



## Rapid Assessment of Street Children In Lusaka

*Implemented by:*

**Fountain of Hope  
FLAME  
Jesus Cares Ministries  
Lazarus Project  
MAPODE (Movement of Community Action for the Prevention and Protection of  
Young People Against Poverty, Destitution, Disease and Exploitation)  
Zambia Red Cross Drop-In Centre  
St. Lawrence Home of Hope  
Mthunzi Center**

*With Technical and Financial Support from:*

**Project Concern International Zambia  
UNICEF Zambia  
Netaid  
The West Foundation**

*Report Prepared by:*

**Project Concern International Zambia  
Dr. Musonda Lemba, Consultant, University of Zambia**



March 8, 2002



## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	iii
EXECUTIVE SUMMARY .....	1
I. INTRODUCTION .....	4
II. OBJECTIVES .....	6
III. DATA COLLECTION .....	6
IV. DATA PROCESSING .....	7
V. MAIN FINDINGS .....	7
A. Age and Sex Profile of Street Children .....	7
B. Family Information .....	8
C. Current Residence and Origins of Lusaka Street Children .....	8
D. Reasons for Being on the Streets .....	10
E. Time on the Streets .....	11
F. Operational Areas and Livelihoods of Street Children .....	12
G. Assistance on the Streets .....	15
H. Knowledge and Use of Street Children Centres, Shelters, and Drop-In Centres .....	16
I. Education .....	19
J. Health .....	20
K. HIV/AIDS and Other STIs .....	21
Figure 2: Percent Children with Knowledge of HIV/AIDS, by Sex .....	22
L. Pregnancy .....	22
M. Drug Use .....	22
N. Violence .....	23
O. Leisure Activities .....	24
P. Needs for Assistance .....	24
VI. LIMITATIONS OF THE RAPID ASSESSMENT .....	25
VII. DISSEMINATION OF RESULTS AND WORKSHOP RECOMMENDATIONS .....	26
Annex. Interview Sites .....	28

## **ACKNOWLEDGEMENTS**

### Project Concern International Zambia

Project Concern International gratefully acknowledges the efforts of the following Africa KidSAFE partners in the planning and implementation of this assessment: Fountain of Hope, FLAME, Jesus Cares Ministries, Lazarus Project, MAPODE, Mthunzi Centre, Zambia Red Cross Drop-In Centre, and St. Lawrence Home of Hope. Several also provided input into the draft of this report, and all participated in the workshop for disseminating results, from which the final recommendations in this report emanated.

The financial support of Netaid and the West Foundation, and the financial and technical support of UNICEF Zambia, are also acknowledged and greatly appreciated.

### Dr. M. Lemba, assessment consultant

This is to thank my three research assistants--Nicholsa Shiliya, Annette Chingádu, and Brian Ngádu--for the effort put in the data processing of this data. This was done under extremely difficult circumstances on weekends and at night at great sacrifice of their social life. All those who participated in collecting this data, including the street children who participated in this study, are owed thanks. The sponsoring organizations, UNICEF and PCI, also deserve special thanks for the patience displayed despite the delays in data processing.

## EXECUTIVE SUMMARY

A rapid assessment of children living on the streets of Lusaka was conducted in April and May 2001 by a group of Zambian NGOs<sup>1</sup> under the auspices of Africa KidSAFE, a network of NGOs providing services to street children, initiated jointly by Project Concern International Zambia (PCIZ) and Fountain of Hope (FOH). The main objectives of the rapid assessment were: 1) to provide information on the basic demographics, background characteristics, and needs of street children in Lusaka, 2) to provide information to NGOs, the government, and other stakeholders for planning and implementing a program of withdrawal of children from the streets, and 3) to build the capacity of NGOs to systematically gather and record information on street children.

NGOs, together with the Ministry of Community Development and Social Services, provided input into the development of a questionnaire for collecting data on the street children, based on a questionnaire developed earlier by PCIZ and FOH. The NGOs assigned staff members to participate in the assessment and were trained in the use of the questionnaire and data collection techniques. Each of the eight participating NGOs was assigned a zone of the city, where they identified street children and interviewed them using the questionnaire. Some of the NGOs also administered the questionnaire to children that were at the time residing in or attending their respective centres. Data was entered and analyzed using SPSS, under the supervision of a consultant from the University of Zambia.

A total of 1,232 children ranging in age from four to 18 years were interviewed for the assessment. Over 60% were 12-16 years of age. Over 80 percent of those interviewed were boys. Key findings include the following:

Over half of the children interviewed were single or double orphans; only 42% of the children had both parents alive. However, nearly eight in ten children had at least one living parent, and more than nine in ten had one or both parents and/or a close relative still alive. Thus, fewer than 10 percent of the sample had no living parents or relatives.

More than family status, life on the streets was revealed to be strongly linked to poverty. A majority of the children were currently living in, or had originated from, low-income compounds of Lusaka or other towns. Further, of those with parents or guardians, the vast majority (over 90%) indicated that these caregivers were unemployed. A majority of the children cited poverty or financial needs as the primary reason for being on the streets, with a significant portion also citing family problems or mistreatment.

Most children interviewed were not abandoned by their families, nor were they living exclusively on the streets. Roughly two-thirds reported living with either parents or relatives. Most (over 70%) were on the streets only during the day; only a quarter spent both days and nights on the streets. Life on the streets exclusively at nights was more common among girls than boys; spending any time on the streets at night increased significantly at around 10-12 years of age for both boys and girls.

The areas where street children were most commonly found included markets, bars, streets, shopping centres, bus stops, and car parks. A variety of activities were reported by the children as a means of earning a living. Over half of them engaged in some sort of work (selling foods, doing part time jobs, etc.), including one percent who admitted being involved in prostitution. One in five resorted to begging, while another 13% relied on support from family members.

---

<sup>1</sup> The participating NGOs included Fountain of Hope, FLAME, Jesus Cares Ministries, Lazarus Project, MAPODE, Mthunzi Centre, Zambia Red Cross Drop-In Centre, and St. Lawrence Home of Hope.

The earnings of the children varied considerably, from as low as K100 to over K100,000 per day. The most lucrative activity by far was prostitution. Not unrelated to this finding, girls reported earning considerably more on average than boys. In all cases, earnings were spent primarily on food and clothing.

Outside assistance for children living on the streets came most frequently from strangers and passers-by, followed by friends. Social welfare officers or the police were cited by less than two percent and one percent of respondents, respectively. Most children (over 60%) said that they did not know where to go for help in case they had a problem.

Despite relatively high awareness of NGOs or churches providing assistance to street children—over half of the children knew of at least one such centre—NGOs and churches accounted for a relatively limited amount of assistance. Only about one-third of the children had ever been to a centre, and between 10 and 20 percent were currently staying at one.

The main reasons given for not staying at the centres for street children included fear of fights, fear of beatings, and a lack of food. The lack of opportunity to make money was also commonly mentioned, as was, among girls, the fear of sexual abuse. Among children who knew of a centre, a higher percentage of boys than girls had been to the centre they named (65% vs. 55%). But of those who had been to the centre, a higher percentage of girls than boys were still patronizing it (68% vs. 46%). This implies that it may be more difficult to convince girls to go to a centre, but once they are there, they are more likely to stay there than boys.

Of the 1,232 children in the assessment, about three-quarters were no longer attending school. On the other hand, one-quarter of the children found on the streets were still attending school. Over half of these were at community schools, while nearly 40% were at government schools, and a small percentage reported attending private schools. Most children on the streets had at one point attended school; only 36% had not. Those who had ever been to school reported having reached, on average, grade 4 level, with nearly one in five having reached grade 6 or higher.

In almost all cases, the reasons given for not attending school or for having dropped out were financial, i.e., because they or their caregivers could not afford to pay school fees and other necessary school requirements.

The most commonly cited health problems experienced by children in the rapid assessment included malaria, headache, cough, abdominal pains, and diarrhea. As would be expected, a significant proportion of the children's ailments were treated outside of the formal health sector.

Among children aged 12-18 years, 4.3% of boys and 17.1% of girls reported having had a sexually transmitted infection. Over half of the 18 year-old girls, 40% of the 17 year-old girls, and 20% of the 16 year-old girls admitted to having been pregnant before. Both findings provide evidence that a significant proportion of the children were sexually active.

Knowledge of HIV/AIDS was relatively high among boys (over 80%), but considerably lower among girls (65%). Nearly two-thirds of all children correctly associated HIV/AIDS transmission with sexual activity, blood transfusions, or mother to child transmission. As age increased, these levels of knowledge also improved significantly.

