shown in table 4. Only 7.7% of street children reached Primary 6 while over 20% of them dropped out of school, respectively in Primary 2, 3 and 4. For Primary 1 and 5, the percentage of dropouts ranges from 10.9% to 12.9%. Regarding secondary school, all school dropouts are reported in lower level (Senior 1, 2, and 3).

Table 4: Proportion of street children's school dropouts

	Level (N=901)	Number	%
1	P1	107	12.9
2	P2	185	22.3
3	P3	193	23.3
4	P4	168	20.3
5	P5	90	10.9
6	P6	64	7.7
7	S1	14	1.7
8	S2	6	0.7
9	S3	2	0.2

The findings of the study revealed that out of 1087 street children, only 13.2% are attending school compared to 86.8% who are not attending school. Table 5 shows that the dropout rate among street children was high as 92.7% of street children dropped out the school while 11.8% had never attended school. The majority of children met during FGDs said that the main causes behind the dropouts and low school enrolment were the poverty status of their families and the lack of school fees.

Table 5: Distribution of street children by school attendance

N°	School attendance	Number	%	N=1087
1	Attending school	143	13.2	
2	Not attending school	944	86.8	
3	Dropout of school	835	92.7	N=901
4	Never been to school	106	11.8	

Concerning the street children's educational level (grades), the study, shows that all street children (143) currently attending school were in primary school and the number varies from Primary 1 to 6 as shown in table 6. There were no street children reported being in secondary school.

Table 6: Street children's educational level

N°	Schooling level (N=142)	Number	%
1	P1	16	11.3
2	P2	37	26.1
3	P3	26	18.3
4	P4	32	22.5
5	P5	17	12
6	P6	14	9.9

Chapter 3. CATEGORIES OF STREET CHILDREN AND THEIR LIVING CONDITIONS

This section presents the findings of the study related to the categories and living conditions of the children in the streets. This includes how long the children have been living in the streets, their means of survival, type of problems and violence they experienced and their health status.

3.1. Categories of children living in the streets

The categorisation of street children varies according to the extent of exposure to risk. The most commonly accepted definition is the one given by UNICEF¹⁵. Accordingly there are four groups of street children.

- Children at high risk are urban children who because of extreme poverty and deprivation in their homes, or inadequate care and supervision are at high risk of becoming involved in street life.
- Children on the street are those who spend most of their time in the street or markets, usually engaged in menial work. They maintain strong family ties, usually return home at night; come from poor families and few attend regular or night schools.
- Children of the street are children who fully participate in street life not just at economical level. They usually have family who they may visit from time to time or who completely lost family contacts.
- Abandoned children are those who have no home to go to either (1) because of the death of, or the rejection by their parents and the (2) unavailability or rejection of their extended family.

Considering this definition and interviews with key informants in 11 districts (experts, staff and managers of institutions working in the area), street children in Rwanda shall be mainly defined for this study as:

- Children living on the streets, who live in bad conditions without education, conducive place of sleeping, adequate feeding, clothing and access to health care services;

Street children are divided into two categories:

- Children of the street who live on the streets full time, and having no contact with their families;
- Children on the streets who spend most of their day time on the streets but return home at night.

As shown in the table 7, the majority of street children (53%) interviewed were children “of the street” (lived on the streets full time, and had no contact with their families). Other children were children “on the streets” meaning they spend most of their day time on the streets but return home at night, including children coming on the street during the day to make money and go back home evening, children who sleep both on the streets and at home, children doing some activities during the day and earn money to support the family and children coming on the street for some hours to enjoy life with friends. It is important to note that some children had various lifestyles on the

¹⁵Forum on Street Children (August, 2008)

street. Some could spend some nights on the streets and go back home after sometime, and others could have different interests on the street on different period of time.

Table 7: Categories of children living in the streets

N°	Categories (N=1084)	Number	%
1	Come to the street for some hours to enjoy life with friends	55	5
2	Come to the street during the day to make money and go back home in the evening	345	31.8
3	Do some activities during the day and earn money to support the family	62	5.7
4	Live on the street day and night	575	53
5	Sleep sometime on the streets and at home	124	11.4
6	Work on the street the day and return home (rented house)	18	1.7

By age group, table 8 shows that the majority of street children interviewed in all age groups, lived on streets day and night followed by those who came on the streets to make money and go back home evening.

Table 8: Categories of children living on streets by age range

N°	Categories	0 – 5 (N=17)		6 - 13 (N = 287)		14 - 18 (N= 692)		19 - 21 (N= 91)	
		Number	%	Number	%	Number	%	Number	%
1	Come on the street for some hours to enjoy life with friends	1	5.9	19	6.6	31	4.5	4	4.4
2	Come on the street during the day to make money and go back home in the evening	6	35.3	126	43.9	185	26.7	28	30.8
3	Do some activities during the day and earn money to support the family	1	5.8	29	10.1	27	3.9	5	5.5
4	Live on the street day and night	9	52.9	108	37.6	413	59.7	45	49.4
5	Sleep sometime on the streets and at home	2	11.8	38	13.2	75	10.8	9	9.9
6	Work on the street the day and return home (in renting house)	0	0.0	1	0.4	13	1.9	4	4.4

3.2. Number of years spent on streets

Data in table 9 show that 22.3% of street children interviewed have a long street-life experience of over 5 years followed by 30.8% who have been living on the streets for 3-5 years. As indicated also in the table, 46.9% of children have been living in the streets for 1-2 years.

Table 9: Proportion of street children by number of years spent in/on streets

N°	Number of year (N= 1084)	Number	%
1	0-2 years	508	46.9
2	3-5 years	334	30.8
3	Over 5 years	242	22.3

According to age, reported data in table 10, shows minor differences in terms of number of years they spent on streets. Specifically for street children aged 19-21 years, about 46.2% have been living on streets for over 5 years.

Table 10: Number of years spent in streets by age group

N°	Number of years spent in streets	0 - 5		6 - 13		14 - 18		19 - 21	
		Number	%	Number	%	Number	%	Number	%
1	0-2 years	10	58.8	184	64.1	290	41.9	24	26.3
2	3-5 years	4	23.5	76	26.5	229	33.1	25	27.5
3	Over 5 years	0	0	26	9.1	173	25	42	46.2

3.3. Ways of earning money

Street children were asked to explain how they earn money and data reported in table 11 shows a very significant proportion of street children involved in different forms of income generation activities. About three in four of the children living in streets engage in some form of job, a quarter is engaged in collecting and selling different food items from garbage.

Other sources of money include begging, stealing, and prostitution. The majority of experts interviewed and street children met during FGDs also reported the above mentioned income earning activities.

Table 11: Types of income earning activities

N°	Types of activities (N=1073)	Number	%
1	Begging	155	14.5
2	Stealing in families/on the street	78	7.3
3	Working in jobs (Fetching water, keeping people's livestock, packing and unpacking goods, washing and guarding cars, washing dishes in restaurants, carrying luggage in the market place...)	812	75.7
4	Collecting and selling different food items from garbage, etc	268	25
5	Temporary work in salons	7	0.7
6	Selling different collected metal items	12	1.1
7	Prostitution	6	0.6

Considering age group, the findings of the study show that all the above mentioned income generating activities are common for street children aged 6-13 years and 14-18 years but with

some differences on frequencies as reported in the table 12. The first activities; collecting and selling different food items from garbage, begging, stealing) are reported in all age groups while stealing is not an income source of the street children aged 0-5 years and 19-21 years.

Table 12: Types of income earning activities by age group

N°	Types of activities	0 - 5 N=17		6 - 13 N = 287		14 - 18 N= 692		19 - 21 N= 91	
		Number	%	Number	%	Number	%	Number	%
1	Begging	11	64.7	77	26.8	63	9.1	4	4.4
2	Steal in families/on the street	0	0	17	5.9	60	8.7	1	1.1
3	Doing jobs	4	23.5	172	59.9	562	81.2	74	81.3
4	Collecting and selling food items from garbage	1	5.9	108	37.6	144	20.8	15	16.5
5	Temporary work in salon	0	0	1	0.4	6	0.9	0	0
6	Selling collected metal items	0	0	2	0.7	10	1.5	0	0
7	Prostitution	0	0	1	0.34	5	0.7	0	0

According to the table 13, a higher percentage of boys were involved doing jobs (76.4%) than girls (27%). More girls were involved in begging (35.1%) than boys (13.5 %) and collecting different items (29.7 %) as opposed to 24.5% for boys. Stealing as a source of income is not common.

Table 13: Types of income earning activities by sex

N°	Types of activities	Female		Male	
		Number	%	Number	%
1	Begging	13	35.1	142	13.5
2	Steal in families/on the street	1	2.7	77	7.3
3	Doing jobs	10	27.0	802	76.4
4	Collecting and selling different food items from garbage	11	29.7	257	24.5
5	Temporary work in salon	0	0	7	0.7
6	Selling different collected metal items collected	0	0	12	1.1
7	Prostitution	3	8.1	3	0.3

3.4. Money spending habits

The street children were asked to explain how they use the money they earn. As indicated in table 18, spending money on food and clothes and shoes ranked significantly higher than all the other uses of money at 86.6% and 59.3% respectively.

Some street children also stressed that they immediately spend the money they earn on the following activities: watching a movie, buying drugs, meeting family expenses, playing urusimbi, saving, paying prostitutes, paying school fees and school materials while others used the money earned in renting a house while other undertook livestock activities and performing songs. The majority of street children met during FGDs and parents interviewed confirmed these results.

Table 14: Utilization of earned money

N°	Utilization (N=1079)	Number	%
1	Buying food	935	86.6
2	Buying clothes and shoes	640	59.3
3	Watching movie	341	31.6
4	Buying drugs	302	28
5	Meeting family expenses	171	15.8
6	Playing Urusimbi	121	11.2
7	Saving	26	2.4
8	Paying prostitutes	23	2.1
9	Paying school fees and material	13	1.2
10	Renting house	8	0.7
11	Livestock activities	7	0.7
12	Performing songs	5	0.5

The use of money differs from girls to boys as indicated in table 15. The majority of girls spend the money in buying food (56.7%), buying clothes and shoes (59.3%) and meeting family expenses (27.0%) while boys used money more in buying food (87.0%), buying clothes and shoes (59.3%), watching movies (33.4%) and buying drugs (28.6%), such as cannabis sativa (Ganja), glue illicit spirits (kanyanga) and -petrol (premium).

