Survey on Children in Street Situation in Juba

October 2009
Acknowledgements

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EMDH is grateful to the partners LNGOs (Southern Sudan Youth Sport Association, Living Water and Confident Children Out of Conflict) for their precious collaboration and contribution to this survey.

This survey would have not been possible without EMDH, SSYSA, Living Water, CCC social workers’ sincere commitment and enthusiasm.

EMDH also wishes to thank all the children, community members, teachers, police officers, traders and health operators who trustfully shared with the social workers their opinions and feelings.
CONTENTS

INTRODUCTION ........................................................................................................................................................................p.4
  - EMDH in Sudan
  - Children in street situation in Juba
  - Methodology

PART 1: CHILDREN IN STREET SITUATION IN JUBA ...........................................p.9
  - Defining children in street situation
  - Profiles of children in street situation identified in Juba
  - Street living children reasons for moving to the street
  - Length of time spent on the street
  - Street living children geographical origin
  - Street living children family background

PART 2: LIFE IN THE STREET ..................................................................................p.21
  - Group organization in the street
  - Street living children economic activities
  - Street living children sleeping places
  - Street living children educational background
  - Social network
  - Street living children main challenges
  - Substance use among street living children

PART 3: STREET LIVING CHILDREN FUTURE ....................................................p.30
  - Street living children expectations
  - Recommendation for interventions to support street living children
  - Preventive interventions

CONCLUSION ...........................................................................................................p.36
INTRODUCTION

Enfants du Monde – Droits de l’Homme (Children of the World – Human Rights, EMDH) is a Non Governmental Organization independent of any political or denominational belief. Created in 1986, EMDH bases its work on the Convention of the Rights of the Child and operates to promote and protect children rights. EMDH is present in 12 countries, including France, where it implements emergency operations and development programs aimed at providing socio-educational and psychosocial support to vulnerable children.

EMDH in Sudan

EMDH started its operations in Sudan in the aftermath of the 1998 Bahr El Ghazal famine that led to thousands of people at risk of starvation. With the objective of improving physical and psychological well being of vulnerable children affected by the war, in December 1999, a daytime centre was established in Wau town where psychological, educational, nutritional, health and social services were provided. At the same time EMDH started to implement outreach activities for women and juveniles in the prison and in two IDP camps.

After the signature of the Comprehensive Peace Agreement, EMDH decided to engage in the capacity building of the emerging civil society establishing a Child Rights Promotion Centre (CRPC) in order to upstream actions regarding prevention and awareness-raising of local stakeholders involved in child protection.

In 2002 EMDH expanded its operations in Khartoum and in 2004 in North Darfur. In 2009 a new base was opened in Juba to start a program that aims at the protection and promotion of child rights.

Children in street situation in Juba

EMDH will focus part of its activities in Juba on children in street situation, dealing with their rehabilitation and reintegration process.

The growth of Juba into a capital city has caused a rapid increase in population. Juba attracts returnees and people from rural locations due to the employment opportunities available.

Rapid urbanization of the town has placed stress on the available resources and has lead to overcrowding which in turn has lead to shortage of houses, development of slums, violence, unemployment and marginalization. A steady raise of the population of children in street situation in Juba has been remarked, a situation which if not addressed could lead to increased violence and inappropriate responses towards these children.

In order to better understand the phenomenon of street children in Juba, EMDH decided to conduct a survey that aimed at collecting quantitative and qualitative information about street children’s conditions. The survey was a basis for estimation of numbers, sex and age of those children, mapping the locations where they spend their time, analyzing the reasons that bring them to the street and understanding children’s living conditions and family/social situation.
The objective of this publication is to share and disseminate the outcomes of this survey in order to raise awareness about street children’s and to outline actions to be taken to address the key issues.

**Methodology**

The survey on children in street situation in Juba has been carried out in October 2009 in collaboration with the Central Equatoria State Ministry of Social Development and three LNGOs that deal with street children.

**Ministry of Social Development/CES**

The Ministry of Social Development/CES considers the issue of street children as one of its priority area of intervention. “The Ministry has a clear mandate to lead the way in establishing a framework for alleviating the vulnerabilities of the street children and seeing them rehabilitated into caring community-based structures”¹.

Up to now, the MoSD/CES has been working in partnership with some LNGOs, such as Living Water and CCC, to meet the needs of street children.

According to the strategic plan drawn by the MoSD, the following actions should be undertaken in order to address the street children phenomenon: support of rehabilitation centres, coordination with county and state authorities to promote the reintegration of the child, amelioration of formal and informal educational opportunities and advocacy on behalf of the children. Due mainly to lack of financial and human resources the above action plan has not been yet implemented.

**. SSYSA (South Sudan Youth Sport Association)**

Created in 2007, it uses sports and particularly football to gather vulnerable children and youth.

SSYSA is running a drop-in centre in Kator area that welcomes every day children in street situation and vulnerable children from the communities surrounding the centre. Within the centre, sport trainings and educational programs are organized.

Through sport sessions, SSYSA takes the opportunity to raise awareness on drug abuse, health, hygiene and correct wrong behaviors. Currently, SSYSA works with 445 youths in Juba, among which are street kids and orphans.

**. Living Water**

For 10 years now, Living Water owns a hosting home for boys in street situation whose aim is to facilitate the transition of the child from the street to the family.

Living Water is currently welcoming 40 boys from a street situation. They receive accommodation, basic services (food, clothes, toilet/bath facilities, medical care) and are reintegrated into school.