Reported drug use among street children was relatively high, with nearly one in four admitting using drugs, most commonly marijuana and/or glue, but also including 'jenkem' (fermented sewage), 'ballan' (uncured tobacco), cigarettes, petrol, beer, and cocaine. Drug use was found to

be associated with both age and sex, being more commonly reported among boys and among children over 11 years of age.

Over half of the children reported being exposed to violence on the streets, especially in the form of fights and/or beatings. Boys were more likely than girls to experience this type of violence.

Of those who participated in other activities, sports and church were most frequently mentioned. Sports were more popular among boys than girls; the reverse was true for church.

Asked what assistance they most needed, a majority of children (over 70%) wanted help getting an education. A considerable number, especially older children, wanted assistance finding employment, learning a trade, or starting a business.

A workshop to disseminate and discuss the findings of the rapid assessment was held in March 2002. Participants at the dissemination workshop, including representatives of national and local government authorities, non-governmental organizations, donor organizations, and the media, proposed a number of recommendations for action based on the results. Recommendations were focused in the areas of community and family support, government policy, service provision standards, and networking. The need to target not only street children but also their families and communities as part of a longer-term strategy to facilitate the reintegration of street children and to prevent further migration to the streets, underpinned many of the recommendations.

## I. INTRODUCTION

The rapid increase in the population of street children in Zambia in recent years has been attributed largely to increasing levels of poverty. It has been estimated that about 73% of Zambia's population are living in poverty.<sup>2</sup> Poverty pushes children from poor families on to the streets in order to survive.

The number of street children is likely to increase even more because of the growing numbers of children being orphaned due to parents dying from AIDS. As the number of orphaned children swells, a severe strain is being put on the extended family which has traditionally taken care of orphans. Living under conditions of virtual starvation and unable to attend school because of the high cost of education, more children will have little option but to fend for themselves on the streets.

While the problem of street children is largely an urban phenomenon—most street children appear concentrated in Lusaka, Kitwe, Ndola, and Livingstone—the actual number of street children in Zambia is not very well known.<sup>3</sup> As pointed out by Muir (1991), "Street youths can be difficult to quantify, for they range on a continuum from those who live at home but spend a great deal of time 'hanging out' to those who live on the street (often in abandoned buildings and underground parking lots) and whose financial and personal support comes from street life."

Similarly, Opoku (1996) has categorized "street" children into three economic groups: children on the street, children of the street, and abandoned children. *Children on the street* are those engaged in some kind of economic activity ranging from begging to vending of manufactured commodities of food. Most go home at the end of the day and contribute part of their earning for the economic survival of the family unit. They may be attending school and retain a sense of belonging to a family or household. Because of the economic fragility of their families, these children may eventually opt for a permanent life on the streets. *Children of the street* actually live on the street. Family ties may exist but are tenuous and maintained only casually or occasionally. Most of these children have no permanent residence and move from place to place and from town to town. *Abandoned children* are entirely without a home and have no contact whatsoever with their families. Some of these are children abandoned at a very early age who have little or no knowledge of their families. There is therefore very rarely a successful way of reintegrating them into their original home environment.

The inherent dangers of street life, economic deprivation, and lack of adult protection and socialization make street children extremely vulnerable. Several NGOs in Zambia are working to address the needs of this vulnerable group, by getting the children off of the streets and either reintegrating them back into their families or home communities or finding other secure environments where their basic needs—for physical safety, medical care, nutrition, counseling, education, recreation, and spiritual growth—can be met.

In order to acquire detailed information about street children to assist in more effectively planning and implementing such programs, a group of NGO service providers organized as the Africa KidSAFE (Shelter, Advocacy, Food, and Education) Network, together with the Ministry of Community Development and Social Services (MCDSS) Consultative Group on the Care and Reintegration of Street Children, undertook a rapid assessment of street children in Lusaka in April

---

<sup>2</sup> Zambia Human Development Report 1999/2000, UNDP, 2001.

<sup>3</sup> A study carried out in 1996 estimated that there were about 75,000 street children in the country (Lungwangwa and Macwangi, 1996). Using projections of the Central Statistical Office related to increases in the population of urban children and estimates of the percentage of these children living in poverty, and the same assumptions made by Lungwangwa in 1996 about the percentage of urban children living in poverty who are likely to be on the streets, the estimated number of street children in 1998 would be 115,152.

and May 2001. The NGOs involved included Fountain of Hope, MAPODE, Red Cross Drop-In Centre, St. Lawrence Home of Hope, FLAME, Mthunzi Centre, Lazarus Project, and Jesus Cares Ministries, with technical and financial support from Project Concern International Zambia and UNICEF.

## **II. OBJECTIVES**

The objectives of the rapid assessment included the following:

1. To provide information on the basic demographics and background characteristics of street children in Lusaka, conditions faced by them, and their primary needs.
2. To provide information to NGOs, the government, and other stakeholders for planning and implementing a well-coordinated program to withdraw street children in a manner that met their needs and respected their basic rights.
3. To build the capacity of NGOs to systematically gather and record information on street children.

## **III. DATA COLLECTION**

The questionnaire used during the assessment was based on one originally developed and used by Fountain of Hope (FOH) and Project Concern International-Zambia (PCI) in a survey of street children in Ndola, Kitwe, Nchelenge, Kabwe, and Livingstone. Three workshops were conducted to obtain input from the other NGOs involved in the assessment and the MCDSS, and to develop a revised questionnaire for use in the Lusaka rapid assessment. This questionnaire was adapted for more efficient data entry and processing by a consultant from the University of Zambia (see Annex 1).

A one-day orientation workshop was conducted for data collectors from each of the participating NGOs on use of the questionnaire and techniques of approaching and eliciting information from street children. All data collectors were staff members of the NGOs. The workshop was facilitated by staff from PCI, FOH, MAPODE, and the Ministry of Community Development and Social Services.

To select the street children to be interviewed, the city of Lusaka was divided into zones, and each participating NGO was assigned to a given zone of the city (based on where the NGO was already operating). Several street children that were currently under the care of an NGO were first included in the sample and interviewed. Subsequently, NGOs identified particular sites in their zones where street children were known to congregate (see Annex 2 for a detailed list of interview sites).

Interviewing took place in April and May 2001. Interviews were conducted during the day, in local languages, using the English questionnaire as a guide. All street children found in the selected sites were interviewed. Street children were identified by the interviewers using criteria such as appearance, language, and assessment of their activities (begging, scavenging, leading the blind, sleeping in corridors, gambling, etc.). Selected street children, gang leaders, and shop owners in the case of shopping areas were also used to help identify additional street children.

In total, 1,264 street children were identified and interviewed for the rapid assessment. This included 175 from the NGO centres, and 1,089 from the streets. Since for the purposes of the assessment, a child was defined as being 18 years of age or younger, those respondents over 18 years (32 in total) were not included in the analysis of results. Thus, the total number of street children for whom results were analyzed is 1,232.

## IV. DATA PROCESSING

The processing of data took place between [??dates]. Three data entry clerks were employed for data processing. The initial stages of this exercise involved creation of a data entry screen using PC-EDIT. This was followed by coding of the questionnaires. Because of the large number of open-ended questions in the questionnaire, this took about 20 days. Actual data entry took another 30 days. Data cleaning also took a considerable amount of time, about 25 days, mainly because of the number of errors that were discovered after the initial frequencies of the variables were run (see section VI). The software, SPSS, was used for final data analysis.

## V. MAIN FINDINGS

### A. Age and Sex Profile of Street Children

Although they were asked to state their ages, only 1,240 out of the 1,264 children surveyed responded. The others either did not respond or did not know their age. In addition, the low level of literacy among street children may make it less likely that they gave accurate information on their age. According to the responses given, the ages of those included in the rapid assessment ranged from 4 to 27 years.<sup>4</sup> Of the 1,208 respondents 18 years of age or younger, almost 20% were ten years old or younger. The average age given was 13.18 years (the mode and median ages were both 14 years).

**Table 1: Age Distribution of Street Children**

Age in Years	Frequency	Percent	Cum Percent
4	4	0.3%	0.3%
5	8	0.7%	1.0%
6	12	1.0%	2.0%
7	26	2.2%	4.1%
8	29	2.4%	6.5%
9	69	5.7%	12.3%
10	77	6.4%	18.6%
11	87	7.2%	25.8%
12	139	11.5%	37.3%
13	150	12.4%	49.8%
14	168	13.9%	63.7%
15	168	13.9%	77.6%
16	125	10.3%	87.9%
17	88	7.3%	95.2%
18	58	4.8%	100.0%
TOTAL <sup>5</sup>	1208	100.0%	100.0%

Overall, the sample included over four times as many boys as girls (82% vs 18%). The percentage of girls among street children ten years or younger was twice as high as the percentage of girls in the age group 11-18 years (30.7% versus 14.8%) (see Table 2).