Table 15: Utilization of earned money by sex

N°	Utilization	Female		Male	
		Number	%	Number	%
1	Buying food	21	56.8	914	87.0
2	Buying clothes and shoes	17	46.0	623	59.3
3	Buying drugs	2	5.4	300	28.6
4	Playing Urusimbi	0	0.0	121	11.5
5	Paying prostitutes	0	0.0	23	2.2
6	Watching movie	1	2.7	340	32.4
7	Meeting family expenses	10	27.0	161	15.3
8	Renting house	0	0.0	8	0.8
9	Recording songs	0	0.0	5	0.5
10	Livestock activities	0	0.0	7	0.7
11	Saving	0	0.0	26	2.5
12	Paying school fees and material	0	0.0	13	1.2

3.5. Types of street children's jobs

According to data reported in 16, street children performed a variety of jobs to survive. The majority are involved in transportation of purchased items (64.0%) and in collecting and selling different recyclable items from garbage (43.3%).

Other occupational profiles of street children included guarding cars; washing cars and taxi motorbikes (motos), stealing, helping businessmen/women in packing and unpacking goods, begging, prostitution, selling drugs, singing and looking after people's livestock. The study findings indicate also that 4.4% of street children were not engaged in any job.

Table 16: Types of jobs street children engage in

N°	Type of jobs (N=1075)	Number	%
1	Washing cars and 'motos'	52	4.8
2	Transportation of purchased items	688	64.0
3	Collect and sell, recyclable items from garbage etc.	466	43.3
4	Guarding cars	102	9.5
5	Selling drugs	4	0.4
6	No job	47	4.4
7	Assist businessmen/women in packing and unpacking goods	25	2.3
8	Keeping people's Livestock	1	0.1
9	Stealing	50	4.6
10	Doing different domestic jobs such as fetching water...	94	8.7
11	Begging	13	1.2
12	Singing	3	0.3
13	Prostitution	6	0.6

By age, the study revealed diverse types of jobs undertaken by street children as presented in table 17, a high percentage of street children aged 6-13 years, 14-18 years and 19-21 years, are

involved in transportation of purchased items and selling different food items collected from garbage. For transportation the percentage varies from 53.7% to 68.1% while for selling collected item the percentage varies from 28.6% to 55.8%.

Table 17: Type of street children jobs by age group

N°	Type of jobs	0 - 5	N=17	6 - 13	N = 287	14 - 18	N= 692	19 - 21	N= 91
		Number	%	Number	%	Number	%	Number	%
1	Washing cars/Moto	0	0.0	14	4.9	30	4.3	8	8.8
2	Transportation of purchased items	0	0.0	154	53.7	472	68.2	62	68.1
3	Collect and sell, recyclable items from garbage etc.	3	17.6	160	55.7	277	40.0	26	28.7
4	Guarding cars	0	0.0	39	13.6	56	8.1	7	7.7
5	Selling drugs	0	0.0	1	0.3	3	0.4	0	0.0
6	No job	11	64.7	19	6.6	14	2.0	3	3.3
7	Assist businessmen/women in packing and unpacking goods	0	0.0	5	1.7	19	2.7	1	1.1
8	Keeping people's Livestock	0	0.0	0	0.0	1	0.1	0	0.0
9	Stealing	0	0.0	22	7.7	25	3.6	3	3.3
10	Doing different domestic jobs such as fetching water...	1	5.9	17	5.9	60	8.7	16	17.5
11	Begging	2	11.8	4	1.4	7	1.0	0	0.0
12	Singing	0	0.0	0	0.0	3	0.4	0	0.0
13	Prostitution	0	0.0	0	0.0	6	0.9	0	0.0

3.6. Sleeping arrangements

About 43.4% of the children interviewed, indicated that they sleep at their parents' home while 20.5% reported that they sleep anywhere. As indicated in table 18 some of the street children sleep under bridges, on shop/house verandas, in buildings under construction and in open kitchens or toilets. The majority of street children met during FGDs confirmed these results.

Table 18: Street children sleeping places

N°	Sleeping places (N=1078)	Number	%
1	Home	464	43.0
2	Under a bridge	166	15.4
3	On a shop/house veranda	179	16.6
4	In open kitchens or toilets	66	6.1
5	In buildings under construction	93	8.6
6	Had no fixed palce	221	20.5

The study shows also that the majority of girls (48.6%) and boys (42.5%) sleep at home while 20.4% of boys and 18.9% of girls have no permanent sleeping site (they sleep anywhere). The percentage of girls sleeping under bridge, on shop/house veranda, in open kitchens or toilets, in buildings under construction is lower than that of boys as seen in table 19.

Table 19: Sleeping arrangement by sex

N°	Sleeping arrangements	Female		Male	
		Number	%	Number	%
1	Home	18	48.6	446	42.5
2	Under a bridge	1	2.7	165	15.7
3	On shop/house veranda	6	16.2	173	16.5
4	In open kitchens or toilets	1	2.7	65	6.2
5	In buildings under construction	4	10.8	89	8.5
6	Anywhere	7	18.9	214	20.4

3.7. Street children feeding

Based on the reported data it appears that most of the street children (79.7 %) buy their own food using their income (table 20) while 33.1% eat leftovers from restaurants and bins. A few of street children (4.1%) eat from home while 2.9% obtain food from generous people. However, there is another category of street children who use different ways or do petty jobs to get food, which include: begging; stealing; and collecting different food items.

The majority of children met during FGDs and experts interviewed confirmed all these results.

Table 20: Ways of getting food

N°	Ways (N= 1076)	Number	%
1	Buying with money earned from jobs)	858	79.7
2	Eating leftovers from restaurants	356	33.1
3	Begging	126	11.7
4	Obtaining food from people's generosity	32	3
5	Stealing in families/on the street	31	2.9
6	Collecting different food items from vehicles parking	17	1.6
7	Selling meat	8	0.7
8	Collecting from bins	8	0.7

Reported data (table 21) also shows that buying food with the money earned and eating leftovers from restaurants are recorded having a higher percentage in all street age groups. However, a higher percentage (58.8%) of street children aged 0-5 years were observed to engage more in begging than any other age groups. In comparison with other age groups, the study revealed that 23.5% of street children aged 0-5 years ate from home. Few street children in all age groups ate

from bins, stealing food, buying food, people's generosity, collecting different food items and sharing food with each other.

Table 21: Ways for getting food by age group

N°	Ways	0 – 5 (N=17)		6 - 13 (N = 287)		14 - 18 (N= 692)		19 - 21 (N= 910)	
		Number	%	Number	%	Number	%	Number	%
1	Begging	10	58.9	52	18.1	59	8.5	5	5.5
2	Steal in families/on the street	0	0.0	3	1.1	26	3.8	2	2.2
3	Buying food	7	41.2	201	70.0	576	83.2	74	81.3
4	Eating leftovers from restaurants	9	52.9	121	42.12	207	29.9	19	20.9
5	Obtaining food from people's generosity	0	0.0	7	2.4	25	3.6	0	0.0
6	Selling meat	0	0.0	3	1.1	5	0.7	0	0.0
7	Collecting different food items from vehicle parking	0	0.0	8	2.8	8	1.2	1	1.1
8	Collecting different food items from bin	0	0.0	2	0.7	6	0.9	0	0.0
9	Collecting from neighborhood	0	0.0	5	1.7	5	0.7	0	0.0
10	Sharing food with colleagues	0	0.0	2	0.7	4	0.6	0	0.0
11	Eating from home	4	23.5	27	9.4	12	1.7	2	2.2

Table 22 shows that the majority of boys obtain food by buying (80%) and by eating leftovers from restaurants (32.9%) against 48.6% and 32.9% of girls using the same ways to getting food.

Table 22: Ways for getting food by sex

N°	Ways	Female		Male	
		Number	%	Number	%
1	Begging	13	35.1	113	10.8
2	Stealing in families/on the street	0	0.0	31	3.0
3	Buying with money earned	18	48.6	840	80.0
4	Eating leftovers from restaurants	10	27.0	346	32.9

N°	Ways	Female		Male	
		Number	%	Number	%
5	Obtaining food from people's generosity	2	5.4	30	2.9
6	Collecting different food from vehicles parking	3	8.1	14	1.3
7	Collecting different food items from bin	0	0.0	8	0.8
8	Collecting from neighborhood	0	0.0	10	0.9
9	Sharing food with colleagues	0	0.0	6	0.6
10	Eating from home	4	10.8	41	3.9

3.8. Number of meals per day

Table 23 shows that majority of street children have 1 or 2 meals per day (77.2%). Field observations showed that street children's diet seemed not enough and some children presented malnutrition symptoms especially for the youngest children.

Table 23: Number of meals per day

N°	Number of meals per day (N=1081)	Number	%
1	1 meal	365	33.8
2	2 meals	469	43.4
3	3 meals	70	6.5
4	4 meals	15	1.4
5	Every time getting food	162	15

For all age groups, a high percentage of street children were recorded taking one or two meals per day as shown in table 24. The reported data (table 24) indicates also that fewer street children among those aged 6-13 years, 14-18 years and 19-21 years, take 3 meals or 4 meals per day. There were no street children aged 0-5 years who eat three or four times every day.

Table 24: Number of meals per day by age group

N°	Number of meal	0 - 5 (N=17)		6 - 13 (N = 287)		14 - 18 (N= 692)		19 - 21 (N= 91)	
		Number	%	Number	%	Number	%	Number	%
1	1 meal	8	47.1	86	30	237	34.3	34	37.4
2	2 meals	4	23.5	123	42.9	304	43.9	38	41.8
3	3 meals	0	0.0	20	7	44	6.4	6	6.6
4	4 meals	0	0.0	6	2.1	8	1.2	1	1.1
5	Every time getting food	2	11.8	51	17.8	97	14.0	12	13.2

3.9. Street children clothing

Based on the reported data (table 29) the majority (80.2 %) of street children bought their own clothes using their money earned from different jobs while 2.7% obtained clothes from their parents. Another category of street children got clothes through other ways such as begging, stealing, from colleagues, collecting discarded clothes and receiving donations.

The majority of street children met during FGDs and experts interviewed reported the same ways used in terms of street children clothing.

Table 25: Ways for getting clothes

N°	Ways (N=1076)	Number	%
1	Begging people on the street	217	20.1
2	Stealing in families/on the street/from colleagues	92	8.6
3	Buying with money earned from jobs	863	80.2
4	Getting clothes as generous donations	81	7.5
5	Collecting discarded clothes	49	4.6
6	Getting clothes from parents	29	2.7

By age group, the majority (64.7%) of street children aged 0-5 years get clothes from begging while buying clothes with the money earned is recorded with more frequencies in the age group of aged 6-13 years children (67.6%), 14-18 years (84.7%) and 18-21 years (86.8%). Table 26 shows also that street children aged 0-5 years got clothes from parents, people's generosity while street children in the other age groups get money by begging, stealing and from parents and people's generosity.