¹ “The Plight of Street Children in Juba », Strategic Plan MoSD/CES for Interventions with Street Children in Juba.
The transitional home offers the children a safe and caring environment that promotes their personal and social wellbeing and development. After completing the rehabilitation process children are reintegrated into their families and communities.

**CCC (Confident Children out of Conflict)**

CCC has been established in Juba in October 2007 and it is currently implementing an educational program that addresses school drop-out phenomenon. Vulnerable children are given the opportunity to be reintegrated into school and are monitored during the school year.

In addition, CCC runs a daily drop-in centre for vulnerable girls where rehabilitation activities are carried out (provision of basic needs, organization of recreational activities, life skills trainings and health/hygiene awareness sessions).

Conducting the assessment in partnership with local stakeholders gave the opportunity to share knowledge and expertise and also to establish cooperation among partners for future interventions.

Data collection on the field has been funded by the **Royal Netherlands Embassy** through EMDH program and the **French Embassy** through SSYSA project.

In order to gain a comprehensive understanding of the situation, it was decided to gather not just the opinions of children, but also those of the adults that share the same living environment and establish relationship with them.

The survey therefore targeted children in street situation and all the adults that are in contact with them (traders, police officers, community members, teachers, parents and health operators).

The data collection took place in the following sensitive areas in Juba:

<table>
<thead>
<tr>
<th>Target Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Konyo Konyo Market</td>
</tr>
<tr>
<td>Old Custom Market</td>
</tr>
<tr>
<td>Jebel: New Custom Market</td>
</tr>
<tr>
<td>Juba Town Market</td>
</tr>
<tr>
<td>Hay Malakal</td>
</tr>
<tr>
<td>Malakia</td>
</tr>
<tr>
<td>Hay Game Market</td>
</tr>
<tr>
<td>Guedele 1 and 2 Markets</td>
</tr>
<tr>
<td>Rejale Mafi Market</td>
</tr>
<tr>
<td>Ghabat Market</td>
</tr>
<tr>
<td>Port and Nile Areas</td>
</tr>
</tbody>
</table>

It was decided to target the main markets and trading areas in Juba. These places offer opportunities for street children to gain something to eat and to earn some money, by begging or doing petty jobs.

This is the reason why these areas are populated by a huge number of street children.
Four methods have been used during field data collection in order to gather both quantitative and qualitative information and to crosscheck the results:

Observation

Data collectors were deployed in different sensitive areas of Juba and asked to record the number, sex and age of children in street situation present and to observe their movements, the interactions among themselves and with other community members.

Questionnaires

A questionnaire has been conceived aiming at collecting information on the following issues related to children background and street life:

- Family situation
- Educational background
- Reasons for being in the street
- Daily life in the street
- Services available
- Health conditions
- Security
- Children’s expectations

English and Arabic version of the questionnaire have been created. Social workers were stationed in different sensitive areas of Juba and asked to interview children in street situation. They were able to complete 387 questionnaires.

During observation and questionnaires phase, social workers reached the targeted areas during all moments of the day. Unfortunately, to avoid security problems, they couldn't go at night time which would have been the best moment to meet children who sleep in the streets.

Semi-structured interviews

Police officers, community leaders, traders, women working in the market and health operators were the target of the semi-structured interviews. In total social workers conducted 75 interviews.

The interviews gave the opportunity to understand the relationships all these actors have with the children and to collect their opinion about the street life’s phenomenon, including the actions that they see appropriate to address the problem and the role they could play within this process.

Moreover interviews with medical staff explored health related problems of street children.

Focus group discussions

18 focus group discussions with teachers, community members and street children were organized. During the focus groups the participants debated on issues related to prevention
of street children’s phenomenon and best ways to reintegrate these children into a normal life.

Schools and communities that participated at the Focus Groups Discussions are the following:

<table>
<thead>
<tr>
<th>Primary Schools</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hai Jalaba</td>
<td>Kator</td>
</tr>
<tr>
<td>Salama Basic</td>
<td>Gumbo</td>
</tr>
<tr>
<td>Gudele East Basic</td>
<td>Gudele</td>
</tr>
<tr>
<td>St. Joseph</td>
<td>Munuki</td>
</tr>
<tr>
<td>Bulluk</td>
<td>Nyakuron</td>
</tr>
<tr>
<td>Lybia Basic</td>
<td>Lologo</td>
</tr>
</tbody>
</table>

Before starting field data collection, 17 social workers were trained on the use of the different methods. The training consisted of theoretical sessions and practical exercises. During data collection, daily debriefing sessions were held in order to discuss critical problems faced in the field work and to adjust the tools and their use.

In November 2009, EMDH collated and analyzed data collected. The outcomes of the survey are reported in this publication.

The aim of this booklet is to give a general overview of the population of children in street situation in Juba, their daily life, the risks they face and the perspectives for the future. It will also outline the possible interventions to be undertaken in order to prevent the phenomenon and to address the needs of those children that are already on the streets. During the outreach activities that EMDH social workers will carry out in the streets, the data collection will continue in order to follow the evolution of the phenomenon.
PART 1

Children in Street Situation in Juba
Defining children in street situation

Street children are present in almost all towns that grow up in rapid and large scale urbanization. The term “street children” assumes a pejorative and pitying connotation. It tends to stigmatize children as if they belong to the street and ties their identity to the street. Researchers and professionals therefore prefer to use the expression “children in street situations” rather than “street children”, because it underlines the fact that their life in the street is only a passage, a part of their life. Children can come to and go out of the street.