<sup>4</sup> As mentioned above, the 32 respondents who gave their age as being above 18 years have been excluded from the analysis.

<sup>5</sup> 24 children did not know their age or did not give a response to the question.

**Table 2: Age and Sex Distribution of Street Children**

AGE GROUP	MALE	FEMALE	TOTAL
4-10 years	156 (69.3%)	69 (30.7%)	225 (100.0%)
11-14 years	459 (84.4%)	85 (15.6%)	544 (100.0%)
15-18 years	379 (86.3%)	60 (13.7%)	439 (100.0%)
Unknown Age	16 (66.7%)	8 (33.3%)	24 (100.0%)
TOTAL	1010 (82.0%)	222 (18.0%)	1232 (100.0%)

## **B. Family Information**

Contrary to expectations, streetism may not necessarily be a result of orphanhood. Nearly two-thirds of the children (808 of 1,232, or 65.6%) reported that their mother was still alive; half (618 of 1,232) reported that their father was still alive.

- Out of the 1,232 children surveyed, a total of 1,153 children were able to provide the status of both parents<sup>6</sup>. Of these:
- 487 (42.2%) reported both parents alive;
- 300 (26.0%) reported their mother alive, father dead;
- 115 (10.0%) reported their father alive, mother dead;
- 251 (21.8%) reported both parents dead.

In the Zambian context, the extended family functions as a social safety net for its members. In the absence of biological parents, close relatives like uncles, aunts, or cousins often assist members of the extended family who are destitute. Street children were therefore asked if they had close relatives other than their biological parents. Of the 1,232 respondents, 800 (64.9%) replied that they had close relatives, while the remaining 432 (35.1%) responded that they did not.

When the two variables—status of parents and presence of relatives—are cross-tabulated, results show that 90.7% of the street children in the assessment had either parents or close relatives still alive. Only 9.3% of the children stated that they had neither of their parents, nor any close relative, that they could rely on.

When asked about the employment status of parents or guardians, the vast majority of those who responded to the question (324 of 353, or 92%) indicated that their guardians were unemployed. The remainder for the most part had jobs in the informal sector or doing menial labour.

## **C. Current Residence and Origins of Lusaka Street Children**

Responses to a question about whom the children were staying with at the time of the assessment support the finding that most are in fact not abandoned children or those living exclusively on the streets. As shown in Table 3, two-thirds of the children (66.4%) were living with parents or relatives, including 43.2% who were living with one or both parents. A total of 113 (9.1%) were staying at a centre for street children or church facility. 250 (20.3%) were staying with friends, which may or may not have meant on the streets.

Information provided by the children on current residence (see Table 4) shows that the majority were resident in the compounds—low-income settlements such as Kamanga, Chainta,

<sup>6</sup> Others did not know, did not reply, were not asked the question, or did not have their response recorded.

Kalingalinga, Misisi, and Mtendere. A significant percentage counted the street as their home, and some who identified their residence as one of the middle or higher income residential areas of the city may also actually have been residing on the streets of those neighborhoods. Just under one-fifth of the children said they were living at drop-in or other centres for street children.<sup>7</sup>

**Table 3: Responses to the Question, “Whom Are You Staying With?”**

	Frequency	Percent	Cum Percent
Both Parents	285	23.1%	23.1%
Father Only	36	2.9%	26.0%
Mother Only	212	17.2%	43.2%
Brother	46	3.7%	46.9%
Sister	34	2.8%	49.7%
Aunt/Uncle	68	5.5%	55.2%
Grandparents	122	9.9%	65.1%
Step-parents	6	0.5%	65.6%
Other Relative	10	0.8%	66.4%
Friends	250	20.3%	86.7%
Church	3	0.2%	86.9%
Centre	110	8.9%	95.8%
Alone	30	2.4%	98.2%
Bus Station	3	0.2%	98.4%
Not Stated	17	1.4%	100.0%
Total	1232	100.0%	100.0%

**Table 4: Current Residence of Street Children**

CURRENT RESIDENCE	FREQUENCY	PERCENT
Compounds	520	42.2%
Council Townships	115	9.3%
Street Children Centres	204	16.6%
Streets, buildings, markets, bus stops, etc.	107	8.7%
Outside Lusaka	32	2.6%
Don't know/No response	254	20.6%
Total	1,232	100.0%

A question on original residence of the street children, intended to provide information on the origins and degree of geographical mobility among street children, was not well understood.<sup>8</sup> Nevertheless, from those who provided relevant answers it is possible to determine that a significant number of children on the streets of Lusaka originated in other parts of the country, with the highest numbers coming from Ndola and Kitwe, as well as neighboring countries.

**Table 5: Original Residence of Lusaka Street Children**

<sup>7</sup> This figure is about two times higher than the number who indicated that they were currently staying at a centre (Table 3), but is very similar to the number who reported still going to a centre (see Section H).

<sup>8</sup> 372 children were unable to answer the question, cited drop-in centres, or gave markets, buildings, public areas, or other answers that indicated a misunderstanding of the information requested.

ORIGINAL RESIDENCE	FREQUENCY	PERCENT
Lusaka compounds/Council townships	651	75.7
Ndola, Kitwe, and other Copperbelt towns	79	9.2
Chipata and other Eastern Province towns	38	4.4
Kasama and other Northern Province towns	7	0.8
Kabwe and other Central Province towns	4	0.5
Livingstone and other Southern Province towns	24	2.8
Mansa and other Luapula Province towns	4	0.5
Mongu and other Western Province towns	3	0.3
Solwezi and other Northwest Province towns	2	0.2
Lusaka Province	16	1.9
Other outside Lusaka	16	1.9
Neighbouring countries	16	1.9
Total	860	100

An attempt was made to classify those from Ndola (40) and Kitwe (32) by township of origin. Where this information was given by the children, the results show that almost all (with the exception of those coming from Riverside and Nkana in Kitwe) came from the poorest sections of these cities.<sup>9</sup>

Various modes of travel to Lusaka were cited by children coming from outside the city, including bus (103 children), truck (37), passenger train (155), goods train (19), and by foot/walking (175).

#### **D. Reasons for Being on the Streets**

In seeking to address the issue of street children, it is essential to know why children are there. According to the responses of the children themselves, poverty is a major contributing factor. As shown in Table 6, financial reasons account for over 50% of the responses. The lack of family or a home, as indicated earlier, was infrequently cited as the major reason for being on the street. A significant proportion of the children indicated that the main reason they were on the streets was to be with friends (although this may reflect more why they were on the street as opposed to a centre, rather than why they are on the streets in the first place.)

**Table 6: Reasons for Being on the Streets**

Reason	Frequency	Percent
To work/make money/help parents/beg	605	49.1%
Poverty/suffering	63	5.1%
Assorted family problems, including abuse	67	5.4%
Lack of family/home	77	6.3%
Following friends/peer pressure/avoiding school	188	15.3%
No response	232	18.8%
Total	1232	100.0%

<sup>9</sup> Chamboli, Wusakile, Mulenga, Luangwa, Kapoto, Kabulanda, Chimwemwe, Chibuluma, Twatasha, and Chambishi in Kitwe, and Twapia, Chipulukusu, Kabushi, Kaloko, Lubuto, Sinya, Chifubu, Masala, Kawama, Ndeke, and Mushili in Ndola.

Street children with relatives were asked specifically why they were not staying with them. Among the 464 children (37.6%) who were not living with their parents, and who had living relatives but were not staying with them, the reasons given for not staying with those relatives also point primarily to economic difficulties, with a significant portion citing family problems or mistreatment (see Table 7).