Table 26: Ways for getting clothes by age group

N°	How street children get clothes	0 - 5 (N=17)		6 - 13 (N = 287)		14 - 18 (N= 692)		19 - 21 (N= 91)	
		Number	%	Number	%	Number	%	Number	%
1	Begging people on the street	11	64.7	69	24.0	123	17.8	11	12.1
2	Stealing in families/on the street/from colleagues	0	0.0	29	10.1	59	8.5	4	4.4
3	Buying with money earned	4	23.5	194	67.6	586	84.7	79	86.8
4	Getting clothes from good people's generosity	1	5.9	29	10.1	44	6.4	7	7.7
5	Collecting clothes	0	0.0	21	7.3	26	3.8	2	2.2
6	Getting clothes from parents	1	5.9	20	7	8	1.2	0	0.0

Table 27 shows that the majority of boys (81.0%) buy their own clothes using the money earned from jobs while the majority of girls get clothes from begging (43.24%) and by buying (32.4%).

Table 27: Ways for getting clothes by sex

N°	How street children get clothes	Female		Male	
		Number	%	Number	%
1	Beg from people on the street	16	43.2	198	18.9
2	Steal in families/on the street/from colleagues	0	0.0	92	8.8
3	Buying with money earned from jobs	12	32.4	851	81.1
4	Getting clothes from people's generosity	3	8.1	78	7.4
5	Collecting clothes	6	16.2	43	4.1
6	Getting clothes from parents	1	2.7	28	2.7

3.10. Main problems faced by Street children

Living on the street, with no supervision, protection or guidance often makes street children vulnerable to a wide range of problems. The main problems faced by children are shown in table 28. Police's interventions for street children protection and reintegration was considered by street children as a big concern (64.3%) because the police take them to transit centers by force. Other problems include: being beaten and injured (63.3%); lack of food / hunger (49.2%); lack of shelter/ place to sleep not conducive (38.6%); lack of access to medical services (27.5%).

However, 2.5% of street children reported being raped while over two percent declared living in bad conditions and experiencing harassment particularly by waste-sites guards.

The majority of street children met during FGDs reported the same problems as highlighted above.

Table 28: Type of problems faced by street children

N°	Type of problems (N=1066)	Number	%
1	Rape	27	2.5
2	Being beaten and injured	675	63.3
3	Police's interventions for street children protection and reintegration considered by street children as big concern	686	64.4
4	Lack of food/Hunger	525	49.3
5	Lack of shelter/place to sleep not conducive	411	38.6
6	Lack of access to medical services	293	27.5
7	Un conducive living conditions	18	1.7
8	Harassment by waste sites guardians	11	1.0

By age group, the following main problems were reported by street children (table 29): Police's interventions for street children protection and reintegration considered by street children as big concern; being beaten and injured; hunger /lack of food; place to sleep not conducive; lack of access to medical services.

Table 29: Problems faced by street children by age group

N°	Type of problems	0 - 5 (N=17)		6 - 13 (N = 287)		14 - 18 (N= 692)		19 - 21 (N= 91)	
		Number	%	Number	%	Number	%	Number	%
1	Rape	0	0.0	7	2.4	19	2.8	1	1.1
2	Being beaten and injured	3	17.7	191	66.6	437	63.2	44	48.4
3	Police's interventions for street children protection and reintegration considered by street children as big concern	6	35.3	154	53.7	469	67.8	57	62.6
4	Lack of food/Hunger	7	41.2	146	50.9	337	48.7	35	38.5
5	Lack of shelter/place to sleep not conducive	9	53	80	27.9	288	41.6	34	37.4
6	Lack of access to medical services	12	70.6	73	25.4	190	27.5	18	19.8
7	Living conditions not conducive	0	0.0	7	2.4	8	1.2	3	3.3
8	Harassment by waste sites guardians	0	0.0	5	1.7	6	0.9	0	0.0

According to data reported (table 30), males and females present a very similar problems that they are experiencing, including, Police's interventions for street children protection and reintegration considered by street children as big concern, being beaten and injured, hunger, place to sleep not conducive, Lack of access to medical services and rape.

The most significant difference between the two profiles is that the male reported a significantly small problem with living conditions not conducive and harassment by guardians and elderly persons in the waste site.

Table 30: Problem faced by street children by sex

N°	Type of problems	Female		Male	
		Number	%	Number	%
1	Rape	5	13.5	22	2.1
2	Being beaten and injured	14	37.8	661	63
3	Police's interventions for street children protection and reintegration considered by street children as big concern	11	29.7	675	64.3
4	Lack of food/Hunger	12	32.4	513	48.9
5	Lack of shelter/place to sleep not conducive	13	35.1	398	37.9
6	Lack of access to medical services	13	35.1	280	26.7
7	Living conditions not conducive	0	0.0	18	1.7
8	Harassment by guardians and elder persons in the waste site	0	0.0	11	1.1

3.11. Type of violence faced by Street children

As indicated in the table 31, being beaten and injured, being forced to go to transit centers ranked significantly higher than all the other types of violence faced by street children at 79.4% and 64.1% respectively. Data reported also shows other types of violence, including the following: discrimination, working without being paid, being robbed, Rape/sexual violence, forced to carry heavy things, lack of rights and being wrongly accused of stealing.

The majority of street children met during FGDs confirmed the same type of violence they faced in their street life.

Table 31: Type of violence faced by street children

N°	Type of violence (N=1032)	Number	%
1	Sexual abuse /Rape	88	8.5
2	Being beaten and injured	819	79.4
3	being forced to go to transit centers	662	64.2
4	Forced to carry heavy stuff	72	7
5	Work without paid	198	19.2
6	Discrimination	225	21.8
7	Being robbed (earned money and collected things)	115	14.6
8	Being wrongly accused of stealing	7	0.7
9	Basic rights violated	9	0.9

According to age, analysis of data collected shows that in all age groups, street children are mainly beaten and injured by members of the community while others are detained by police in the transit centers. There are no significant differences in terms of frequencies of other type of violence reported in the table 32. Some cases of rape were reported in age group 0-5 year and the street children's mothers said that their children were raped by other street children.

Table 32: Type of violence by age group

N°	Type of violence	0 - 5 (N=17)		6 - 13 (N = 287)		14 - 18 (N= 692)		19 - 21(N= 91)	
		Number	%	Number	%	Number	%	Number	%
1	Rape	3	17.7	23	8.0	57	8.2	5	5.5
2	Being beaten and injured	6	35.3	227	79.1	535	77.3	51	56.0
3	being forced to go to transit centers	8	47.1	142	49.5	451	65.2	61	67.0
4	Forced to carry heavy stuff	0	0.0	16	5.6	47	6.8	9	9.9
5	Working without paid	1	5.9	48	16.7	132	19.1	17	18.7
6	Discrimination	2	11.8	46	16.0	156	22.5	21	23.1
7	Being robbed (earned money and collected things)	0	0.0	43	15.0	102	14.7	5	5.5
8	Being wrongly accused of stealing	0	0.0	4	1.4	3	0.4	0	0.0
9	Basic rights violated	2	11.8	3	1.1	4	0.6	0	0.0

The major problems are mentioned by males and females including being beaten, being taken to transit centers by force, discrimination, being robbed and working without payment. However, as reported in the table 33, the percentage of rape cases is higher for female (32.4%) than for male (7.2%). The majority of street girls met during FGDs reported to be raped, by elders and adult persons during the night.

Table 33: Type of violence by sex

N°	Type of violence	Female		Male	
		Number	%	Number	%
1	Rape	12	32.4	76	7.2
2	Being beaten and injured	20	54.1	799	76.1
3	being forced to go to transit centers	14	37.8	648	61.7
4	Forced to carry heavy stuff	2	5.4	70	6.7
5	Work without paid	3	8.1	195	18.6
6	Discrimination	6	16.2	219	20.9
7	Being robbed (earned money and collected things)	5	13.5	136	13.9
8	Being wrongly accused of stealing	0	0.0	7	0.7
9	Basic rights violated	2	5.4	7	0.7

Chapter 4 STREET CHILDREN HEALTH CONDITIONS

This section of the report summarizes the study findings related to the health conditions of the street children interviewed. Questions asked captured issues on disability, HIV and other diseases including those that are considered as chronic diseases, reproductive health, drug abuse, access to health services.

4.1 Disability

Table 34 shows the types of disabilities that street children reported to have. About 11% of the children in the streets reported to have a disability. The most common disability was physical which was found among 63.1% of the total number of children living with disability followed by mental disability at 15.2% while blindness, speech and other types of disabilities followed at 9% and 7% respectively.

Table 34: Type of disability among street children

N°	Type of disability (N= 1066)	Number	%
1	All types of disabilities	116	10.8
2	Physical	70	63.1
3	Mental	17	15.3
4	Deaf	3	2.7
5	Blind	9	8.1
6	Speech problems	0	0
7	Heart problems	1	0.9

Disability amongst female Street Children was pointed out at 13.5% compared to 20.9 percent of male children

Table 35: Disability by sex

N°	Sex	Number	%	N
1	Female	5	13.5	37
2	Male	219	20.8	1050

It is important to note that physical and mental disabilities covered 87 percent of cases of disabilities amongst street children calling for special attention.

4.2. Drug abuse amongst street children

Data on drug abuse collected from street children who responded to part of assessment revealed that 63.2% of them reported to have ever abused drugs. The most commonly abused drug was cannabis sativa (Ganja) which was abused by 82% of street children, followed by glue abused by 43.1%. Others mostly abused drugs included the illicit spirits (kanyanga) which was abused by 29.8% and petrol (premium) which was abused by 13.2%. Looking at the table below it is important to note that many children abused more than one type of drug.

Table 36: Most commonly abused drugs

N°	Types of drugs abused (N=687)	Number	%
1	Ganja(cannabis sativa)	563	82
2	Ikivuge (Glue)	296	43.1
3	Kanyanga (illicit spirit)	205	30
4	Petrol (Premium essence)	91	13.3
5	Tunuri (Illicit brew)	45	6.6
6	Muriture (illicit brews)	41	6
7	Bareteta (illicit brew)	38	5.5
8	Mailungi (khat)	15	2.2
9	Igisasu (illicit brew)	15	2.18
10	Mugo (illicit brew)	13	2
12	Trente-six oiseaux (thirty six seed from a local wild plant called <i>Rwiziringa</i> that are taken once)	13	2

Examining the drug abuse distribution by age group, the assessment revealed that among the street children who have ever abused drugs, 46.3% were children age 6-13 while 68.3% of street children age 14-18 were also drug abusers. The highest consumer age group is that of nineteen to twenty one which was using drug at a percentage of 72.5%

Table 37: Drug abuse per age group

N°	Age Group	Number	Number	N
1	0 – 5	0	0.	17
2	6 – 13	133	46.3	287
3	14 – 18	473	68.4	692
4	19 – 21	66	72.5	91

Looking at drug abuse distribution by sex, 63.2% of male street children admitted to have abused drugs compared to 21.6% of female street children.