UNICEF defines children in street situations as boys and girls aged under 18 for whom the street has become home and/or their source of livelihood, and who are inadequately protected or supervised by responsible adults.

This definition includes the two co-existing categories referred to by UNICEF as “children on the street” (children who spend most of their time on the streets, fending for themselves, but returning home on a regular basis) and “children of the street” (children who live entirely in the streets and have no adult supervision or care).

Even though the distinction between “children on the street” and “children of the street” is useful, some overlaps and grey areas still remain (Muchini, 1994).

Some children of the street may have been abandoned and rejected by their families while others may have left their families due to prevailing circumstances. Moreover, some children of the street may maintain links with family members while others have totally severed family connections. The same child can therefore fit into different categories.

The difficulty in classifying children in street situation is that there are no precise categories, but rather a continuum, ranging from children who spend some time in the streets and sleep in a house under adult supervision, to those who live entirely in the streets without adult supervision or care. These different profiles should be considered as steps or stages of the street life, rather than rigid categories.

Therefore children in street situation should not be defined solely with reference to a physical and/or social dimension (time spent in the street and contacts with responsible adults).

For example, the sociologist Lucchini designed a theoretical model that considers 7 interconnected dimensions to define the relation between the child and the street. In addition to spatial, temporal and social elements, he also considered dynamic behaviors (types of activities), identity, motivation and gender. Each child in a street situation has a unique combination of the 7 mentioned dimensions and any addressing intervention should take all of them into account.

Even though the categories of “children on the street” and “children of the street” are not exhaustive, the current report will adopt them in order to simplify the understanding of the different subjects we will talk about. In particular, we will refer to the “children on the street” as street working children and to the “children of the street” as street living children.
Profiles of children in street situation identified in Juba

During the survey, social workers observed a total of approximately **1,200 children in street**, either street working or street living children.

We decided to conduct our survey solely in the markets of Juba and not also in the streets, due to the difficulties of measuring a mobile population. As a consequence the total number of children in street situation observed is of course under estimated.

Children present in Juba markets can be referred to using the three following categories:

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**Street Working Children**

In this category we consider the children who still live with their families, but who spend their day time in the streets/markets looking for money.

Street working children are mainly located in *Juba Town, Konyo Konyo Market and Old Custom Market*. In addition, a lot of street working children can be observed in the main streets of Juba, such as Ministry Road and Hospital Road.

The following graphs show some of the features of the population of the street working children of Juba.

Considering gender, 78% of street working children observed in the markets of Juba are boys, while 22% are girls.

Girls may be less visible since they may be recruited for domestic work in private houses, or for work in the hidden sex industry, rather than in the street.

*Graph 1: Proportion of Street Working Children by Gender*
Considering age, the majority of the children are between 8 and 12 years old.

*Graph 2*: Proportion of Street Working Children by Age

Street working children earn money mainly by collecting empty bottles, polishing shoes and washing cars. These children may even work more than 12 hours per day.

*Graph 3*: Street Working Children Economic Activities

The vast majority of street working children (52%) spend their money on food. 27% use the money to support family expenses and 21% declared they save money for personal expenses.

*Table 1*: How Street Working Children spend their Income

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>52</td>
</tr>
<tr>
<td>Family expenses</td>
<td>27</td>
</tr>
<tr>
<td>Saving</td>
<td>21</td>
</tr>
</tbody>
</table>
Pertaining to education, more than 65% of the street working children do not attend school.

**Graph 4: Street Working Children School Attendance**

During the survey, children explained that they do not go to school mainly because their parents cannot afford school costs like uniforms, PTA and examination fees.

**Children from Street Families**

In this category we consider the children that live in the streets with their families.

Street families are mainly located in Juba Town, in the cemetery and Saint Mary area next to Konyo Konyo Market. Some isolated street families have also been observed near Old Custom Market.

These families are often returnees or displaced, without any income generating activities that would enable them to afford to rent or buy a proper shelter. The majority of these families are single-headed households and family members sleep in open spaces or verandahs, often without adequate bedding or mosquito nets. It seems that the rising number of street families in Juba can be related to the recent town planning policies that involved the demolition of houses, slums and IDP camps.

Children from street families are destitute due to lack of proper feeding and security, poor health conditions and hygiene. Even if these children still live with their families, a huge number of these parents - mainly because of alcoholism or mental disorders - are not able to offer parental care and guidelines to their children. Some of these children work in the markets in order to address their basic needs and to provide some financial support to their families.

Specific data on children coming from street families is not available since they were not targeted during the research.
Street Living Children

In this category we consider the unaccompanied children that work, live and sleep in the streets and markets, often having no contact with their families or only on an irregular basis.

Street living children have been observed in the following places: Konyo Konyo Market, Teki, Saint Mary, Malakia area, Hai Malakal, Juba Town and Old Custom Market.

The two following graphs show some of the features of the street living children population in Juba.

Considering gender, the proportion of boys among street living children observed in Juba markets is 90%.

Graph 5: Proportion of Street Living Children by Gender

As for the street working girls, street living girls may be less visible. Girls on the street face more difficulties; they usually have less economic opportunities than boys and earn less money than boys for similar activities. Many professions are inaccessible to them because of cultural norms. For example, while it is acceptable for girls to work as domestic laborers in private homes, similar casual laborers on the street are quite rare. Street girls are looked down upon by the community and are particularly at risk of becoming victims of violence, sexual abuse and prostitution.
The age of Juba's street living children ranges from four to eighteen years old. The majority of these children are aged 10 to 15.