**Table 7: Reasons Children Do Not Stay with Relatives (for Children Not Already Staying with Parents)**

Reason	Frequency	Percent
Poverty/lack of financial means/lack of capacity	153	33.0%
Does not want to/parents won't allow it	98	21.1%
Assorted family problems, including mistreatment, drinking, disputes	109	23.5%
Distance/lack of transport	37	8.0%
Does not know relative's location	36	7.8%
Relative never home	4	0.9%
Child is self-sufficient	27	5.8%
Total	464	100.1%

#### **E. Time on the Streets**

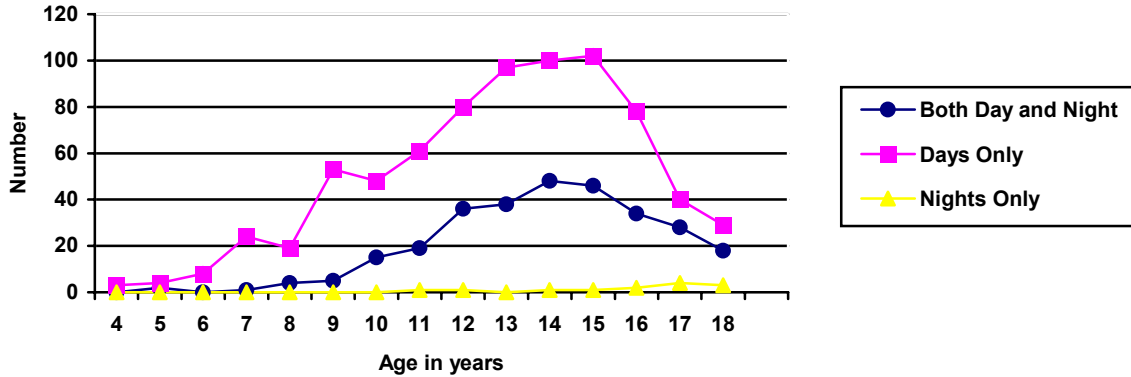
Children were asked if they were on the streets during the day, at night, or both. Of the 1,070 who responded, most (761 of 1070, or 71.1%) said they were on the streets only during the day. Over one quarter (296 of 1070, or 27.7%) said they spend both days and nights on the streets, either always or sometimes. Just 1.2% (13/1070) reported spending only nights on the streets.

Broken down by gender, responses were as shown in Table 8. Compared to boys, more girls tended to be on the streets either during the day only or during the night only. Broken down by age, relatively few children under 10 years (12 of 123, or 9.8%) were on the streets both day and night, while none under 10 reported being on the streets during the night only. Activity on the streets during the night increased significantly at around 10 – 12 years of age (see Figure 1).

**Table 8: When Children are on the Streets, by Sex**

WHEN ON THE STREETS	MALE	FEMALE	TOTAL
Day and Night	270 (30.4%)	26 (14.2%)	296 (27.7%)
Day Only	611 (68.9%)	150 (82.0%)	761 (71.1%)
Night Only	6 (0.7%)	7 (3.8%)	13 (1.2%)
TOTAL	887 (100.0%)	183 (100.0%)	1070 (100.0%)

**Figure 1: When Children are on the Streets, by Age**



Asked how long they had been on the streets, roughly half (49.1%) indicated that it had been two years or less, and two-thirds (65.2%) said four years or less. Under ten percent had been on the streets for more than four years. A rather large number of children only indicated that they had been on the streets for a long time or did not know for how long they had been there.

**Table 9: Length of Time Spent on the Street**

DURATION	FREQUENCY	PERCENT	CUMULATIVE %
Less than 6 months	163	13.2	13.2
6 months – 1 year	236	19.2	32.4
1 – 2 years	206	16.7	49.1
3 years	125	10.1	59.2
4 years	74	6.0	65.2
5 – 9 years	118	9.6	74.8
'A long time'	43	3.5	78.3
Do Not Know/No response	267	21.7	100.0
Total	1232	100.0	100.0

**F. Operational Areas and Livelihoods of Street Children**

Most of the children interviewed had found a way to earn a living on their own (see Table 10). Part-time jobs included car-tending, carrying bags for shoppers, and, especially among girls, selling fruits and vegetables. A significant percentage depended on family; even more admitted relying on begging. A small but significant number, especially girls, admitted resorting to prostitution. Very few, only 4%, reported relying for their livelihood on street children centres or shelters.

The following means of livelihood were more common with increasing age: part-time jobs, shelter/centre, and prostitution. On the other hand, as age progressed, the following became less popular means of earning a living: selling at the market, family business, and being cared for by relatives. Begging was more common among children 10-14 years of age than for children younger than 10 or older than 14.

**Table 10: Means of Livelihood, by Sex**

Means of Earning a Living	Male	Female	Total
Doing Part Time Jobs	486 (48.1%)	48 (21.6%)	534 (43.3%)
Selling at the Market	49 (4.9%)	30 (13.5%)	79 (6.4%)
Assisting in Family Business	23 (2.3%)	15 (6.8%)	38 (3.1%)
Doing Business	26 (2.6%)	8 (3.6%)	34 (2.8%)
Prostitution	1 (0.1%)	13 (5.9%)	14 (1.1%)
Begging	212 (21.0%)	39 (17.6%)	251 (20.4%)
Grabbing/Stealing on the Streets	1 (0.1%)	--	1 (0.1%)
Gambling	1 (0.1%)	--	1 (0.1%)
Brother/sister/guardian helps	114 (11.3%)	49 (22.1%)	163 (13.2%)
Being Taken Care of by Centre	39 (3.9%)	7 (3.2%)	46 (3.7%)
Don't Know/No Response	58 (5.7%)	13 (5.9%)	71 (5.8%)
Total	1010 (100%)	222 (100%)	1232 (100%)

Most economic activity of the children occurred where there are concentrations of people, such as at markets (24.3%), in bars or on streets (9.8%), at shopping centres (4.3%), and at bus stops or car parks (4.1%). Almost 12% reported going wherever work was found. Other less popular places of operation included townships and the university campus. Girls were more likely than boys to operate in bars or on the streets, while boys were more active in markets, bus stops, and shopping centres (see Table 11).

**Table 11: Areas of Operation, by Sex**

WHERE DO YOU WORK?	MALE	FEMALE	TOTAL
Anywhere work is found	121 (12.0%)	21 (9.5%)	142 (11.5%)
Markets	262 (25.9%)	37 (16.7%)	299 (24.3%)
Streets/Bars	91 (9.0%)	30 (13.5%)	121 (9.8%)
Shopping centres	47 (4.7%)	6 (2.7%)	53 (4.3%)
Bus stops/Car parks/ Filling Stations	48 (4.8%)	2 (0.9%)	50 (4.1%)
Compounds	30 (3.0%)	11 (5.0%)	41 (3.3%)
University of Zambia	28 (2.8%)	0 (0.0%)	28 (2.3%)
Home	1 (0.1%)	3 (1.4%)	4 (0.3%)
Church	1 (0.1%)	0 (0.0%)	1 (0.1%)
Don't Know/Not Stated	381 (37.7%)	112 (50.5%)	493 (40.0%)
TOTAL	1010 (100.1%)	222 (100.2%)	1232 (100.0%)

For those operating at markets, Soweto market (31.4%) was the most popular. Other popular market places included Chelston (16.7%), Chainda (16.1%), Kamanga (13.7%), Ngombe (5.7%), and Comesa (4.3%).

The earnings of the children varied considerably, from as low as K100 per day to over K100,000. Reported daily earnings averaged about K6,400, with median earnings of K3,000 and mode K2,000 (see Table 12). On average, girls reported earning considerably more than boys (K13,792 vs. K4,931).

**Table 12: Daily Earnings of Street Children, by Sex**

REPORTED DAILY EARNINGS (IN KWATCHA)	MALE	FEMALE	TOTAL
0-999	40 (4.0%)	13 (5.9%)	53 (4.3%)
1000-3999	400 (39.6%)	66 (29.7%)	466 (37.8%)
4000-5999	188 (18.6%)	21 (9.5%)	209 (16.9%)
6000-9999	52 (5.1%)	14 (6.3%)	66 (5.4%)
10,000-20,000	81 (8.0%)	23 (10.4%)	104 (8.4%)
20,001-100,000	12 (1.2%)	12 (5.5%)	24 (2.0%)
100,000+	1 (0.1%)	5 (2.3%)	6 (0.5%)
Unknown/Not Stated	236 (23.4%)	68 (30.6%)	304 (24.7%)
TOTAL	1010 (100.0%)	222 (100.2%)	1232 (100.0%)

The disparity in earnings between girls and boys could be attributed to the fact that girls were involved in more lucrative but high risk activities like prostitution (see Table 13). Children who reported earning a living through prostitution earned, on average, more than four times what others earned from other activities.

**Table 13: Average Daily Earnings of Street Children, by Activity**

HOW DO YOU EARN A LIVING?	AVG. EARNINGS	N <sup>10</sup>
Prostitution	89,385	13
Brother/sister/guardian Helps	18,236	22
Doing Business	14,023	31
Assisting in Family Business	8,467	32
Selling at the Market	6,962	72
Being Taken Care of by Centre <sup>11</sup>	5,667	6
Doing Part Time Jobs	4,307	522
Begging	3,909	224
Gambling	2,500	1
Total	6,425	923

Money earned by the children was spent primarily on food and/or clothes (62.6%), as shown in table 14. Nearly ten percent reported giving their earnings to their mothers.