Table 38: Drug abuse per gender

N°	Sex	Number	%	N
1	Female	8	21.62%	37
2	Male	664	63.24%	1050

4.3. HIV and reproductive health

4.3.1 Street children's reproductive health

A total of 298 children out 1068 (28.7%) admitted to be sexually active. When the study went into details on these children's sexual partners, 66.4% had sex with their friends, 18.9% had sex with sexual workers, and 10.0% with street girls and 2.6% had sex as a result of rape.

Table 39: Street children sexual behavior

N°		Number	%
1	Children who have had sexual intercourse (N=1068)	298	28.7
2	Children sexual partners (N=307)		
3	Friend/Lover	204	66.4
4	Prostitutes (angels, keza, imbuku)	58	18.9
5	Street girls	31	10.1
6	Girls who walk at night	14	4.6
7	Rape	8	2.6
8	Filauni (gays)	5	1.6
9	house help	3	1
10	Single ladies	2	0.7
11	Rape	8	2.6

Table 38 shows the percent distribution of Street Children who are sexually active by age groups.

The study shows that sexual activity increased by age, the age group 6-13 had lower sexual activity, the rate increases to 31.2% among this range of age 14-18 and is highest among the age group 19-21 at 47.2%.

Table 40: Street Children who admitted to be sexually active per age group

N°	Age Group	Number	%	N=1087
1	0 – 5	0	0	17
2	6 – 13	39	13.6	287
3	14 – 18	216	31.2	692
4	19 – 21	43	47.2	91

When it came to their distribution by sex, the study revealed that female children were more sexually active at a percentage of 29.7 compared to male children who were sexually active at a percentage of 27.3 as indicated on table below

Table 41: Street Children who admitted to be sexually active per sex

N°	Sex	Number	%	N
1	Female	11	29.7	37
2	Male	287	27.3	1050

A total of 112 children out of 444 (25.2 percent) of those who responded to the condom use question reported to have used a condom. Yet this indicates that the number of Street Children who are sexually active is bigger despite the fact that children avoided responding to this question.

If this is the case, these children are at very high risk considering the low use of condom amongst sexually active children as demonstrated in the table below. It is also important to note that condom use is higher amongst male children at 37.6% compared to 36.4% amongst female children.

Table 42: Condom use among sexually active street children

N°	Sex	Number	%	N
1	Both sex	112	25.2	444
2	Female	4	36.4	11
3	Male	108	37.6	287

Street Children were asked if they have ever had children, 971 children responded with 2% children admitting to have had children, among them six (6) girls and ten (10) boys. Thirteen (83.3% of girls and 80% of boys) were living with their children on the streets. The above mentioned information of children having and living with children on the street calls for a special attention as it may suggest that 66.5% of street children who admitted to have intercourse with their lovers/friends (see table 38) are likely to have their fellow street children as partners.

We assume that boys who admitted to be living with their children on the streets referred to babies that they had with their partners who are also living on the street. The study did not find out whether there are couples among street children

Table 43: Street Children who have had children

N°	Variables	Number	%	N
1	Both sex	16	1.7	971
2	Female	6	16.2	37
3	Male	10	1	1050
4	Street Children living with their children on the street (Both sex)	13	81.3	16
5	Female	5	83.3	6
6	Male	8	80	10

4.3.2. HIV and other STIs among street children

The study revealed that 27.0% of sexually active female street children who responded to this question have had a sexually transmitted Infection (STI) compared to 3.4% of sexually active males who responded to the question.

Street children's awareness on HIV was assessed and 87.9% compared to 99.9 percent of their age group of 15-19 in the DHS 2010 have heard of HIV&AIDS. About 88.0% of these children could state one or more modes of HIV transmission. The most known mode of transmission was sexual intercourse with an infected partner (95.4%) followed by 57.7% who believed that one can be infected by the use of infected blood.

Mother to child transmission was also pointed out by 209 (22.3%) children who believed that a child could be infected during pregnancy, delivery and breastfeeding.

There were also myths and misconception on the mode of transmission of HIV. A total of 130 (13.9 %) children believed that one could be infected by sharing and/or being in physical contact with a person living with HIV&AIDS.

Low awareness on HIV compared to the general population is another indicator of Street children's vulnerability to HIV&AIDS. Street children should be considered among high risk population and appropriate measures of prevention taken by relevant youth friendly HIV services providers.

Table 44: HIV awareness among street children

N°	Awareness e on HIV transmission roots (N=935)	Number	%
1	Having unprotected sexual intercourse with an infected partner	892	95.4
2	Being injured by an object with infected blood	539	57.7
3	Injection by an infected syringe	159	17.0
4	A mother can transmit HIV to her baby while delivering	94	10.1
5	A mother can transmit HIV to her baby during breastfeeding	70	7.5
6	Share household materials with an infected person (spoon, plate, fork a comb etc)	60	6.4
7	A mother can transmit HIV to her baby during pregnancy	41	4.4
8	Simple kissing	27	2.9
9	Share food with an infected person	21	2.3
10	Share a bed with an infected person	11	1.2
11	Mosquito bites	5	0.5
12	Sharing clothes	4	0.4
13	Live in the same house with an infect person	2	0.2
14	Anything containing blood	2	0.2

When comparing HIV awareness between girls and boys, the assessment revealed that only 54.0% of girls had heard of HIV & AIDS compared to 87.0% of boys. This puts an emphasis on the need of HIV program that is ideal for children in the street and that focuses on gender vulnerability.

Table 45: HIV Awareness and access to VCT services per sex

N°	Sex	Number	%	N
1	Children who have ever heard of HIV&AIDS (Both sex)	934	88	1062
2	Female	20	54.0	37
3	Male	914	87.0	1050
4	Children who have undergone HIV/VCT (Both sex)	595	55.9	1064
5	Female	19	51.4	37
6	Male	576	54.9	1050

Further assessment of these children's vulnerability to HIV was conducted by evaluating their access to VCT services. A total of 595 out of 1064 (55.9%) had ever accessed VCT services; amongst them 51.3% were female and 54.9% were male children.

There is still a gap in terms of access to VCT services between the street girl child compared to the boy child as indicated in the table below. Low HIV awareness amongst girls may be a factor to this but also other social factors such as access to information should be analysed in order to provide gendersensitive services

4.4 Access to health care

Children living in the streets were asked about where they got medical care when sick. A majority (41.2%) of the children sought medical attention from health centers, 29.4% did not seek medical care at all, 14.4% went to traditional healers, and 5.5% went to a hospital while 3.4% went to private clinics. Other sources of medical care pointed out by children were informal health provider (Magendu) at 1.6% and self-treatment mentioned by 3.4% and 1.3% received medical care from a pharmacy. The study also accessed factors hindering access to health services, 76.3% of children cited lack of money as the first hindrance to access medical care, while 22.8% mentioned that they have never fallen sick and as such they never sought medical care.

Table 46: Source of medical care and reasons for not seeking medical services

N°	Institutions where children seek medical care (N=1051)	Number	%
1	Health center	433	41.2
2	Traditional healer	151	14.4
3	Hospital	58	5.5
4	Private clinic	39	3.7
5	Self-treatment	36	3.4
6	Informal health services provider(Magendu)	17	1.6
7	Pharmacy	14	1.3
8	No where	309	29.4
9	Reasons for not seeking medical services (N=820)		
10	Lack of money	626	76.3
11	Lack of mutual health insurance	4	0.5
12	Never sick	187	22.8
13	Other reasons	3	0.4

The most frequent diseases amongst street children were Malaria at (52.9 %) followed by wounds (39.1%), headaches (37.1%) worm infections, skin diseases and cough at 35.6%, 33.3% and 30.5% respectively. Other ailments mentioned were those related to HIV (7.7%) and tuberculosis (9.7%).

Table 47: Most common diseases among street children

N°	Diseases(N=1068)	Number	%
1	Malaria	565	52.9
2	Wounds	418	39.1
3	Headaches	397	37.2
4	Worms	374	35.
5	Skins diseases	356	33.
6	Cough	326	30.5
7	Flu	259	24.3
8	Diarrhea	136	12.7
9	Tuberculosis	104	9.7
10	HIV & AIDS	82	7.7
11	Pneumonia	79	7.4
12	Sexually transmitted infections (STI)	73	6.8
13	Respiratory diseases	58	5.4
14	Insomnia	38	3.6
15	Eye problems	36	3.4
16	Fractures	22	2.1
17	Stomach-aches	10	0.9
18	Septic wounds on feet	5	0.5

Available policies to facilitate the community's access to medical care such as community health insurance (mutuelle de santé) were well known amongst 88% of children who responded to the assessment. However only 20.3% had paid for the mutuelle de santé; This explains the challenge to access medical care of 76.3% of street children due to lack of money (see table 46).

Table 48: Health insurance knowledge

N°		Number	%	N
1	Children who know about the existence of community health insurance	942	88.0	1070
2	Children who have paid for 'mutuelle de santé'	212	20.3	1044

More details on Street children's health were assessed by examining the most common persistent diseases. 14.5% admitted that they were suffering from a chronic disease. Among them 14.1% admitted to suffer from respiratory track diseases, 9.1% from skin rashes, 8.4% from HIV and 6.3% from gonorrhoea.

Table 49: Chronic diseases among street children

N°		Number	%
1	Children who suffer from a Chronic disease (N=1064)	154	14.5
2	Chronic diseases that children suffering from (N=142)		
3	Respiratory track diseases	20	14.1
4	Skin rashes	13	9.2
5	HIV	12	8.5
6	Gonorrhoea	9	6.3
7	Stomach-aches	9	6.
8	Malaria	8	5.6
9	Headaches	7	4.9
10	Diabetes	6	4.2
11	Epilepsy	6	4.2
12	Eye sickness	6	4.2
13	Kidney problems	4	2.8
14	Heart problems	4	2.8
15	Septic wounds	3	2.1
16	Ear infections	3	2.1
17	Backaches	3	2.1

Chapter 5: MAIN CAUSES OF CHILDREN LEAVING THEIR FAMILIES

5.1. Main causes that made children to go to street

Examining the main causes that made children to leave their families, 47.8% pointed out their parents' poverty as the main cause. Other causes that made children to leave their families included death of one of their parents (17.5%), lack of school fees and materials (14.1%), search for jobs (13.8%) juvenile delinquency (12%) and death of both parents (12%). Lack of caretaker or irresponsibility of parents was pointed out by 127 (11.8%) children while child labour and lack of time to play was pointed out by 2.3%. Other conditions that made children to go to streets included separation of their parents (8.6%), mistreatment by parents or step parents and other conditions as detailed in table 50.