*Graph 6*: Proportion of Street Living Children by Age

If we compare the age profile of street living and working children, we notice that the street living children are generally older than the street working children.

In the following paragraphs and chapters we will focus on the population of street living children in Juba, as they make up the main beneficiary group for EMDH and its local partners.

**Street Living Children reasons for moving to the street**

During the survey, we found that children often leave their communities in favor of the street, due to both "push" and "pull" factors.
The majority (39%) of street living children mentioned the lack of parental care as the main reason for being in the street. In particular, family separation, divorce, second marriage, lack of responsibility towards the children, lack of knowledge and skills needed for parenting, all appeared to be primary factors in pushing children to the streets.

Moreover, children who become orphans face a destitute situation, due to lack of love and/or discrimination from foster families and other children. The orphans sometimes keep hovering between the paternal and maternal relatives in the communities without any stability. Those children often opt for moving to the street.

Men and women who become single parents due to divorce, separation or the death of a spouse often increase the vulnerability of their children to violence and abandonment when they re-marry. In many cases, a recently wedded second wife or husband does not want to care for children from a previous marriage, and the children are neglected or sent away.

26% of the children moved to the street due to family economic problems. Indeed, seeking food and employment as a consequence of caregivers being unable to feed their children or to pay for their education, is another major push factor.

There is also a percentage of children (17%) that escaped from family problems like alcoholism, domestic violence and exploitation. These children feel that living on the streets is better than coping with conflicts and demands at home.

However, children may be attracted by the street or continue to stay on the street because of some positive “pull” factors. 17% of the children mentioned that they had been fascinated by the social amenities of the capital city and influenced by friends to explore street life as an alternative.

The information given by children has been confirmed by adults (community members, teachers, traders, police officers, women working in the markets, medical staff) during interviews and focus group discussions. They identified social (lack of parental care and family conflicts) and economic factors to be primary in pushing children to the streets.

In general, we could say that the reason for a child living in the street is often a combination of both push and pull factors. A child could leave his home mainly because of negative push factors, but after some time, could end up assimilated into street life because of pull factors such as the relationships developed with peers and the freedom experienced. Reasons for living on the streets are part of a complex decision-making process influenced by several factors.
Length of time spent on the street

As the below graph shows, the majority of Juba street living children spent one to three years living in the street.

Graph 8:- Time Street Living Children have been on the street

In addition, during the survey we found a seasonal trend: some children live in the street mainly during the long school holidays in order to earn some money. Most of these children use to spend short periods in the street and later go back to their communities. However, some of them may end up into a full time street living situation.

Street Living Children geographical origin

The majority of Juba street living children (66%) come from Central Equatoria State (CES) as indicated by the graph below.

Graph 9:- Street Living Children State of Origin

Further analysis of the data shows that the majority of the children within CES come from Juba County (76%).
These findings are obviously related to proximity factors.

A significant percentage (28%) of Juba street living children comes from Eastern Equatoria State (EES). Amongst them the majority comes from Kapoeta County (76%) using cattle trucks as an opportunity to move away.

Table 2: CES Counties of Origin

<table>
<thead>
<tr>
<th>Counties of Origin</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juba</td>
<td>76</td>
</tr>
<tr>
<td>Terekeka</td>
<td>16</td>
</tr>
<tr>
<td>Yei</td>
<td>4</td>
</tr>
<tr>
<td>Kajo-Keji</td>
<td>4</td>
</tr>
</tbody>
</table>

Street Living Children family background

Street living children family background can vary significantly. However the majority of interviewed children are orphans (64%). Out of them 35% lost both their parents, 25% lost their father, 4% lost their mother.

Graph 10: Street Living Children Family Background

- Only father alive: 4%
- Only mother alive: 25%
- Both parents alive: 33%
- Both parents dead: 35%
- Children don't know their parent situation: 3%
33% of street living children declared having both their parents alive. 3% do not know whether their parents are dead or alive because they are no longer in contact with them.

If we compare family background of street living children and working children, we find that the number of orphans is higher among street living children.

Table 4: Street Living and Working Children Parent’s Situation

<table>
<thead>
<tr>
<th>Parent’s situation</th>
<th>Street Living Children (%)</th>
<th>Working Children (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents dead</td>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>Only mother alive</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Only father alive</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Both parents alive</td>
<td>33</td>
<td>58</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>-</td>
</tr>
</tbody>
</table>

The higher percentage of orphans amongst street living children confirms that lack of parental care is one of the main reasons for being in the streets.

The study took also into consideration the economic status of the parents and outcomes indicate that 68% of street living children’s fathers and 81% of their mothers don’t have a regular job and depend on occasional-daily jobs.

If we compare data of street living and working children, it becomes clear that the percentage of jobless parents is higher among street living children.

Table 5: Street Living and Working Children Parent’s Economic Activities

<table>
<thead>
<tr>
<th></th>
<th>Father not working (%)</th>
<th>Mother not working (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Living Children</td>
<td>65</td>
<td>78</td>
</tr>
<tr>
<td>Working Children</td>
<td>51</td>
<td>76</td>
</tr>
</tbody>
</table>

Data related to the family composition show that 52% of street living children have four to six siblings, 24% have seven to ten siblings, 22% have one to three siblings and just 2% come from larger families with more than 11 siblings. Therefore this data suggests that large families are not necessarily a major driving factor for becoming a street living child.
If we consider the rank in the family, we find that there is a higher percentage of first, second and third born among street living children. Probably they are the ones who feel more the pressure to work in order to support their family. After some time these children may get used to the street and become full time street children.
PART 2

Life in the Street
This chapter describes the daily life of street living children. It explores their internal organization and social interactions, the way they spend their time and manage to meet their basic needs, the various difficulties and risks they face on a daily basis.