<sup>10</sup> Numbers are not always equal to table 11 as a result of 'Do not know' or 'Not stated' responses.

<sup>11</sup> It is not clear how those who reported being taken care of by centres were also making money.

**Table 14: Expenditures of Street Children**

What do you do with your money?	Frequency	Percent
Buy Food	438	35.6
Buy Food and Clothes	301	24.4
Buy Food for My Family	32	2.6
Buy Food and Clothes and Give Some to Big Bosses	5	0.4
Give to Mother	108	8.8
Domestic Needs	42	3.4
Entertainment-watching videos, drinking	10	0.8
Rentals	7	0.6
Savings/banking	4	0.3
Pay School Fees	3	0.2
Buy School Requirements	2	0.2
Share with Friends	1	0.1
No Response/Not applicable	279	22.6
Total	1232	100.0

**G. Assistance on the Streets**

Although the unpredictable nature of street life means that street children may not have regular access to family or other sources of assistance, nearly half of the children interviewed (45.5%) affirmed that they had received help from one source or another during their time on the streets. A significantly higher percentage of boys than girls reported receiving some assistance (47.9% vs. 34.2%).

Most frequently, this assistance was reported to have come from strangers and passers-by (39.3%), followed by friends (30.0%), NGOs (11.3%), relatives (6.1%), and churches (4.6%). Very few children cited assistance from social welfare officers or the police (1.6% and 0.5%, respectively). Types of assistance received included mostly money, clothing, and food but also included medicine, accommodation, school fees, small jobs, literacy training, and introduction to street children centres. Five children (two boys and three girls) cited assistance in being provided 'male customers.'

Despite the many risks of street life, many children apparently do not know where to go for help when in trouble. In response to a question in this regard, nearly two thirds of the children (62.5%) indicated that they did not know where to go for help in case of a problem. Among those who knew where to find help, more than half said they sought help from the police (55.8%). Seventeen percent sought help at home, while only 7.4% mentioned shelters or drop-in centres. Girls were relatively more likely to seek help at centres, home, or from elderly people than were boys (see Table 15).

**Table 15: Where Help is Sought**

SOURCE	MALE	FEMALE	TOTAL
Centre	25 (7.2%)	7 (8.0%)	32 (7.4%)
Home	53 (15.3%)	22 (25.0%)	75 (17.3%)
Nowhere/Run Away	45 (13.0%)	9 (10.2%)	54 (12.4%)
Police	194 (56.1%)	48 (54.5%)	242 (55.8%)
Friends	12 (3.5%)	0 (0.0%)	12 (2.8%)
Church	7 (2.0%)	0 (0.0%)	7 (1.6%)
Elderly People	5 (1.4%)	2 (2.3%)	7 (1.6%)
Gang Leader	5 (1.4%)	0 (0.0%)	5 (1.2%)
TOTAL	346 (100.0%)	88 (100.0%)	434 (100.0%)

#### **H. Knowledge and Use of Street Children Centres, Shelters, and Drop-In Centres**

Several centres or shelters for street children have been established in Lusaka in order to provide facilities and services such as food, shelter, counseling, medical care, support for reintegration, and other services. One gauge of the extent to which they are succeeding in the delivery of these services is the level of utilization by those they are intended to serve.

In the rapid assessment, more than half of the street children (57%) overall knew about the drop-in centres or other shelters for street children; 43% did not. Fountain of Hope was the best known of all drop-in centres/shelters; more than one in five street children (20.9%) knew of it. Other relatively well-known centres included Red Cross (11.4%) and MAPODE (6.8%). Other centres were cited by less than five percent of the children (see Table 16).

Knowledge of centres varied by sex. Overall, boys were somewhat more likely to know about the centres than girls (58% vs 50%).

**Table 16: Knowledge of Specific Centres, by Sex**

Centre	Male	Female	Total
Fountain of Hope	225 (22.3%)	32 (14.4%)	257 (20.9%)
Red Cross	122 (12.1%)	19 (8.6%)	141 (11.4%)
Mapode	71 (7.0%)	13 (5.9%)	84 (6.8%)
Chelstone Centre	30 (3.0%)	20 (9.0%)	50 (4.1%)
Kasisi Orphanage	27 (2.7%)	3 (1.4%)	30 (2.4%)
Mthunzi Centre	15 (1.5%)	7 (3.2%)	22 (1.8%)
S.O.S Village	19 (1.9%)	1 (0.5%)	20 (1.6%)
Jesus Cares Ministries	15 (1.5%)	3 (1.4%)	18 (1.5%)
Kabwata Orphanage	15 (1.5%)	--	15 (1.2%)
Lazarus Project	9 (0.9%)	1 (0.5%)	10 (0.8%)
Hope Foundation	7 (0.7%)	2 (0.9%)	9 (0.7%)
Tasintha	--	5 (2.3%)	5 (0.4%)
Roma Orphanage	5 (0.5%)	--	5 (0.4%)
Chiba Millers	4 (0.4%)	--	4 (0.3%)
Christian Brothers Centre	2 (0.2%)	2 (0.9%)	4 (0.3%)
Old Kawayo	3 (0.3%)	--	3 (0.2%)
Flame	3 (0.3%)	--	3 (0.2%)
St Lawrence Home of Hope	3 (0.3%)	--	3 (0.2%)
Mother Theresa	3 (0.3%)	--	3 (0.2%)
Dapp	2 (0.2%)	--	2 (0.2%)
Matero Centre	2 (0.2%)	--	2 (0.2%)
Messiah	1 (0.1%)	1 (0.5%)	2 (0.2%)
Chainda Community Centre	2 (0.2%)	--	2 (0.2%)
Masauko	1 (0.1%)	--	1 (0.1%)
Linda Community Development Centre	1 (0.1%)	--	1 (0.1%)
Misisi Orphanage	--	1 (0.5%)	1 (0.1%)
Do Not Know/Not Stated	423 (41.9%)	112 (50.5%)	527 (42.8%)
Total	1010 (100%)	222(100%)	1232 (100%)

Of the 705 children who knew of a centre or shelter, 448 (63.5%) had actually been to the centre they named, and of these, just over half (240/448, or 53.6%) were still going there.<sup>12</sup> Among the children who knew of a centre, a higher percentage of boys than girls had been to the centre they named (65.2% vs. 54.5%). But of those who had been to the centre, a higher percentage of girls than boys were still patronizing it (67.6% vs. 46.4%). See Tables 17 and 18.

<sup>12</sup> See footnote 6.

**Table 17: Utilization of Centres by Sex**

EVER BEEN TO THE CENTRE	MALE	FEMALE	TOTAL
Yes	388 (65.2%)	60 (54.5%)	448 (63.5%)
No	207 (34.8%)	50 (45.5%)	257 (36.5%)
TOTAL	595 (100.0%)	110 (100.0%)	705 (100.0%)

**Table 18: Continuation of Visits to the Centre by Sex**

STILL USING THE CENTRE	MALE	FEMALE	TOTAL
Yes	194 (46.4%)	46 (67.6%)	240 (49.4%)
No	224 (53.6%)	22 (32.4%)	246 (50.6%)
TOTAL	418 (100.0%)	68 (100.0%)	486 (100.0%)

Of children who had stopped using the particular centre they named, 181 gave reasons why (see Table 19). As shown, 42 (23.2%) cited fear of beatings and fights as the primary reason. Inadequacy of food (21.5%), ‘dislike of the place’ (13.8%), and the lack of money-making opportunities (12.7%) were other main reasons given for discontinuing use of the centres. The only reasons cited by a significant number of girls (at least 10%) were the fear of fights (40%), fear of sexual abuse (20%), and the desire to make money (20%).