Table 50: Root causes that made children to go to street

N ^o	Root causes that made children to go to street N=1075	Number	%
1	Parents' poverty	514	47.8
2	Death of my two parents	129	12
3	Death of one of my parents	188	17.6
4	Separation of my parents	93	8.6
5	Mistreatment by my parents	62	5.8
6	Mistreatment by my stepmother or stepfather	132	12.2
7	Search for a job	148	13.8
8	Lack of caretaker/irresponsibility of my parents	127	11.8
9	Juvenile delinquency	129	12
10	A big number of children in my family	27	2.5
11	Misunderstanding between my parents	27	2.5
12	Motivated by other street children	100	9.3
13	Hard work and lack of time to play with other children	25	2.3
14	Forced to go to school	13	1.2
15	Lack of school fees and materials	152	14.1
16	Imprisonment of parents	22	2.1
18	Lack of food, looking for better livelihood for themselves and/or for their families	27	2.5
20	Chased from family	8	0.7
22	Born in the street	4	0.4
23	War in DRC	2	0.2

To find out why the children went back to street after reintegration effort, 222 children who responded to this question gave the following reasons:

Parents' poverty was pointed out by 80 (36%) children followed by lack of caretaker or irresponsibility of their parent at 20.3%. Being forced back to school was the third reason at 14.9% and juvenile delinquency fourth at 13.1%.

Table 51: Reasons for children dropping out from family reintegration

N°	Reasons(N=222)	Number	%
1	Parents' poverty	80	36
2	Death of both parents	17	7.6
3	Death of mother and mistreatment by stepmother	17	7.6
4	Death of father and mistreatment by stepfather	8	3.6
5	Lack of caretaker/irresponsibility of parents	45	20.3
6	Search for a job	26	11.7
7	A big number of children in my family	7	3.2
8	Misunderstanding between my parents	9	4.
9	Juvenile delinquency	29	13.1
10	Motivated by other street children	18	8.1
11	Hard work and lack of time to play with other children	10	4.5
12	Forced to go to school	33	14.8
13	Missing town and street habits	3	1.4
14	Seeking livelihood	4	1.8

5.2. Reasons for children dropping out of family reintegration

Comparing the reasons that made children to come to street with those that made them drop out from family reintegration we noted that poverty related causes represented 80% of reasons which made children get into the street and the same poverty related factors made 54% of reasons that made their reintegration back in families to fail. Below are poverty related causes filtered from other reasons provided by interviewed children.

Table 52: Poverty related reasons that made street children to come to street after family reintegration

N°	Reasons(N=1075)	Number	%
1	Parents' poverty	514	47.8
2	Search for a job	148	13.8
3	Hard work and lack of time to play with other children	25	2.3
4	Lack of school fees and materials	152	14.1
5	Lack of food	5	0.5
6	Support my family	11	1.0
7	Seeking for livelihood	11	1.0

Reasons that made children to escape rehabilitation centres were also examined.

About 21.3% of the total of interviewed children admitted to have escaped from a rehabilitation centre. Several reasons that were given were led by nostalgia of street life by 47.4%; mistreatment in the centres at 35.0%, beating and fear of family reintegration by 17.1% and 7.8% respectively. Other reasons pointed out included child delinquency at 0.9 %, being chased from the centres by

1.3%, being denied a training certificate by 1.7%, poverty by 1.3% and denial of children's rights at 0.9 %.

The fact that street nostalgia was the leading cause (47.4%) that made children to escape from centres and go back to the street adds emphasis on the observations made on services provided in the rehabilitation centres.

Table 53: Reasons of escaping/leaving rehabilitation centres as pointed out by children

N°	Reasons(N=234)	Frequency	%
1	Beating	40	17.1
2	Mistreatment in the centre	82	35.0
3	Nostalgia of street life	111	47.0
4	Fear of family reintegration	23	9.8
5	Denial of training certificates	4	1.7
6	Child delinquency	2	0.8
7	Poverty	3	1.3
8	Expulsion from the centre	3	1.3
9	Being denied rights	2	0.9

Comparing the dropout rates between boy and girls the study revealed that more boys dropped out from rehabilitation centres at 20.9% compared to 13.5% among girls.

Table 54: Children who admitted to have escaped from a rehabilitation centre

N°		Number	%	(N=1050)
	Children who escaped from a rehabilitation centre (both sex)	224	21.3	
1	Female	5	13.5	(N= 37)
2	Male	219	20.8	(N= 1050)

Chapter 6: REINTEGRATION OF STREET CHILDREN INTO FAMILIES

On the reintegration of street children, the study aimed at examining the main causes that made these children to leave their families and whether there have been efforts to reintegrate them back into their families and/or in rehabilitation centres. The study also assessed the main causes that made such efforts to fail.

6.1. Rehabilitation Centers frequented by interviewed street children

A total of 411 Children admitted to have been taken into rehabilitation centers. Amongst identified rehabilitation centres that they frequented from time to time are: Gitagata which was the leading and was pointed out by 20.4%, followed by Fidesco by 12.6%, Bureau social (Muhanga) and Intiganda (HUYE) by 9.5% and 6.8% respectively.

Table 55: List of rehabilitation centres as frequented by interviewed Street Children

N°	Rehabilitation centre	Number	%	N°	Rehabilitation centre	Number	%
1	Gitagata	84	20.4	15	Hope of life	4	1
2	Abadacogora	57	13.9	16	Police Gikondo	3	0.7
3	Fedesco	52	12.7	17	Karibu	3	0.7
4	Bureau social (Muhanga)	39	9.5	18	Rwamagana AEER	3	0.7
5	C.P.A.J	30	7.3	19	OPDI	2	0.5
6	Intigandabutare	28	6.8	20	Garuka	2	0.5
7	Gacuriro	19	5	21	Centre lwacu (Karubanda)	2	0.5
8	Enfant de Dieu	16	3.9	22	HOF ndera	1	0.2
9	SACCA	14	3.4	23	New Life Kayonza	1	0.2
10	Caritas	14	3.4	24	Projet Rafiki	1	
11	Point d' écoute	11	2.7	25	CERPAL	1	0.2
12	Abadahogora	10	2.4	26	Comunauté de l'Emmanuel	1	0.2
13	Mbazi transit center	7	1.7	27	AR	1	0.2
14	New Life Kicukiro	4	1	28	FXB	1	0.2

On services available in rehabilitation centres a total of 399 children who responded to the question gave the following as main services provided in these centres.

Table 56: Services provided by Rehabilitation centers

N°	Services provided to street children at rehabilitation centers	Number	%	N(399)
1	Education	180	45.1	
2	Food and shelter	141	35.3	
3	Clothing	93	23.3	
4	Nothing at all	70	17.5	
5	Medical services	22	5.5	
6	All required basic needs	16	4	
7	School kits (pen, books, exercises books....)	10	2.5	
8	Provision of Identity card	6	1.5	
9	Detention and imprisonment	5	1.2	

About 45.1% children admitted to have accessed education from rehabilitation centres, 35.3% food and shelter, 23.3% clothing and 5.5% got medical care from the above mentioned centres. Other services provided in rehabilitation centres recognised by street children included medical care by 5.5%, school materials by 2.5%, general child care by 4%, provision of National Identity Card by 1.5% and hosted by 1.3%. It is important to note that there are 17.5% of children who believed to have received nothing from the rehabilitation centres.

This may suggest that 17.5% of children's expectations are not understood and/or not met by institutions providing children reintegration services.

6.2. Functioning and efficiency of existing street children Centers/ Institutions

To analyze the functioning and efficiency of the centers/institutions, their methodologies both for care and reintegration of children in families and communities, the coordinator of the centre or one key staff member per rehabilitation centre was interviewed to assess the following:

- Centers' Human Resources (number, qualifications);
- The sufficiency in infrastructure and equipment;
- Sources of their financial resources;
- approach/strategies used in recruitment, rehabilitation and reintegration,
- services provided by rehabilitation centres ,
- Number of street children in the centres;
- Number of street children who escaped the center during a specific period of one year
- Number of children reintegrated in families;
- Number of children who stayed in families after reintegration;
- Number of children returning to the street after reintegration;
- Achievements, strength, weaknesses, challenges, lessons learnt by Street children centers and other street children programmes.

6.2.1. Location of Street children's centers

A total of 22 centers from 11 districts (Nyarugenge, Gasabo, Kicukiro, Muhanga, Huye, Rusizi, Rubavu, Musanze, Gicumbi, Kayonza, Bugesera) were assessed.

The following table indicates centres assessed, their location, the year of their establishment, whether providing boarding services or not and the number of employees they have.

Concerning the centres' establishment, the oldest centre assessed was Centre de reeducation et de production de Gitagata (CRP Gitagata) which was established in 1975, followed by Abadocogora-Intwari centre which was established in 1987. Other centres were established in the early nineties and in the year 2000. The most recent centre assessed was Sacca Girls centre in Kayonza which was established in 2010. Fidesco located in Gasabo district had a bigger number of personnel (30) followed by Abadocogora- Intwari with 23 employees. Other details for other surveyed centres are shown in the table below.

Table 57: Identification of centres and number of employees

No	Centre name	Location/ District	Starting year	Boarding or not	Number of employees
1	Centre de rééducation et de production de Gitagata (CRP Gitagata)	Bugesera	1975	Yes	5
2	Abadacogora intwari	Nyarugenge	1984	Yes	23
3	Intiganda	Huye	1987	Yes	11
4	Abadacogora intwari	Nyarugenge	1987	No	6
5	Fidesco	Gasabo	1992	No	30
6	Bureau Social Urbain Byumba	Gicumbi	1997	No	6
7	Centre Abaterambere	Musanze	1997	Yes	7
8	Centre Nyampinga	Huye	1997	Yes	
9	OPDE Rwanda	Huye	1997	Yes	7
10	C.P.A.J	Kicukiro	1998	Yes	14
11	Bureau Sociale de development	Muhanga	1998	Yes	3
12	Projetd'ecouteRubare	Rubavu	1998	No	10
13	Centre Karibu	Kayonza	2001	Yes	8
14	Les enfants de Dieu	Gasabo	2002	Yes	17
15	Rwandan Orphans Project	Kicukiro	2003	Yes	17
16	Association centreMarembo	Gasabo	2005	Yes	10

No	Centre name	Location/ District	Starting year	Boarding or not	Number of employees
17	FAN Rwanda (front pour l'action aux vulnérables)	Kicukiro	2007	Yes	6
18	Association Garuka	Kicukiro	2008	No	6
19	Rubavu street Children transit centre	Rubavu	2009	Yes	11
20	Sacca centre for Girls	Kayonza	2010	Yes	3
21	Mbazi transit centre	Huye	2011	Yes	5
22	Sacca Centre for boys	Kayonza	-	Yes	4

6.2.2. Human Resources

The centres' human resources assessment was done by asking about the number of centers' employees and their professional qualifications.

The assessment revealed that high positions of the centres were all in hands of people with post-secondary qualifications. Amongst them 1(0.7%) with Master's degree, 11.7% were holding bachelor's degrees or equivalent, 13.1% holding Bachelors' Degree , 5.2% with Baccalaureate Degrees while secondary school diplomas got the majority with 34.3%. Employees with some secondary education, primary education and some work experience based qualification were at 16.4%, 11.2% and 9.7 respectively.