**Group organization in the street**

Street living children are usually organized in groups which are generally formed following the geographical areas of their provenance. Groups’ members habitually spend their time together sharing food, sleeping places and carrying out different activities, including the consumption of various substances.

Each group has a leader who is the most experienced in street life. The leader automatically assumes the responsibility of protecting the group and the control over all group’s members. Leaders usually act as conflict mediators helping children and solving disputes among themselves or with others. Each group controls a specific area in town, therefore during night time different groups have their own place where to sleep. Relationships between different groups can be unstable and occasionally violent.

Group’s leaders also procure jobs and once they get it, they assign duties to the other children of the group. In some cases, the youngest and most vulnerable children are exploited by the others and forced to carry out dangerous and unpleasant tasks. The benefits or remunerations for jobs carried out go mainly to the leaders, regardless of the part they have played in accomplishing the task.

**Street living children economic activities**

38% of street living children get their daily income collecting and selling empty plastic bottles. Traders use these containers for oil, honey, fuel and local beverages. Usually this activity is carried out by the youngest children since they cannot afford heavier works. This activity is very common also among working children.

15% of the children work as cleaners in the shops and/or dispose the garbage. Those activities are mainly paid in kind (e.g. food, etc.).

13% of them wash cars and they are mainly paid in cash.

Another 13% is involved in jobs like carrying goods, loading and offloading goods and guarding. Some of them also work as messengers.

9% of the children polish shoes or arrange shoelaces. This activity is mainly carried out in recreational places, around markets and hotels.

8% help traders in selling. These children are mostly hired and paid on a daily basis.

Only few children (3%) move around just begging for food or money from shopkeepers, restaurant owners and customers. In very few cases children survive through snatching, mainly of food items.

Street living children are one of the main resources for business men and sellers women. Traders often hire street living children even if they don’t really trust them. Interviews and focus group discussions with traders and children revealed that conflicts between them arise mostly when children feel they have been exploited and not properly paid by traders.
54% among street living children spend money they earn for food. They usually buy food in the kiosks or they get the leftovers from hotels and restaurants. 18% use money to buy clothes and 14% save money for unforeseen situations (i.e. medical emergencies). A low percentage of street living children concentrate on saving money, since there is a high possibility for their savings to be stolen.

Only 5% among street living children have reported to use their earnings to support their family expenses. In comparison with working children, a lower percentage of street living children give part of their income to the family.

Therefore, the majority of street living children spend their earnings to cope with basic needs that are normally provided by parents or guardians (such as feeding, clothes, shelter, medical care, etc.).

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>54</td>
</tr>
<tr>
<td>Clothes</td>
<td>18</td>
</tr>
<tr>
<td>Saving</td>
<td>14</td>
</tr>
<tr>
<td>Family expenses</td>
<td>5</td>
</tr>
<tr>
<td>Alcohol and Glue</td>
<td>9</td>
</tr>
</tbody>
</table>

Street living children spend their time eating, playing with friends, substance consuming and raising money needed for those activities. Depending on the nature of the work street living children are engaged in, they may have time to rest, play football with friends and watch television wherever possible. They also spend their free time sniffing glue or drinking alcohol in local bars within the markets.
Street Living Children sleeping places

The majority of street living children do not have permanent sleeping places during nighttime. They keep moving from one place to another, in search of a safe corner where the possibility of being raped, robbed or harassed is minimized. 46% of them find a shelter under precarious arrangements like old and disused tenths, tukuls or plastic sheets. 28% of them spend their nights under shop verandahs. Usually shop owners allow children to sleep in front of their shops because they indirectly act as security guards. 18% of the children sleep under or inside discarded trucks and 8% find a shelter within private associations’ buildings. All children sleep in abysmal conditions, on bare floors without bedding and sheets to protect them from the cold and the dirt.

Table 7: Street Living Children Sleeping Places

<table>
<thead>
<tr>
<th>Places</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precarious arrangements (tenths, tukuls, plastic sheets)</td>
<td>46</td>
</tr>
<tr>
<td>Shop verandahs</td>
<td>28</td>
</tr>
<tr>
<td>Under/inside trucks</td>
<td>18</td>
</tr>
<tr>
<td>Private associations</td>
<td>8</td>
</tr>
</tbody>
</table>

Street Living Children educational background

88% of street living children don’t attend school. Street living children don’t have time for school and find very difficult to adapt to standard curricula and school discipline due to the peculiar nature of their life and the related problems. 12% of street living children reported attending school on irregular basis.

Graph 14: Street Living Children School Attendance
Among children that are not attending school, 52% dropped-out and 34% never attended.

*Table 8*: Street Living Children School Experience

<table>
<thead>
<tr>
<th>Places</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended school in the past</td>
<td>52</td>
</tr>
<tr>
<td>Never attended</td>
<td>34</td>
</tr>
<tr>
<td>No answer</td>
<td>14</td>
</tr>
</tbody>
</table>

Drop-out phenomenon is often associated to the impossibility for the parents to pay school fees. These findings suggest that drop-out children are more at risk of ending up in the street.