**Table 19: Reasons for Discontinuing Visits, by Sex**

Reason Given	Male	Female	Total
Fear of Beatings and Fights	36 (21.7%)	6 (40.0%)	42 (23.2%)
Food Not Enough at the Centre	39 (23.5%)	--	39 (21.5%)
Does Not like Centre	25 (15.1%)	--	25 (13.8%)
No Financial Support at the Centre/Like Making Money	20 (12.0%)	3 (20.0%)	23 (12.7%)
Staying with Parents/Grandparents	16 (9.6%)	1 (6.7%)	17 (9.4%)
Staying at Another Centre	11 (6.6%)	--	11 (6.1%)
Wants to Be Independent	6 (3.6%)	1 (6.7%)	7 (3.9%)
Centre Located Too Far Away	3 (1.8%)	1 (6.7%)	4 (2.2%)
Fear of Sexual Abuse	--	3 (20.0%)	3 (1.7%)
Too Big to Stay at the Centre	3 (1.8%)	--	3 (1.7%)
I Am Not an Orphan	2 (1.2%)	--	2 (1.1%)
Peer Pressure/Influence from Friends	2 (1.2%)	--	2 (1.1%)
Teachers at the Centre Were Not Helping in Any Way	1 (0.6%)	--	1 (0.6%)
Centre Got Burnt	1 (0.6%)	--	1 (0.6%)
Chased from the Centre	1 (0.6%)	--	1 (0.6%)
Total	166 (100%)	15 (100%)	181 (100%)

221 children reported having been to a second centre. Most common among these were again FOH (64 children), Red Cross (49), and MAPODE (38). The main reasons given for leaving the

second centre again included inadequacy of food, fear of fights/beating, and dislike for the place (see Table 20).

**Table 20: Reasons for Discontinuing Vists to Second Centre**

Reason For Leaving	Number	Percent
No Food at the Centre	37	20.9
Fear of Beating/Fighting	32	18.1
Did Not like the Place	21	11.9
No Reason/Just Left	19	10.7
Earn Some Money	10	5.6
Mistreatment	9	5.1
Lack of Attention	7	4.0
Just Went There for a Day	7	4.0
Living with Grandparents Now	6	3.4
Followed Friends on the Streets	6	3.4
Was Just Visiting	5	2.8
Lack of Space	4	2.3
Centre Is Too Boring	2	1.1
Lack of Education at the Centre	2	1.1
Centre Is Located in the Bush	1	0.6
Centre Has Been Closed	1	0.6
Centre Wanted Documentation	1	0.6
Fear of Witchcraft	1	0.6
Transferred to Another Centre	1	0.6
Because of Sickness	1	0.6
Sexual Abuse by Boys	1	0.6
Centre Realised That He/She Was Not an Orphan	1	0.6
Too Much Work at the Centre	1	0.6
Too Many Restrictions	1	0.6
Total	177	100.4

## **I. Education**

One of the most likely consequences of increasing poverty is the inability of parents to keep their children in school, because they cannot afford to pay school fees or meet other school requirements. These children frequently end up in the streets. Of the 1,232 children included in the rapid assessment, nearly three quarters (72.7%) were found to be out of school. This figure includes 73.3% of the boys and 70.3% of the girls included in the assessment. Of those children still in school, the majority (56.5%) were attending community schools, followed by 39.9% in government schools, and 3.6% in private schools.

Although most of the children were out of school, the majority (64.2%) had, at some time in the past, attended school; 35.8% had never been to school. The percentage of boys and girls who had previously attended school was virtually identical (64.4% vs. 63.5%).

When only considering government or private schools, just under half of all children in the assessment (46.1%) had ever been to school, including 47.0% of boys and 41.9% of girls. These children reported having reached, on average, grade 4, with many (19.0%) having reached grade 6 or higher. Two children reported having reached as high as grade 10.

Of those children not currently in school, the vast majority—almost nine out of every ten—indicated that the primary reason they were not attending school was because they could not afford to pay school fees and other necessary school requirements. Similarly, of those who had never been to school and of those who had previously attended a government or private school but had stopped, most (83.1% and 91.9% respectively) indicated that this was because of a lack of financial support or failure to meet the costs of school requirements. Other reasons given are as shown below.

**Table 21: Reasons for Not Attending School**

REASON	NOT CURRENTLY IN SCHOOL		NEVER ATTENDED SCHOOL		NO LONGER ATTENDING GOV'T /PRIVATE SCHOOL	
	No.	%	No.	%	No.	%
Lack of Financial Support	766	89.3	265	83.1	451	91.9
Poor Health	61	7.1	2	0.6	6	1.2
Stopped on My Own	5	0.6	6	1.9	13	2.6
Orphaned	--	--	20	6.3	--	--
Never Been Taken to School/ Relatives Opposed to it	--	--	17	5.3	1	0.2
Failed Examinations	9	1.0	--	--	9	1.8
Too Young to Be in School	4	0.5	7	2.2	--	--
Family Moved	1	0.1	--	--	7	1.4
Chased from Home/Ran Away	4	0.5	1	0.3	--	--
Just Want to Be Playing/ Don't Want to Go to School	3	0.3	1	0.3	--	--
Became Pregnant	2	0.2	--	--	2	0.4
Looking after Relatives	2	0.2	--	--	1	0.2
Too Old to Be in School	1	0.1	--	--	--	--
School Closed (lack of funds)	--	--	--	--	1	0.2
Total <sup>13</sup>	858	99.9	319	100.0	491	99.9

## J. Health

Life on the streets exposes children to a number of health risks, due to the unhygienic environment, poor quality and/or inadequate food, low access to medical care, exposure to the elements, exposure to acts of violence, sexual risk-taking, etc.

The most commonly cited recurring health problems of children in the rapid assessment included malaria (cited by 12.4% of the children), headache (6.8%), and cough (3.5%). Asked if they had been sick recently, one third (33.1%) responded affirmatively.<sup>14</sup>

Of those suffering recurring health problems, approximately 78.7% reported receiving treatment for it. Similarly, of those reporting a recent illness, 81.8% said they had received treatment. In both cases, a clinic was the most common source of treatment, followed by family members and then friends. Family and friends combined accounted for the source of treatment in over 40% of the cases, with 'traditional healers' and self-treatment each also accounting for about 5%, raising serious questions about the quality of care.

<sup>13</sup> All other responses were either Do not know, Not stated, or Not applicable.

<sup>14</sup> In decreasing order of prevalence, the ailments included malaria, headache, cough, abdominal pains, and diarrhea.

Pain killers such as *panadol* and *cafenol* were the most common treatments, reported by nearly one third of the children. Other common treatments included malaria tablets and other miscellaneous medications, including 'traditional' medicines.

#### **K. HIV/AIDS and Other STIs**

For a number of reasons, including lack of parental guidance and supervision, low levels of education, exposure to sexual abuse, and economic pressures that can lead to selling sex, children on the streets are at increased risk for contracting sexually transmitted infections, including HIV/AIDS.

As reported by the children themselves, only 36 of 1,010 boys (3.6%) and 21 of 222 girls (9.5%) had ever had an STI. Among boys, all but three of the 36 cases were reported by boys between the ages of 12 and 18 (one was reported by a boy of 7; two were among boys whose age was undetermined). Similarly, among girls, all 21 cases were reported by girls aged 12 to 18 years; in this age group, then, 21/123, or 17.1%, had had an STI.

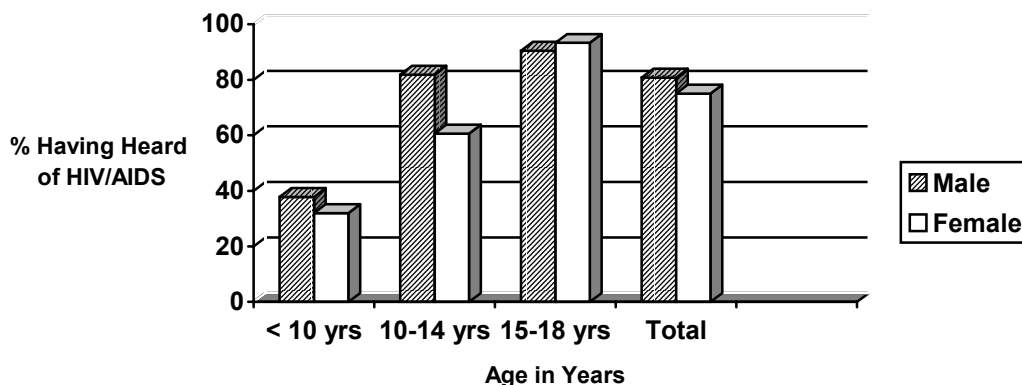
Most of those who reported having had an STI said that they had sought treatment, as shown in Table 22 below. This includes 19 of 36 boys (52.7%) and 14 of 21 girls (66.7%) who sought treatment at a clinic, hospital, or pharmacy, and an additional six boys (16.7%) and five girls (23.8%) who went to a traditional healer.