Table 58: Number of centre employees and staff qualification

N°	Centre name	Number of employees	Master's degree	Graduate degree	A0	A1	A2	Uncomple ted secondary	Uncomple ted primary	Experience based and/or vocational training
1	Fidesco	30			2		2			
2	Abadacogora intwari	23			2	1	1	2		2
3	Rwandan Orphans Project	17	1	5			8	1	2	
4	Les enfants de Dieu	17			2		6		1	8
5	C.P.A.J	14								
6	Rubavu street Children transit centre	11			1		2			
7	Intiganda	11	1		2		3	1	1	
8	Projet d'ecoute Rubare	10				1	3	6		

N°	Centre name	Number of employees	Master's degree	Graduate degree	A0	A1	A2	Uncompleted secondary	Uncompleted primary	Experience based and/or vocational training
9	Association centre Marembo	10		3						
10	Centre Karibu	8			2	2	1		3	
11	Centre Abaterambere	7			1			6		
12	Centre Nyampinga	7			2		2	1	2	
13	OPDE Rwanda	7		2			5			
14	Association Garuka	6			1		1	2		2
15	FAN Rwanda (front pour l'action aux vulnérables)	6		2			2		2	
16	Abadacogora intwari	6		1			2	1	2	
17	Mbazi transit centre	5			1		2		2	
18	Centre de rééducation et de production de Gitagata (CRP Gitagata)	5		2			2			1
19	Sacca Kabarondo Boys centre	4			1	1	2			
20	Bureau Sociale de development	3				1	2			
20	Sacca Girls Centre	3			1			2		
22	Bureau Social Urbain Byumba	6			3					3
23	Total	210	1	15	21	7	46	22	15	16

6.2.3. Financial sources, infrastructure and equipment

This section of the report presents the centers' financial resources and their sources and asked interviewees whether the available infrastructure was sufficient to meet their centers' needs.

On infrastructure the majority (53.4%) felt that their centers equipment and infrastructure were not sufficient to meet children's needs while 47.6% felt that they were sufficiently equipped and that their infrastructure met their centers' needs.

On financial resources, assessed centers had different sources of finance including MIGEPROF, Caritas, other government institutions such as the district offices, well-wishers and other national and international partners as demonstrated in table below.

Table 59: Centers financial sources, infrastructure and equipment status

Number	Centre name	Financial sources	Infrastructures and equipment appreciation by center coordinators
1	Rwandan Orphans Project	Well-wishers from USA	Not sufficient
2	Abadacogora intwari	Caritas, well-wishers, religious people	Sufficient
3	Les enfants de Dieu	MIGEPROF, Sulfo	Sufficient
4	C.P.A.J	Presbyterian church, MIGEPROF	Sufficient
5	Association Garuka	Well-wishers from Sweden	Not sufficient
6	Sacca	World Jewish Relief, SACCA UK, Urugo UK, Street Ahead UK, MIGEPROF, private donors and churches	Not sufficient
7	Bureau Sociale de development Muhanga	Foundation Margret Frisch	Sufficient
8	Centre Abaterambere	Caritas Germany, MIGEPROF, GDS, Caritas Italia	Not sufficient and old
9	Projet d'ecoute de Rubavu	SOS enfant France	Sufficient
10	Rubavu street Children transit centre	MIGEPROF CLCP/Dusugire	Not sufficient
11	Centre Nyampinga	Caritas Butare Diocese, MIGEPROF	Sufficient and in good condition
12	Intiganda	Children Help network (Suisse) MIGEPROF	Sufficient but need renovation
13	Mbazi transit centre	MIGEPROF through Huye District	Not sufficient
14	OPDE Rwanda	MIGEPROF, Media espoir (France) association	Not sufficient
15	Centre de rééducation et de production de Gitagata (CRP Gitagata)	Government of Rwanda	Sufficient
16	Association centre Marembo	Global funds for children, Rwandan youth information	Not sufficient

Number	Centre name	Financial sources	Infrastructures and equipment appreciation by center coordinators
		community organization- RYICO(England)	
17	FAN Rwanda (front pour l'action aux vulnérables)	SAN-ACCESS stop SIDA(Luxembourg) and the Kigarama sector	Not sufficient
18	Sacca girls centre	WGR, MIGEPROF, Kayonza District	Not sufficient
19	Centre Karibu	Foundation Karibu, MIGEPROF, Kayonza District, Kabarondo	Not sufficient
20	Abadacogora intwari	Caritas Rwanda, Caritas Swiss, well wishers	Sufficient
21	Fidesco	UNICEF, FIDESCO, MIGEPROF	Sufficient
22	Bureau social Urbain Byumba	Byumba Catholic Dioscese	Not sufficient

6.2.4. Approach and strategies used by centers

As detailed in table 56 various strategies, methods and approaches were used to achieve objectives of rehabilitation and reintegration of street children.

6.2.4.1. Children recruitment approach

About 80.9% of the surveyed centers were having strategies of recruiting children from the street using Community Social Workers who discussed with children in the street and brought them to centres. Food and other basic needs provision were among the most used incentives to children of the streets. The remaining centres were getting children from referrals made by the national police at 23.8%, 4.8% were referred by MIGEPROF while local authorities and other transit centres referred children to assessed centers at the rate of 9.5% and 4.8% respectively.

6.2.4.2. Children rehabilitation approach and strategies

Various Counseling methods were used by all centers (100%) other methods include play therapy used by 19% of the centres, ergotherapy used by 33% while others used testimonies from success stories as incentives for rehabilitation process.

6.2.4.3. Children reintegration approach and strategies

All centres assessed aimed at family reintegration at 100% and was supported by other reintegration incentives such children's school reintegration kits (19%), children's family households strengthening through financial support, providing small domestic animals, providing

basic materials such as mattresses at 19% and provision of professional kits for vocational trainees by 9.5%.

6.2.4.4. Follow up approach and strategies

About 95.2% of centers made family visits to follow up family reintegration. This was supported by school visits made by 28.5% of centers, provision of school fees by 19%, provision of family support (small domestic animals) by 14% and support to entrepreneurship was done by 19% of centers. Periodic meetings and former centers' children gatherings were used as a follow up by 19.5 percent of rehabilitation centers.

Table 60: Approach and strategies used by center

N°	Centre name	Recruitment	Rehabilitation	Reintegration	Follow up
1	Rwandan Orphans Project	From field (street)	Counseling and drugs rehabilitation	Family reintegration	Family visits, family support
2	Abadacogorai ntwari	From the street	Counseling, play therapies	Family reintegration	Family visits, meetings and gatherings
3	Les enfants de Dieu	From street by social workers and by peers from the centre	Medical support, psychosocial counseling	Family reintegration and family social support	Home visits, school material and fees support, small animal husbandly
4	C.P.A.J	Referred by police	Psychological support	Family reintegration based on child and family dialogue	Family visits, educational support(school fees and materials)
5	Association Garuka	From the street	Psychological support, skills development and capacity building	Family reintegration after parents and children dialogue	Home visits , ongoing talk and entrepreneurship programs
6	Sacca Kabarondo Boys centre	Referred by local authorities and recruited from the street	Individual counseling, ergo therapy	Profile identification, family dialogue, facilitates children to visit their families	Follow up is done through home visits
7	Bureau Sociale de development Muhanga	Recruited from the street	Dialogue, counseling and play therapy	Family and child reconciliation and family reintegration	Through social reintegration programs, home and school visits.

N°	Centre name	Recruitment	Rehabilitation	Reintegration	Follow up
8	Centre Abaterambere	They recruited from the street by social workers	Psychosocial counseling, family problem resolution	Family reintegration and household strengthening through micro project funding	Home visits and ongoing meetings at the centre
9	Projetd'ecoute Rubavu	Recruited from the street	Dialogue based on testimonies of former street children	Family and child dialogue, family problem identification and reintegration with basic need support to the children in reintegration process	Through home visits and periodic evaluation of reintegration success
10	Rubavu street Children transit centre	Referred by police other recruited from the street by social workers	Psychosocial counseling and dialogue	Taken back into their families and given financial support and small domestic animals (goats)	Home visits and support with school materials
11	Centre Nyampinga	Refereed by police other are recruited from the street by social worker	Psychosocial counseling and ergotherapy	Family reintegration is done progressively while lost and found children are directly reintegrated in their families	Home visits, education support and household strengthening through micro crediting and small business funding
12	Intiganda	Recruited from the street by social workers	Psychological counseling, play therapy, life skills	Family reintegration, school fee support, professional kits for those who have completed vocational trainings	Family visits, school visits and five months follow up for young entrepreneurs.
13	Mbazi transit centre	Referred by Police, recruited from street	Psychosocial counseling	Family reintegration after child-parent dialogue and family counseling sessions	Family visits, periodic meetings and household strengthening through small animal husbandly (poultry, and goats)
14	OPDE Rwanda	Recruitment from street	Psychosocial counseling, ergotherapy	School reintegration, child and family therapies, households strengthening	Home visits, school follow up, support to young entrepreneurs w

N°	Centre name	Recruitment	Rehabilitation	Reintegration	Follow up
15	Centre de rééducation et de production de Gitagata (CRP Gitagata)	Referred from detention centres by the police in collaboration with MIGEPROF. other are referred from rehabilitation camps conducted by MIGEPROF	Active listening, psychosocial counseling	Family tracing, family dialogue and family reintegration	Monitoring and evaluation planning is underway
16	Association centre Marembo	Recruited from the streets by CSW	Psychosocial counseling	School reintegration, family reintegration through ongoing visits and family counseling	Home visits, school follow up and periodic gatherings at the centre
17	FAN Rwanda (front pour l'action aux vulnérables)	Recruited from the street	Psychosocial counselling	School reintegration, cultural reintegration, family reintegration and professional kits for young entrepreneurs	Periodic Home visits (every 2 months) and collaboration with local authorities at grassroots level.
18	Sacca Girls centre	Recruited from the street	Individual counseling, the ergo therapy	Profile identification, family dialogue, facilitates children to visit their families	Follow up is done through home visits
19	Centre Karibu	Recruited from the street, referred by local authorities	Psychosocial counseling	Family tracing, family reintegration	Follow up through family visits
20	Abadacogora Intwari	Recruited from the street	Family tracing, psychosocial counseling and family and child dialogues	Family and child counseling and reconciliation, voluntary family reintegration	Through collaboration with local authorities and the church members and families
21	Fidesco	Recruitment from the street by CSWs, referred from	Psychological therapies, play therapies and ergotherapy	School reintegration and family reintegration	Home visits, school visits and collaboration with local authorities

N°	Centre name	Recruitment	Rehabilitation	Reintegration	Follow up
		transit centres			
22	Bureau Social Urbain Byumba	Recruitment from the street Receive children coming to the center	Dialogue, counseling and play therapy, vocational training	Family and child reconciliation and family reintegration	Through social reintegration programs, home and school visits.