As summarized in the following table, the majority of street living children (63%) don't know how to read and write. 17% know how to read and write in English and 6% in Arabic. 13% can just read and write their names.

*Table 9*: Street Living Children Literacy Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>63</td>
</tr>
<tr>
<td>Just my name</td>
<td>13</td>
</tr>
<tr>
<td>Yes, in English</td>
<td>18</td>
</tr>
<tr>
<td>Yes, in Arabic</td>
<td>6</td>
</tr>
</tbody>
</table>

The final analysis of the gathered information indicates that 76% of street living children are illiterate.

**Social network**

40% of street living children do not maintain regular contacts with their families. This data can be partially explained by the fact that some street living children are coming from faraway locations therefore once they reach Juba it becomes difficult for them to communicate or keep in touch with their family in the villages. On the other hand relationships with family members, as mentioned in the previous chapter, may have been damaged.

Another 40% of street living children still have regular contacts with the family (either with the parents or other relatives). The existence of regular contacts is a very important factor as it represents the potential for those children to be reintegrated within the family. This could be done through a community based program. Community members could play a significant role in re-connecting children with their families, helping them re-building the relationships.

20% of street living children did not answer when they were asked about their family, probably because they feared forced reintegration.
Also during focus group discussions some children expressed signs of worries and looked uncomfortable when the social workers mentioned the possibility for them to be reintegrated. These reactions are probably related to the bad experiences they faced before leaving home.

Table 10: Street Living Children Contact with their Families

<table>
<thead>
<tr>
<th>Contact with their Families</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No contacts</td>
<td>40</td>
</tr>
<tr>
<td>In contact with both parents</td>
<td>13</td>
</tr>
<tr>
<td>In contact with the mother</td>
<td>18</td>
</tr>
<tr>
<td>In contact with the father</td>
<td>5</td>
</tr>
<tr>
<td>In contact with relatives</td>
<td>4</td>
</tr>
<tr>
<td>No answer</td>
<td>20</td>
</tr>
</tbody>
</table>

Street living children grow up without parental protection and caring bonds. In addition, they lack guidance and advices which are normally provided by parents, relatives, teachers, community and religious leaders. Nonetheless they establish contacts and relationships with adults surrounding them in their daily environments (i.e. traders, customers and community members).

During the survey adults who are linked with street children have been asked their opinion about those children. Most of them reported to perceive street living children as thieves and drug addicts and described them as dirty, aggressive and rude. On the other hand they acknowledged that if these children live in the street, the responsibility primarily belongs to their families and most of them are therefore willing to assist the children by providing food. Traders for example, as it was already mentioned, always tend to engage street living children in small jobs (i.e. cleaning the market, removing the garbage, loading goods) even if quarrelling and fighting among them often arise.

Finally, programmes aimed at supporting street children can be successful only if the overall community is prepared to respect, protect and provide opportunities to them.
Street Living Children main challenges

Street living children are confronted with numerous challenges that seriously jeopardize their life.

Graph 15: Street Life Main Difficulties

32% of children reported that hunger is the main difficulty they have to cope with. For most of the street living children, finding food occupies a significant part of the day. It is quite rare for street living children to have a permanent job, therefore every day they must struggle to get a job in order to make enough money to buy food.

30% of street living children mentioned violence as one of the main threat of the street life. During focus group discussions children reported that they have been subjected to violence and hostility by police and security officers, especially at night time. It is important to mention that generally street living children fear the police due to the fact that their life style often put them in conflict with the law. Therefore, children tend to stay away from the police as much as possible during their daily routines. For example, they keep changing their sleeping places so as to avoid establishing a pattern easily traceable. Street living children reported also to fear violence and sexual harassment by older children or by drunk bar customers.

22% of street living children mentioned medical issues as another of their biggest challenge. These children sleep in unhealthy places, eat contaminated food and have no access to safe drinking water and toilet/bath facilities. The poor sanitary conditions make them extremely vulnerable and susceptible to diseases. In addition to that, children’s habits such as substance use and sexual attitudes are responsible for the widespread of other serious diseases. Overall, the main illnesses affecting street living children are: malaria, cholera, diarrhea, hemorrhoids, chest diseases, sexual transmitted diseases, skin infections, traumas (fractures, etc.) and infected wounds. Once sick, the majority of children reported to receive assistance from their peers: these are the ones who take the ill mate to the hospital for treatment and gather money to pay all the expenses.
Lack of parental care is reported as one of the difficulties experienced by children (11% miss their families, 2% feel lonely). Street living children grow up without care and the emotional guidance required for a wealthy growth and development.

Describing their daily life, more than half of street living children declared that the most difficult moment is the night.

First, during night hours children have to find a safe sleeping place where the possibility of being harassed and beaten is minimized. This is the reason why street living children usually sleep in groups that function as a protective structure.

In addition to that, they have no defence against cold, rain and mosquitoes and they have no chance to ask for help in case something bad happens. To cope with night’s challenges and fears street living children tend to use substances as described in the following chapter.

Substance use among Street Living Children

The use and abuse of drugs and alcohol is a common and serious problem among street living children. In order to understand the amplitude of the problem, each interviewed child was asked about the frequency of substance use.