**Table 22: Treatment for STI, by Sex**

WHERE TREATED	MALE	FEMALE	TOTAL
Government clinic/hospital	16	10	26
Private clinic/hospital	--	4	4
Private chemist/pharmacist	1	--	1
Clinic at street children centre	2	--	2
Traditional healer	6	5	11
Compound (location not stated)	2	--	2
Home/Friends	3	1	4
Not treated/not stated	6	1	7
Total	36	21	57

Knowledge of HIV/AIDS among street boys was relatively high, with just over 80% (80.8%) having heard of the disease. Knowledge of HIV/AIDS among girls was significantly lower (64.9%). This difference in knowledge might have been related to the relatively larger proportion of girls under ten years of age. For both boys and girls, knowledge of HIV/AIDS increased progressively with age. For example, fewer than 40% of the children under ten years knew about HIV/AIDS, while more than 90% of those between 15 and 18 years did.

**Figure 2: Percent Children with Knowledge of HIV/AIDS, by Sex**



Knowledge of how HIV/AIDS is transmitted was reasonably high, with nearly two-thirds of children associating HIV/AIDS transmission with sexual activity, blood transfusions or other blood contact, or mother to child transmission. Roughly one-third had incorrect responses, did not know how HIV was transmitted, or did not give any answer.

**Table 23: Knowledge of HIV/AIDS Transmission, by Sex**

MODE OF TRANSMISSION	MALE	FEMALE	TOTAL
Sexual Intercourse with Infected Person	405 (40.1%)	101 (45.5%)	506 (41.1%)
Sleeping with Many Girls/Boys	176 (17.4%)	11 (5.0%)	187 (15.2%)
Not Using Condom When Having Sex	29 (2.9%)	3 (1.4%)	32 (2.6%)
Misbehaving with Girls	15 (1.5%)	--	15 (1.2%)
Blood Contact with Infected Person	10 (1.0%)	1 (0.5%)	11 (0.9%)
Blood Transfusion	6 (0.6%)	--	6 (0.5%)
Mother to child	1 (0.1%)	--	1 (0.1%)
Sex Outside Marriage	4 (0.4%)	--	4 (0.3%)
Homosexuality	3 (0.3%)	--	3 (0.2%)
Pre-marital Sex	2 (0.2%)	--	2 (0.2%)
Sharing Razor Blades/Sharp Edges	8 (0.8%)	25 (11.3%)	33 (2.7%)
Eating on Same Plate	6 (0.6%)	--	6 (0.5%)
Do Not Know/Not Stated	345 (34.2%)	81 (36.5%)	426 (34.6%)
Total	1010	222	1232

**L. Pregnancy**

Among the 222 street girls surveyed, only 14 (6.3%) admitted to ever having been pregnant before. The 14 included one 10 year old girl, and all others were between 16 and 18 years of age. Over half of the 18 year old girls, 40% of the 17 year olds, and 20% of the 16 year olds had been pregnant before.

Of the 14 girls, five had aborted, and the babies of four others had died.

**M. Drug Use**

Nearly two-thirds of all children interviewed (62.4%) acknowledged knowing about drugs; more boys knew about drugs than girls (67.5% vs. 39.2%). For all children, knowledge of drugs

increased progressively with age: just 20.3% of children under ten years knew of drugs, while 62.2% of those 10-14 years and 77.4% of those 15-18 years did.

Drug use among street children was considerably less prevalent than knowledge, but still relatively high. In total, 292 children (23.7%) admitted using drugs. Drug use was found to be associated with both age and sex. It was more pronounced among boys than girls (26.4% vs. 11.3%) and, as with knowledge, increased with age (Table 24).

**Table 24: Street Children's Use of Drugs by Age**

DO YOU USE ANY DRUGS?	AGE OF CHILDREN				Total
	Under 10 yrs	10 - 14 yrs	15 - 18 yrs	Age unspecified	
Yes	9 (6.1%)	134 (21.6%)	142 (32.3%)	7 (29.2%)	292 (23.7%)
No	139 (93.9%)	486 (78.2%)	297 (67.7%)	17 (70.8%)	939 (76.2%)
No response		1 (.2%)			1 (0.1%)
Total	148 (100.0%)	621 (100.0%)	439 (100.0%)	24 (100.0%)	1232 (100%)

Dagga (marijuana) was reportedly the drug of choice for nearly 40% of the users of drugs (including 38% of boys and 60% of girls). A combination of glue and dagga was used by a similar percentage overall (40% of boys and 24% of girls). Other less popular drugs included jenkem (fermented sewage), ballan (uncured tobacco), and others shown in Table 25. There was little difference by gender in terms of the types of drugs used.

**Table 25: Type of Drugs Used**

DRUG TYPE	MALE	FEMALE	TOTAL
Dagga	101 (37.8%)	15 (60.0%)	116 (39.7%)
Glue and Dagga	108 (40.4%)	6 (24.0%)	114 (39.0%)
Jenkem	16 (6.0%)	1 (4.0%)	17 (5.8%)
Ballan	12 (4.5%)	2 (8.0%)	14 (4.8%)
Petrol	10 (3.7%)	0	10 (3.4%)
Marijuana and Petrol	10 (3.7%)	0	10 (3.4%)
Marijuana and Beer	6 (2.2%)	1 (4.0%)	7 (2.4%)
Cigarette	2 (0.7%)	0	2 (0.7%)
Cocaine	2 (0.7%)	0	2 (0.7%)
Total	267	25	292 (99.9%)

## N. Violence

More than half of the children (57.1%) reported facing violence on the street, including 60.2% of boys and 43.2% of girls. Older children were more likely to report experiencing violence: of children below 10 years, only 38.5% reported facing violence, compared to 58.3% of children 10-14 years and 62.4% of children 15-18 years.

The types of violence faced mainly included fights (31.6%), beatings (30.0%), physical harassment (16.2%), and theft of money (11.2%). Police harassment was mentioned by 3.6% of the children, and sexual abuse or harassment by 3.0%. Other forms of harassment, insults, and hunger were also mentioned. Physical harassment, sexual abuse, and sexual harassment were relatively more frequently reported by girls than boys. Younger children were more likely to report physical harassment and money grabbing.

**O. Leisure Activities**

Most of the leisure activities of street children revolved around sports and church. Slightly over 30% of them participated in sports, and over a quarter attended church. Sports were more popular among boys than girls; the reverse was true for church. Over one third reported not being involved in any other activities, or had no response.

**Table 26: Leisure Activities of Street Children**

ACTIVITY	MALE	FEMALE	TOTAL
Baby Sitting	1 (0.1%)	--	1 (0.1%)
Church	237 (23.5%)	94 (42.3%)	331 (26.9%)
Domestic Work	3 (0.3%)	7 (3.2%)	10 (0.8%)
Sports	365 (36.1%)	25 (11.3%)	390 (31.7%)
Watching Videos	11 (1.1%)	1 (0.5%)	12 (1.0%)
Drama	11 (1.1%)	6 (2.7%)	17 (1.4%)
School	4 (0.4%)	--	4 (0.3%)
Gambling	5 (0.5%)	--	5 (0.4%)
None/Not Stated	373 (37.0%)	89 (40.1%)	462 (37.4%)
<b>TOTAL</b>	<b>1010 (100.0%)</b>	<b>222 (100.0%)</b>	<b>1232 (100.0%)</b>

**P. Needs for Assistance**

Asked what assistance they most needed, a majority of children (over 70%) wanted help getting an education. 13.6% wanted assistance finding employment, learning a trade, or starting a business. Other responses were as shown below.

**Table 27: Greatest Needs of Street Children by Sex**

AREA	MALE	FEMALE	TOTAL
Getting Back to School	727 (72.0%)	140 (63.1%)	867 (70.4%)
Capital to Start Business	93 (9.2%)	30 (13.5%)	123 (10.0%)
Accommodation/Home	36 (3.6%)	7 (3.2%)	43 (3.5%)
Clothes	30 (3.0%)	10 (4.5%)	40 (3.2%)
Employment	26 (2.6%)	12 (5.4%)	38 (3.1%)
Food	19 (1.9%)	2 (0.9%)	21 (1.7%)
Money for Repatriation	13 (1.3%)	--	13 (1.1%)
Assistance Reconciling with Parents	7 (0.7%)	3 (1.4%)	10 (0.8%)
Medical Treatment	5 (0.5%)	1 (0.5%)	6 (0.5%)
Skills Training	4 (0.4%)	2 (0.9%)	6 (0.5%)
Taken to an Orphanage	4 (0.4%)	1 (0.5%)	5 (0.4%)
Nothing	32 (3.2%)	10 (4.5%)	42 (3.4%)
Not Stated	14 (1.4%)	4 (1.8%)	18 (1.5%)
<b>TOTAL</b>	<b>1010 (100.0%)</b>	<b>222 (100.0%)</b>	<b>1232 (100.0%)</b>

Among the youngest children (under ten years of age), the greatest needs were schooling (73.6%) and food (5.4%). Among children 10 years or older, the greatest needs were education, followed by capital for business or employment.