6.2.5. Services provided by assessed street children centres as noted by the institutions' representatives

The study examined services provided by the assessed Street Children rehabilitation centers. Educational sponsorships were provided by 71.4%, psychosocial counseling services were provided by 66.6% followed by vocational training by 47.6%, food, clothing were provided by 33.3%, medical care was provided by 28.8 % of the centers while sports, games and entertainment were provided by 28.5 %, 19 % and 9.5 % respectively. Other services provided to children in rehabilitation centers included: literacy and numeracy (23.8 %), life skills development (9.5 %), household strengthening (9.5 %), ergotherapy (4.7 %) cultural orientation (4.7 %) and family conflicts resolution provided by 2.9 %.

Table 61: Services provided to children according to rehabilitation center coordinators

N°	Centre name	Services provided
1	Rwandan Orphans Project	Vocational training, Psychosocial counseling, sports, education sponsorship
2	Abadacogora Intwari	Psychosocial counseling, vocational training, games, entertainment, alphabetization
3	Les enfants de Dieu	Psychosocial reintegration and sports
4	C.P.A.J	Primary education, vocational training, counseling, sports, medical care, food and clothing
5	Association Garuka	Education support, medical care food and shelter
6	Sacca Kabarondo Boys Centre	Life skills development, education, food, clothing, medical care, family problems resolution
7	Bureau Sociale de development	Reeducation, provision of basic needs and school reintegration
8	Centre Abaterambere	Vocation training, primary education, school fees provision, psychological support and family support through small business
9	Projetd'ecoute Rubavu	Alphabetization, entertainment, primary and secondary school fee payment, food support to child mothers

N°	Centre name	Services provided
10	Rubavu street Children transit centre	Psychosocial counseling Alphabetization, vocational training and primary education
11	Centre Nyampinga	Psychosocial support, school reintegration, sports basic needs provision(food, cloths)
12	Intiganda	Psychosocial counseling, hygienic support, ergotherapy, sports, games, vocational orientation
13	Mbazi transit centre	Games, sports, entertainment, school reintegration, vocational training sponsorship, family reintegration
14	OPDE Rwanda	Psychological counseling , alphabetization, vocational training, language training, reintegration
15	Centre de rééducation et de production de Gitagata (CRP Gitagata)	School reintegration(primary and secondary) , psychological support , food shelter
16	Association centre Marembo	Psychosocial counseling, games, sports, entertainment, vocational training, school reintegration
17	FAN Rwanda (front pour l'action aux vulnerables	Psychosocial counseling, vocational orientation, vocational training, school reintegration, food and clothing
18	Sacca Girls' Centre	Life skills development, education, food, clothing, medical care, family problems resolution
19	Centre Karibu	Food, shelter, medical care, education, counseling, family tracing and reintegration
20	Abadacogora intwari	Alphabetization, family reunion, school reintegration, vocational training and technical support to vocational trainees
21	Fidesco	Medical care psychological therapy, games, sports, entertainment, school sponsorship (primary secondary and vocational trainings)
22	Bureau Social Urbain Byumba	Psychosocial support, medical care school reintegration, sports basic needs provision(food, cloths)

A majority of the children in the streets reported that they get mainly food/shelter studies (45.1%), (35.3%) and clothing services (23.3%) from the rehabilitation centres.

Table 62: Services provided by rehabilitation centres as noted by street children

N°	Services provided in rehabilitation centres according to children(N =399)	Frequency	%
1	Studies	180	45
2	Food, shelter	141	35.3
3	Clothing	93	23.3
4	Medical care	22	5.5
5	School materials	10	2.5
6	Raised me up	16	4
7	Nothing	70	17
8	Provided Identity Card	6	1.5

9	Detained me	5	1.3
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6.2.6. Rehabilitation Center's achievements

To examine centers achievements, the study evaluated the number of children in centers (distributed by sex), number of children recruited per year, children reintegrated into families during a period of one year, those who remained in their families after reintegration and those who returned in the street. Centre Abaterimbere came number one with 316 children (176 boys and 140 girls) recruited in a year and has the biggest number of children reintegrated back to their families (285) followed by Fidesco with a total of 195 children recruited in a year and, reintegrated 136 children in a year and 111 remained in their families.

The table below gives details on achievement of the remaining centers

Table 63: Street Children center's achievements in areas of recruitment and reintegration

N°	Centre name	Number of boys in the center	Number of girls in the center	Total number of children recruited during a year	Number of children escaped during a year	Number of children reintegrated during a year	Number of children who stayed in families after reintegration	Number of children returned in the street after reintegration
1	Rwandan Orphans Project	93	28	4	1	26	25	0
2	Abadacogora intwari	163	120	97	17	21	19	2
3	Les enfants de Dieu	130	0	63	19	32	32	0
4	C.P.A.J	32	0	32	0	16	14	2
5	Association Garuka	63	2	65	0	10	0	0
6	Sacca	48	0	26	12	20		
7	Bureau Sociale de development	53	0	53	5	38	29	9
8	Centre Abaterambere	176	140	316	3	285		6
9	Projet d'ecoute Rubavu	55	0	70	0	32	32	
10	Rubavu street Children transit centre	42	0	33	3	51	51	
11	Centre Nyampinga	0	60	60	1	11	11	0
12	Intiganda	70	0	29	8	29	23	6
13	Mbazi transit centre	51		51	5	5		

N°	Centre name	Number of boys in the center	Number of girls in the center	Total number of children recruited during a year	Number of children escaped during a year	Number of children reintegrated during a year	Number of children who stayed in families after reintegration	Number of children returned in the street after reintegration
14	OPDE Rwanda	69	0	30	6	45	45	0
15	Centre de rééducation et de production de Gitagata (CRP Gitagata)	103	0	4	22	97		
16	Association centre Marembo	14	3	11	1	13	13	0
17	FAN Rwanda (front pour l'action aux vulnérables)	66	0	8	0	9	9	0
18	Sacca	0	12	27	5	7	7	
19	Centre Karibu	41	0	39	17	22	78	4
20	Abadacogora intwari	79	17	24	7	17	17	0
21	Fidesco	47	0	195	41	136	111	25
22	Bureau Social Urbain Byumba	50	0	15	0	6	5	1
23	Total	1445	382	1252	173	928	521	55

To examine the efforts to reintegrate children back in their families, 186 out of 728 (25.5%) children admitted to have been taken back to their families as detailed in the following table.

Table 64: Number and frequency of efforts to reintegrate children back in their families

N°		Frequency	%	N
1	Children who have been taken from the street back to their families	186	25	728
2	Frequency (times) that they have been taken back to their families			213
3	Once	148	69.5	
4	Twice	34	16	
5	Thrice	16	7.5	
6	More than three times	15	7	

As demonstrated on the table above, children who were taken back home once were 69.5% compared to those taken twice at 15.96%. Thrice and more than three times were admitted by 7.51 % and 7.04 % respectively. This shows that family reintegration should be given more focus as it is demonstrated that few children resisted to it when efforts were repeated many times.

6.2.7. Strengths, weaknesses, challenges and lessons learnt

The data collected from interviewed centers on their strength, weaknesses, challenges and lessons learnt while working with Street children, revealed that:

- **Strengths**

The interviewed centres had more than one strong point that they attributed to their success, the most pointed out was reliable financial resources (33.3%), 28.5% admitted to have qualified and willing staff, 14.2 % attributed their success to good collaboration with stakeholders (government including local authorities, children and parents) and good institutional organization at 9.5 %.

- **Weaknesses and Challenges**

Weaknesses pointed out by centers were limited funds or insufficient funds by 42.8 %, followed by poor infrastructures at 33.3%. Small salaries and allowances were also pointed out (14.3 %) while insufficient staff was pointed out by 4.8 %.

Most challenges were related to limited funds such as inability to meet all children's needs, salaries and rent as demonstrated in the table below. Other technical challenges mentioned were linked to collaboration with stakeholders such parents and lack of autonomy in the decision making.

- **Lesson learnt**

The lessons learnt by the centre can be summarized in two folds: Street children have demonstrated ability to change to better citizen while other lesson is learnt is that the irresponsibility of families contributes to the suffering of street children Other details are illustrated on the table below.

Table 65: Strengths, weaknesses, challenges and lessons learnt

N°	Centre name	Strengths	Weaknesses	Challenges	Lessons learnt
1	Rwandan Orphans Project	Ability to rehabilitate children	Limited finances, small salaries	Meet all financial requirement of the centre (salaries, rent...)	Everyone can change to better life once given a chance
2	Abadacogora intwari	Experienced workers, good collaboration with church groups, own good infrastructures	Small boarding facilities	A bigger number of children who wish to be boarded in the centre	We learn a lot from children, every child can change once good approaches are utilized
3	Les enfants de Dieu	Transparency, good institutional organization, discipline	Small salaries that make staff ever changing	Limited funds	Every child needs attention and affection
4	C.P.A.J	Love and the word of God is given to children every day	Poor fund raising abilities	Limited funds	They are brilliant children who miss their opportunities due to family problems. Families should take up the responsibilities of raising their children
5	Association Garuka	Good communication between the centre's authorities, children and parents	Poor infrastructure	Meet all children's needs	Street children are like other children once given care by the society they can become good citizens
6	Sacca Kabarondo Boys Centre	Qualified and willing staff, government support	Small allowances compared to work done	Parents are not playing their roles of raising children	Collaboration with other stakeholders is key to success
7	Bureau Sociale de development	Take few children to make sure they are provided with best services		To follow up children who live far from the centre	Children are become victims of problems in the society

N°	Centre name	Strengths	Weaknesses	Challenges	Lessons learnt
8	Centre Abaterambere	Enough and permanent financial support from donors	No field for games poor infrastructures		Good family relationship is key to education
9	Projet d'ecoute Rubavu	Reliable source of funds		Poor family ties make reintegration process difficult	There's need to be more sensitive to street children's lives
10	Rubavu street Children transit centre	Reliable financial support provided by the district	No petty cash to pay for the 10% required by mutuelle de santé	The centre has no car to facilitate it work	Tolerance is required to deal with street children
11	Centre Nyampinga	Qualified staff, financial support		Ensuring children security as some can injure their colleagues	Street children's problem need attention because it impact the whole community
12	Intiganda	Qualified and willing staff	Lack of self-reliance in terms of financing its programs	To conduct our project activities without external inputs	Will and choice to support none accompanied children
13	Mbazi transit centre	Selfless and qualified staff, support from the government	Insufficient funds	Poor environment (centre's location) that does not facilitate quick rehabilitation process	Children can make strong decisions
14	OPDE Rwanda	Willing and qualified staff	Lack of basic infrastructure such enough dormitories and a medical clinic	To accommodate all children who need boarding services	Every member of our society have a role to protect the rights of children