Table 11: Frequency of Substance Use

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every morning and evening</td>
<td>48</td>
</tr>
<tr>
<td>Every evening</td>
<td>18</td>
</tr>
<tr>
<td>Sometimes</td>
<td>19</td>
</tr>
<tr>
<td>No answer</td>
<td>15</td>
</tr>
</tbody>
</table>
The majority of street living children consume petroleum-based glue which can be easily purchased within the market. The chemicals released by the glue are inhaled from plastic bottles or through pieces of clothes. The substance can therefore enter the body in two different ways: inhalation through the nose or absorption through the lining of the mouth.

Many children inhale glue to get an out-of-this-world feeling and to escape the harsh realities of the street. After sniffing glue, children feel powerful, fearless and therefore able to face the dangers and challenges of the life in the street.

Many street children are also addicted to alcohol. According to our observation, alcohol is more consumed by teenagers, while glue by younger children.

Beside the risks that children undergo while intoxicated (e.g. fighting, not avoiding car traffic), glue and alcohol have serious short and long-term effects on children’s mental and physical health (e.g. uninhibited actions, loss of physical coordination, poor decision, irritability and anxiety, vitamin deficiency, loss of appetite, liver/kidney damage, heart ailments…).

Generally, the reintegration process becomes more and more difficult for street children who have become seriously addicted to substances and this aspect should be considered by all programs addressing street living children phenomenon.

Because of time and resource limitations, we were unable to explore other addictive practices in depth.

Children themselves are aware of the dangers and the risks to which they are exposed in their street life. The only positive aspects of living in the street that they acknowledge are the freedom of expression and the cooperation they establish with other children.
PART 3

Street Living Children
Future
Street life is associated with child-specific physical and emotional problems that call for specialized and early intervention programs. Some recommendations on how to design programs to prevent and to address street living children phenomenon are given in this paragraph.

**Street Living Children expectations**

Throughout the questionnaires and the focus group discussions the majority of street living children displayed positive and optimistic feelings about their future: they imagine that in 10 years they will have finished their studies and got a proper job. This means that they see themselves out of the street.

Regarding the present, children require mainly assistance focused on the satisfaction of basic needs such as food, clothes, medical care and sheltering. Most of the children seem to be concerned about their education. They really wish to be integrated into school or vocational training programs in order to get useful knowledge and skills.

Concerning family reunification, most of younger children are willing to go back home if counseling and material support are given to their parents. This clearly shows that street living children think that root causes of their running away from home must be addressed for a successful reintegration process. However teenagers expressed mainly the wish to be supported with income generating activities in order to become independent and to set up proper life conditions, rather than to be reintegrated in their family.

**Recommendations for interventions to support Street Living Children**

This paragraph will deal with the interventions that should be carried out in order to support children that are already in the street to minimize the risks and increase their reintegration opportunities into a normal life.

**Street Work**

The ideal outcome of any program directed to street living children is the reintegration into a normal life. The street work is the first useful step to approach street living children and start counseling and orienting them towards a reintegration process. In Wau EMDH mobile team of social workers visit daily the markets/streets in order to socialize with the children and initiate a dialogue right in their own location. It is important to reach street living children in their living environment in order to start building the trust. This is fundamental given that many children had traumatic experiences with adult and don't trust them anymore.

Street work activities also give the opportunity to create relationships with all the adults surrounding street living children and put therefore the foundation for community involvement in rehabilitation process. Community involvement is important to give the people
the feeling that the problem and the future of street living children is also their responsibility and that they can contribute to address the issue using their own resources.

Generally street living children are perceived by the community as a threat and therefore are marginalized and mistreated. Involving the community can help overcome negative stereotypes and promote greater awareness of the problems and needs of street children.

Since medical issues are among some of the main challenges faced by street living children, street-based health services should be provided to children in order to give them basic first aid and to facilitate access to further care if needed.

EMDH street work experience in Wau proved that the provision of such a kind of service will help building a relationship of trust with the child and create therefore the opportunities to counsel him on other matters.

Local government and private hospitals should be involved in the health care provision not only to facilitate children access to medical care but in order to promote civil society responsibility towards them.

In addition to that, children are completely unaware of health and hygiene issue. Education and awareness sessions should be organized in order to minimize the risks related to bad hygienic practices, substance use and risky sexual behaviors.

### Drop-in Centers and Residential Structures

Once the children are ready to undergo a reintegration process, drop-in centers or residential structures give the opportunity to those who have been longtime in the streets to recover from street habits and to acquire rules, norms and life skills.

Street life gives children a freedom that they would never have within the family, this transitional period within a drop-in centre or a residential structure is therefore essential for a successful family reunification.

Programs shouldn’t limit their intervention to basic assistance to children in the street. In the long term, mere assistance doesn’t motivate children to rebuild the connections with the family and the society, but may even strengthen the children’s links with the street by making street life acceptable and intensifying the child’s dependence on programs.

Drop-in centers are daily centers, that should be located close to street children’s living areas, where children can have access to basic services (health care, rest, bathing facilities), counseling, non-formal education and recreational activities.

Residential structures should be limited to very serious cases and to children who show a willingness to enter into a longer-term program. Residential structures are more suitable for children that really need to undergo a detoxification process for substances addiction.

Drop-in centers and residential structures remove children from the dangers of the streets, provide them with life, personal, social skills and give them an important opportunity to think about their future. In addition to that, they provide more opportunities to social workers to gather information about the child and his family in order to be able to establish progressively a contact with their families and begin the reunification process.
Family Reunification

Reuniting the child with his family is the most desirable outcome of a street living children program. This process must take into consideration both the families’ capabilities and will to receive his child and the child’s wish to go back home. The length of the reunification process could depend also on the time the child has spent on the streets. Children who have just arrived in the street may be convinced to immediately return home since they have not yet had time to get used to street life. On the other hand, children who have been on the street longer must be prepared for the reintegration and accompanied along the whole process. The success of the reunification increases if interventions foresee also a support to the families that consider both material and psychological aspects. For those children for which there are no family reunification possibilities, alternative solutions should be found within the community like adoption and foster families.