## **VI. LIMITATIONS OF THE RAPID ASSESSMENT**

The rapid assessment was implemented by NGO personnel as a means of increasing their understanding of issues related to street children, promoting their feeling of 'ownership' of the data, and building their research capacity. Despite the training that was given to these personnel, a number of errors and inconsistencies in the final data were noted at the time of processing and analyzing data. These problems give emphasis to the need for adequate training of interviewers and supervision of data collection. The questionnaire itself also had some structural problems which delayed data processing. Involving personnel responsible for data entry and analysis at the time the questionnaire is developed could help to minimize problems of this nature.

Examples of the types of errors noted include the following:

An unusually large number of questions were omitted, either because they were not posed to respondents or because they were not well understood by the interviewer and/or respondent. Consequently, there is a high percentage of answers in the "No response" or "Not stated" categories.

Frequent inconsistencies were noted in the data. For example, it was recorded that 33 children stated that their father was dead but also that they were living with him. Similarly, according to the data, 30 children said their mother was dead but also that they were living with her. In response to one question on where the child stayed, 286 children said with relatives; in response to a question later 'Are you staying with relatives?,' only 100 said yes.

It was evident that probing techniques were not frequently applied in the data collection process in order to get clarifications from the respondents where answers were not clear.

There were frequent failures by interviewers to interview according to given "skip" instructions. As a result, in many instances answers were found to questions that were supposed to have been skipped.

A number of interviews were not completed. These incomplete questionnaires were excluded from data entry and analysis.

Some of the respondents appear to have been interviewed more than once by the same interviewer. During the data editing 35 such duplicates were identified and removed.

In some instances, there were differences noted in handwriting between the beginning and end of the same questionnaire, raising questions about whether the person with his/her name on the questionnaire as the interviewer actually conducted the interview.

These problems, as mentioned, may reflect one or more of several factors, including inadequate training of the data collectors and inadequate supervision of the data collection and completion of questionnaires. They also reflect in part the nature of the respondents, who may for obvious reasons tend to be mistrustful or to provide inaccurate answers because they believed they could somehow benefit in some way by doing so.

The shortcomings of the data were addressed during data entry and analysis as well as possible, in order to produce the highest quality data set possible. This explains in part the delays experienced during data processing.

A final limitation of note is related to the sampling methodology, which, as explained, was not randomized.

## **VII. DISSEMINATION OF RESULTS AND WORKSHOP RECOMMENDATIONS**

A two-day workshop to disseminate and discuss the findings of the rapid assessment was held in Lusaka on March 13-14, 2002. The objectives of the workshop included:

- To share widely the findings of the assessment;
- To make recommendations to be included in the final assessment report; and
- 3. To build consensus on actions to address the issue of street children.

The first day of the workshop included the presentation and discussion of results, together with small group work focusing on four themes: government policy, family/community involvement, networking, and standards. Participants at the first day of the dissemination workshop included representatives of national and local government authorities, including representatives from the Ministries of Community Development and Social Services, Education, Labour and Social Security, and Legal Affairs, the Judiciary, and the Lusaka and Kitwe City Councils; non-governmental organizations; donor organizations; and the media (print, TV, and radio). Together with those from UNICEF, PCIZ, and the AKS partners, a total of approximately 60 participants attended.

A second day of the workshop, facilitated by PCIZ, was attended by representatives from each of the Africa KidSAFE partners, Child Justice, the MCDSS, and the Lusaka District Social Welfare Office. This meeting was devoted to additional discussion of results, refinement of the recommendations from the first day, and development of specific actions that could be taken to implement recommendations.

Key recommendations arising from the dissemination workshop included the following:

Communities and families need to be sensitized to understand their roles and responsibilities with regard to taking care of children in society, especially vulnerable children.

In addition to sensitization, efforts to build the capacity of communities and families to care for children, for example, through business training, support for income generating activities, and other developmental support need to be undertaken so that communities and families are empowered to provide the basic needs of children under their care.

When street children cannot be traced or reintegrated within their families, the option of foster parenting needs to be explored and encouraged.

Given the importance of the church in most communities of Zambia, and the significant proportion of street children who continue to attend church, their participation in addressing child welfare issues needs to be strengthened.

Communities should consider reviving the community welfare system; that is, re-establishing community development and welfare centres that would offer training programs for caretakers (e.g. in business, domestic skills, parenting skills, etc.) and social, educational, and recreational activities for children to prevent them from drifting onto the streets.

Stakeholders identified as critical in encouraging family and community participation in child care interventions included those who could provide funding (e.g. SCOPE-OVC); churches, schools, Residential Development Committees, the Children Care Upgrading Program, Child Justice Forum, and ILO/IPEC.

A government policy on street children, addressing such issues as the definition of a street child, causes of streetism, standards of service delivery, health care, free and compulsory education, child abuse, etc. must be developed and implemented.

Specific regulations pertaining to street children institutions and programs need to be developed, adapted, and enforced.

Government must allocate budget and provide other necessary support for programs oriented towards street children, including capacity building for organizations involved in providing services to street children, secondment of trained personnel, and support for operational costs.

Efforts to ensure a child-friendly juvenile justice system in Zambia respectful of children's rights need to be continued.

Minimum standards of care for street children need to be developed and enforced relating to each of the following:

- Qualifications of staff involved in child care programs
- Infrastructure (water/sanitation, hygiene, shelter, etc.) at service delivery sites
- Nutrition/minimum daily caloric requirements
- Structured programs in child care centres (sport, class time, etc.)
- Admission, referrals and progression guidelines
- Security of children and staff and the community in which the centres are located
- Basic health services
- Record-keeping on children and programs in child care centres

Minimum standards need to take into account the usual living conditions in homes from which children are coming and to which all efforts should be made to reintegrate them within a well-defined period of time.

A code of conduct for child care workers should be developed, monitored, and enforced.

Training for child care workers in such areas as psychosocial counseling (for children and families), community mobilization techniques, causes of streetism, outreach to street children, etc. must be a part of every service provider's program.

Recommended action points for strengthening and enhancing networking among child care service providers and child care provider networks include the following:

- Creation of a database on street children for use by child care service providers
- Information sharing among the members of networks and with other networks
- Coordination of network activities and other support services
- Establishment of referral systems and guidelines that are acceptable to networks members and which promote the welfare of the children

Efforts to advocate with and on behalf of street children at all levels—including community, government, the private sector, etc.—must be strengthened.

## Annex. Interview Sites

Site	No. Questionnaires Administered
MTHUNZI CENTRE	3
FOUNTAIN OF HOPE	82
ST. LAWRENCE HOME OF HOPE	21
JESUS CARES MINISTRY	8
MAPODE	7
ZAMBIA RED CROSS GARDEN CENTRE	54
CHIPATA	1
KALIKILIKI	12
MTENDERE	58
KAMANGA	42
CHELSTONE MKT	38
CHELSTONE COMMUNITY CENTRE	28
CHAINDA COMPOUND	58
LONGACRES	39
KALINGALINGA COMPOUND	58
GREAT EAST ROAD	16
UNZA	56
NORTHMEAD	58
CHAISA COMPOUND	39
POST OFFICE	6
VENTA COMPOUND	24
CHAINAMA	21
NGOMBE COMPOUND	40
KABWE ROUND ABOUT	17
CHILENJE	14
CHURCH ROAD	18
FREEDOM ROAD	2
FINDECO HOUSE	2
WOODLANDS	2
TALL TREES (MAKENI)	2
MANDEVU COMPOUND	54
KAUNDA SQUARE	30
CHAWAMA	4
SNACK ATTACK	5
ZESCO FLY OVER BRIDGE	5
EVELYN HONE COLLEGE	11
COMESA MARKET	7
CHIKONDANO	7
SOWETO MARKET	112
CIVIC CENTRE	22
AVONDALE	12
LUMUMBA ROAD	3
LIPILA MARKET	3
EMMASDALE	3
UTH	10
RHODES PARK	12
MISISI COMPOUND	27
FAIR VIEW	12
ALICK NKHTA ROAD	7
MANDA HILL	35
STALILO GREAT EAST ROAD	4
BURMA ROAD	2
KABWATA	6
CAIRO ROAD	2
MUMBWA ROAD	3
UNKNOWN / NOT RECORDED	58