N°	Centre name	Strengths	Weaknesses	Challenges	Lessons learnt
15	Centre de rééducation et de production de Gitagata (CRP Gitagata)	Government support, enough land.	Insufficient of staff	Lack of autonomy makes it difficult to make some decisions	The job is challenging but worthy
16	Association centreMarembo	Strength in education area, mobilisation and problems mitigation	Limited funds	Respond to all children's problems	Parents should know the roles and should apply family planning
17	FAN Rwanda (front pour l'action aux vulnérables)	Experienced staff	Insufficient funds	Short period of rehabilitation (6 months) to achieve the centre's aim	Street children can change and be of integrity
18	Sacca Girls' Centre	Provide family standards care		Working with street children who lack basic social orientation	Parents should take their responsibilities
19	Centre Karibu	Qualified staff	N/A	N/A	Child care and love
20	Abadacogora intwari	Good collaboration with parents and local authorities. Good family reintegration strategies	Limited funds to afford all our children's needs	Support to children who have no families at all	Parents have gone astray in fulfilment of their family roles, Children who have worked for money at young age are more difficult to reintegrate
21	Fidesco	Work experience, prayers ongoing research and love	Limited funds	Meet all our children's needs	If given chance street children can achieve a lot.
22	Bureau Social Urbain Byumba	Commitment to help children District collaboration	Insufficient staff in number and qualification	Limited financial resources	Every child is good and can be rehabilitated as long as there is someone willing to support him/her

N°	Centre name	Strengths	Weaknesses	Challenges	Lessons learnt

CHAPTER 7: REMEDIAL MEASURES TO STREET CHILDREN PHENOMENON

This chapter has been developed based on the survey findings including results of interviews and FGD with street children, interviews with different stakeholders, government ministries/institutions, districts and sector authorities, SCOs involved in street children phenomenon, street children rehabilitation center managers and staff and family/community members. The chapter outlines main interventions which should be implemented by various stakeholders including the government, local authorities, UN agencies, international actors, the Civil Society, Faith-Based Organization, Street children Rehabilitation centres, parents and the community. Those measures are classified into three levels: prevention, rehabilitation/reintegration and follow up of reintegrated children.

7.1. Governmental-based interventions (MIGEPROF , NCC and other Ministries or governmental institutions working with child protection)

Level	Interventions
Prevention	<ul style="list-style-type: none"> ▪ To create a street children population monitoring mechanism to monitor their movements from one area to another, from their families to street or Rehabilitation centres back to street. The same mechanism should monitor new births in the street and make proper referral systems for such babies. This can be simplified by collaborating with village authorities (Umudugudu) and the community which should be considered in finding solution to new cases of street life. ▪ Designing a training module for parents and for community mobilization on children's rights, community responsibility to child protection and family conflict resolution. ▪ Building the capacity of local authorities on fundamental rights of children and their roles in child protection and family conflict resolutions ▪ Ensuring the enforcement of child rights, including those related to street children, as outlined in international conventions, treaties, protocols and national legal instruments. ▪ Developing effective short, medium, and long-term policies and strategies to deal with low enrollment rate, school drop-outs of street children, and developing street children oriented literacy education curriculums. ▪ Reviewing the existing strategic plan for street children and developing an action plan aiming at addressing the plight of street children in Rwanda.

	<ul style="list-style-type: none"> ▪ More efforts and care should be put in place to mitigate the impacts of socio-economic challenges on children with a special focus on the street girl child who suffers most. ▪ The findings on drug abuse among street children are very alarming as it gives a perspective of drug abuse amongst Rwandan youth. More efforts to fight drug abuse must be put in place. Anti-narcotic police units and stakeholder should conduct investigation on sources of these drugs bearing in mind the above mentioned very high abuse of drugs amongst street children who are believed to have no means to afford these drugs. ▪ Low awareness on HIV compared to the general community population is another indicator of Street children’s vulnerability to HIV&AIDS. Street children should be considered among high risk population and appropriate measures of prevention taken by appropriate youth friendly HIV service providers. ▪ Limited access to medical care by street children might be the cause of a number of chronic diseases such as respiratory track diseases, septic wounds, STIs and others, which if well treated are curable. Measures to facilitate access to medical care including provision of mutuelle de santé and putting in place youth friendly medical facilities should be considered.
<p>Rehabilitation and Reintegration</p>	<ul style="list-style-type: none"> ▪ Carrying out comprehensive assessment of every street child and creating a database in order to update data, monitor and evaluate extent of policy responses and design future evidence-based approaches. ▪ Further research has to be conducted to understand the expectations of street children which will inform the design of programmes. Children with special needs such as those living with disability should also be considered. ▪ Poverty reduction and vulnerable households strengthening should be considered as an answer to the street children problem. Their households and families should be identified and assisted in the framework of existing poverty reduction strategies as stipulated in EDPRS and Vision 2020; with more focus to Orphans and Other vulnerable children (OVCs). ▪ Creating vocational training centers for street children and set up the norms and standards for those centers including the minimum package programs or services.

	<ul style="list-style-type: none"> ▪ Set up an effective advocacy and coordination mechanism of national and international stakeholders involved in the delivery of services for street children. ▪ Developing effective approaches or strategies for recruitment, rehabilitation and reintegrating street children in the families or in communities. As stipulated in different legal instruments (national and international) the natural environment for children to live in is within their families, enjoying sound familial relationships that provide them with love and tolerance as well as care and protection. Parents or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development and all reintegration efforts should consider solving socio-economic issues that make children to go to street from the grassroots.
Follow up	<ul style="list-style-type: none"> ▪ Working with all stakeholders especially local authorities and put in place a rapid system linked with Imidugudu to support regular M&E, follow up and reporting of reintegrated street children

7.2. Local authorities-based interventions

Level	Interventions
Prevention	<ul style="list-style-type: none"> ▪ Integrate the street children issues in District's performance contracts and regularly follow up children related issues ▪ Raising community awareness on street children's rights and parent's responsibilities for the wellbeing of children ▪ Put and apply severe penalties for parents, guardians and elderly persons who abuse or exploit children and employ street children on the street ▪ In accordance with laws, provide severe penalties to parents or guardians who expose their children to risk and vulnerability ▪ Promoting regular dialogue between children and parents ▪ Regularly monitoring and evaluation of the street children phenomenon and provide regular reports to the National Commission for children
Rehabilitation and Reintegration	<ul style="list-style-type: none"> ▪ Identify all families having children on street, assess the main causes and find together appropriate solutions ▪ Carrying out family assessments to evaluate needs and risks prior to reintegration

	<ul style="list-style-type: none"> Reintegrating children whose the family situation is favorable to their rights
Follow up	<ul style="list-style-type: none"> All Imidugudu authorities and other local authorities up to sector level have the responsibilities to follow up all reintegrated children and work with parents/families in order to protect them and to promote “every child in family” strategy

7.3. Stakeholders-based interventions (UN agencies, NGOs, FBOs,)

Level	Interventions
Prevention	<ul style="list-style-type: none"> Raise the public awareness on street children issue Support the promotion of child rights and family responsibility Support capacity building of stakeholders on street children phenomenon
Rehabilitation and Reintegration	<ul style="list-style-type: none"> Technical/institutional and financial support stakeholders working on rehabilitation and integration of street children
Follow up	<ul style="list-style-type: none"> Supporting reintegration follow up activities and ensuring that street children protection is guaranteed and sustained

7.4. Street children Rehabilitation (re-education) centres

Level	Interventions
Prevention	<ul style="list-style-type: none"> In collaboration with local authorities, contributing to the public awareness on street children phenomenon
Rehabilitation and Reintegration	<ul style="list-style-type: none"> Invest more efforts on assessment of individual cases and apply proper and specific solutions to every case as an entry point for rehabilitation and reintegration process Reintegration should be conducted continuously as are conducted and proper measures taken. More efforts for reintegration of children living with disability should be made. Rehabilitation centres should provide at minimum packages of services of children living with disability such as special education, better accessible infrastructure The fact that street nostalgia was the leading cause that made children to go back to the street, there should be added emphasis on the observations made on services provided in the rehabilitation centres. The recommendation to have an individual child needs assessment done and effort to meet individual child expectations should be considered. Other factors to be considered here are abuse

	<p>of drug which might be the cause of street life nostalgia if this is the case, drug rehabilitation efforts should be in place in all rehabilitation centres</p> <ul style="list-style-type: none"> ▪ Strengthen the rehabilitation centers' capacities in areas of resources (financial) mobilization, infrastructures and equipment and improve the human resources qualification as demonstrated in detailed findings analysis above.
Follow up	<ul style="list-style-type: none"> ▪ Intensify regular home visits after street children reintegration and continue to work on the problems identified in collaboration with parents, families, community and local authorities

7.5. Parents/community bases-interventions

Level	Interventions
Prevention	<ul style="list-style-type: none"> ▪ Providing education, adequate standard of living, supervision, guidance and protection to children ▪ Avoiding familial conflicts ▪ Adhere to family planning
Rehabilitation and Reintegration	<ul style="list-style-type: none"> ▪ Provide hospitality, care, love, good living conditions, education and protection to reintegrated children
Follow up	<ul style="list-style-type: none"> ▪ Parents and the community have the responsibilities for the wellbeing of reintegrated children and must be accountable for any children dropping out from family reintegration

CONCLUSION

The current study is among the first studies conducted by the Government of Republic Rwanda and should be viewed as a basis for street children situation. The report provides socio-demographic information of only street children met on street and surveyed. Street children who were not found at their respective sites for different reasons and children in transit centers (Gikondo transit center and other located at districts level) were not included in this findings report.

Under the United Nations Convention on the Rights of the Child adopted by the United Nations General Assembly in 1989, street children have the same rights as any other children (right to education, right to live with parents, right to protection, right to an adequate standard of living...). However, the current study showed that surveyed street children's rights are not respected in accordance with international conventions (Convention on the Rights of the Child, ILO Conventions on the elimination of child labor) and national legal instruments (Law N° 27/2001 of 28/04/2001 relating to rights and protection of the child against violence and Law n° 13/2009 of 27/05/2009 regulating labor in Rwanda) and the Rwanda Child Policy.

Dealing with the main causes that are pushing children to the street needs the concerted efforts of various stakeholders including the government, UN agencies, international actors, the Civil Society, Faith-Based Organization, parents and the community at large.

The lesson learnt from this study shows that if efforts of reintegration and rehabilitation of street children are made in a conducive environment, there are good indications of producing good results. The issues of financial support, building capacities of institutions dealing with street children, mobilizing the general population on socio-economic factors that are contributing to the street children phenomenon are among the key to durable solutions.