Moreover, family reintegration is a long process that involves time and resources. Reintegrated children will require regular follow-up to ensure that the family is really will to care him and offer him a secure environment. If the child doesn’t find suitable conditions in his family, he will go back to the street nullifying all rehabilitation work done. Social workers and community members should monitor the situation. During interviews and focus group discussions conducted, community leaders manifested the willingness to be involved in the reunification process and to play an active role on family counseling and follow-up.

The experience EMDH acquired in Wau stressed the importance, for those children coming from different counties or states, of establishing partnerships with local institutions and NGOs/CBOs operating in street living children original communities. This will allow to monitor on the spot the reintegration process and to raise awareness within the community on child rights topics.

School/Vocational Training Reintegration

In order to support the process of reintegration in the society, children should be assisted to access educational opportunities. It is important to consider that reintegrating street living children back into school might present challenges. Children may have developed behavioral attitudes and psychological problems that could affect concentration, discipline and relationship abilities. Education programs should therefore emphasize the transmission of general life skills and technical skills, rather than the traditional didactic. Special conditions for former street living children should be negotiated with the school or the vocational training centers where they are attending.

Capacity Building for Social Workers, Police and Security Officers

Many police and security officers perceive street children negatively and treat them abusively.
Trainings and skills development should be done with police and security officers to improve their relationship with street children. Capacity building should be also provided for social workers dealing with street living children in order to enhance their abilities to address the issue. Even if skills already exist amongst NGOs and government social workers, a systematic and continuous program of skills development needs to be organized to make more professional and competent social worker’s response to street living children.

**Preventive interventions**

Interventions that improve street living children’s conditions and focus on their rehabilitation/reintegration should be coupled with preventive interventions aimed at reducing the number of new children coming to live in the streets of Juba. Preventive interventions should take into consideration and address all the reasons that push or pull children to join the street life and should be located in the areas where most street children's families live. For this reason the geographical origin of street children is an important data to be considered in the definition of an operational strategy addressing the phenomenon.

The current paragraph will deal with preventive interventions that could be undertaken.

**Community Empowerment**

One of the findings of the survey is the fact that street living children phenomenon reflects in some way the vulnerability of their social environment. The street gives to the children a sense of material and emotional belonging that sometimes they don’t find in their communities and families.

The long lasting conflict and the high poverty that many families are facing in South Sudan lead to a deterioration of the traditional community coping mechanism. Communities and community leaders weakened their role in terms of social control, protection of rights and transmission of traditional values.

In the past, children not cared for by their parents would be taken in by extended family members. But some families, already struggling to care for their own children, are unable to take on the additional burden of more children and therefore are unwilling to take their responsibilities towards the vulnerable members.

During focus group discussions, Juba community members expressed their need to be supported in the strengthening of their decision making and monitoring processes. EMDH intends therefore to base its operational strategy on community empowerment and capacity building in order to reinforce the community ownership of the interventions and ensure their sustainability.

Greater awareness on parental care, child development and child rights should be raised within the community and community members should be supported to establish or reinforce child welfare committees in charge of addressing and monitoring the respect of child rights within the community. Moreover, communities need to be supported to create favorable conditions for children in order to make them feel the value of community belonging and to motivate them to be part of the community itself.
**Educational Programs**

Analyzing street living children lives, it was discovered that out of school children are more at risk of ending up in the street. Most of street living children surveyed highlighted the inability of their family to pay school fees as a primary reason for dropping out from the school. Alternatives should therefore be found for families that cannot afford school costs in order to reduce educational burden. It is also essential to train teachers in order to improve the quality of teaching and sensitize them to overcome negative stereotypes, accept and integrate vulnerable children. Teachers and PTAs capacities should be strengthened in order to empower their educative role and to promote orientation services for children at risk of dropping out including their families.

**Income Generating Activities**

Very often lack of parental care experienced by surveyed children is associated with poverty. Parents overwhelmed by economical problems loose parental capacity and ability to provide basic needs for their children. Interventions that address economic problems should be undertaken in order to support parents-children relationship and consequently avoid child neglect. Income generating activities programs should be associated with psychosocial ones either as preventive measure or to support the child's reunification process.

**Lobbying and Advocacy**

Lobbying and advocacy are important actions that should be undertaken in order to make civil society aware of street children's phenomenon and to encourage decision makers to carry out their responsibilities towards children by producing changes in policies and laws that affect their life.
CONCLUSION

As long as the root causes that push children away from home are not wholly addressed, children will continue to live and work on the streets.

Only comprehensive interventions addressing all the causes of the phenomenon and involving different stakeholders (local and international NGOs, government and communities) can really have an impact on the phenomenon.

Focusing only on assistance to children that are already in the street is not effective and can even increase the child’s dependence on programs and destroy its incentive to leave the street. Rather, children must be helped strengthen their connections with family, school and the community.

The impact and sustainability of the programs can be increased by community members’ involvement in program planning and implementation.

Lobbying and advocacy can promote policies and legislation that encourage the well being of vulnerable children.

A great deal of coordination between different stakeholders and programs working with street living children is necessary to implement these recommendations.

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