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# PREFACE

The United Nations Office for Drug Control and Crime Prevention (ODCCP) was established in Cairo in 1997 as a Regional Office for the Middle East and North Africa. The Regional Office serves as a resource and coordination center advising Governments and other partners in the region on issues of drug control and crime prevention. It also develops and implements technical assistance programmes to address problems in the area of drug control and crime prevention.

One of the problems for drug control and crime prevention in North Africa and the Middle East is the lack of detailed information and data, which are essential for the development of strategies and assistance programmes. To address this problem the Regional Office for Drug Control and Crime Prevention undertakes a number of assessments by technical experts, which are published in this series of Technical Reports on Drugs and Crime in North Africa and the Middle East.

The main objective of this series is to provide a platform to share with the wider audience such as researchers, operational experts and decision-makers, the results of technical assessments in drug control and crime prevention. The series also aims at providing useful information for international and national organizations, as well as non-governmental organizations active in drug control and crime prevention.

The views expressed in these technical reports are of the authors and do not necessarily represent the official policy of the United Nations Office for Drug Control and Crime Prevention. The designations and maps in the publication do not imply the expression of any opinion whatsoever on the part of the United Nations concerning the legal status of any country, territory or area or of its authorities, frontiers or boundaries.

The report contains the outcome of the Rapid Situation Assessment study on street children in Cairo and Alexandria, including the children's drug abuse as well as health and nutritional status. The study was conducted in cooperation between the World Food Programme, United Nations Children's Fund, and the United Nations Office for Drug Control and Crime Prevention.

I take this occasion to thank all those who contributed to this study. I hope that the findings of the study would be helpful to counter drug abuse in the region.



Dr. Mehdi Ali  
Regional Representative for  
the Middle East and North Africa



# ACKNOWLEDGEMENTS

The Rapid Situation Assessment (RSA) was undertaken by a team whose core skills included social anthropology, health and nutrition, as well as substance abuse. The team would like to thank all those who helped make this assessment possible.

Deep and sincere gratitude goes first to the street children who were very helpful in cooperating with the research team and in understanding the aims and objectives of the RSA. Street children interviewed have been very cooperative all through the various phases of the project and offered constant tolerance, kindness, and acceptance.

This work could not have been accomplished without the active cooperation of many partners in the field, in particular those responsible for the projects visited by the RSA team.

Special thanks are due to representatives of the Ministry of Insurance and Social Affairs, who spared no efforts in providing all the available data and statistics on street children in Cairo and Alexandria.



# EXECUTIVE



# SUMMARY

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# INTRODUCTION

1. This Rapid Situation Assessment (RSA) of street children in Cairo and Alexandria is a project carried out on behalf of three United Nations Agencies: the Office of Drug Control and Crime Prevention (ODCCP), the United Nations International Children's Emergency Fund (UNICEF), and the World Food Programme (WFP). Abt Enterprises LLC (AELLC) mounted a team to undertake this RSA in direct cooperation with the General Social Defense Department of the Ministry of Social Affairs. The General Social Defense Department provided all the necessary secondary data and statistics available on the topic, made the necessary contacts with NGOs that were site-visited, and participated in discussions and seminars addressing the problem of street children with the research team. The clients provided additional secondary data and methodological input.

2. The street children project is part of ODCCP's efforts in Egypt and the countries of the region to reduce the demand for drugs by establishing comprehensive prevention, treatment and rehabilitation programs for the peoples of the region. The current WFP Egypt Country Programme (1998 - 2001) contains a proposal for assisting projects targeting poor urban children. WFP is trying to identify a role for food aid in this context. UNICEF Egypt established a Child Protection Program in 1999 aiming at monitoring the situation of children at local community level, supporting the development of models to provide protection measures for children at risk and supporting the establishment of a comprehensive protection policy. The current project falls under UNICEF's Integrated Child Protection Project, which among other objectives, aims at providing protection measures to children in need of special protection.

## AN OVERVIEW OF FINDINGS

3. Despite the variations in the leading causes to the emergence and development of the problem of street children at the global level, street children in both Cairo and Alexandria show many similarities to street children worldwide. What emerged from the RSA is a manifestation of the effect of various interrelated factors leading to the existence of the problem of street children in Egypt. Poverty, family breakdown, and child abuse and neglect, seem to be the leading causes for the problem. Many Egyptian families who are economically marginalized have become seriously dysfunctional, and have placed their children in circumstances that have resulted in such youth leaving home and trying to survive in the often unprotected and hazardous street milieu. These circumstances have included families coming and one by the departure of one of the heads of households, child abuse by the family, and exploitation of the child as a wage earner, by abusive employers.

4. While the precise magnitude of the problem has yet to be measured, the AELLC RSA team estimates that there are in excess of one million children, if children working in areas where they cannot be seen or reached, such as home-servants or those who work in other areas that do not necessarily entail direct contact with the street setting, and those who are at risk or vulnerability, are added to the list. Once on the streets, they discover that it is a very scary place, indeed, and that they lack many of the coping mechanisms necessary to establish a stable and secure life.

5. Eighty percent of the children are exposed to real or constant threat of violence from employers, hostile-abusive community members, and their peers. Ignorant about health, hygiene, and nutrition and deprived of services to protect them, street children are a malnourished sub-population subsisting on an inadequate diet. Lack of access to medical services due to the type of life they lead means that skin diseases, lacerations from fights, intestinal illnesses, and infections go untreated. Functionally illiterate (70 percent of the sample were school drop-outs, 30 percent had never attended schools in the first place), economic survival means working at the most menial tasks, or worse, begging, or thieving. While two-thirds of the children have a sense of what they would like their lives to be (i.e., stable blue collar work as mechanics, carpenters or drivers), and even have a general understanding of what they need to "get there", (i.e., literacy, vocational training), few have any conception of how to craft a strategy to realize this vision. Complicating this situation is the fact that even though there have been many governmental and non-governmental efforts to deal with the problem of street children in Egypt, still relatively few resources exist to help them.

6. Spurned by the community, away from their families' protection and guidance, at least two-thirds of the children resort to substance abuse. Past studies disclosed that the overwhelming number of abusers resorted to tobacco or glue and/or petrol sniffing.



Today's street children are responding to a more varied menu that includes various medicines and drugs (primarily Bango and Hashish). Few services exist that effectively seek to treat substance abuse among this subset of Egypt's youth.

7. The RSA focused upon Governmental and Non-Governmental Organizations dealing with the problem in both Cairo and Alexandria. Analysis disclosed that while both GO's and NGO's recognize the magnitude of the problems of street children and are seeking every possible way to address them, their performance to date is still in its initial phases and in need of various technical and financial supports. However, beginning with family counseling, and continuing through to street-based services,

residential, nutritional, hygiene and medical services, and substance abuse abatement, the study evidenced a serious lack of effective, trained, and knowledgeable professionals.

8. Hopeful signs include a growing awareness on the part of all intervention agencies that this phenomenon must be dealt with in a holistic approach that includes health, nutrition, education, and substance abuse abatement elements. Moreover, the GOs are more predisposed to coordinate strategies, cooperate with, and use NGOs committed to dealing with street children than at any time in the past. For donors focusing upon the amelioration of this phenomenon, there has rarely been a more conducive environment within which to work.

## STRUCTURE OF THE REPORT

9. The Rapid Situation Assessment of Street Children in Cairo and Alexandria aims to address, describe, and analyze the problem of street children and recommend the most appropriate ways to deal with it. Accordingly, the RSA Report begins with a description of the aims and overall objectives of the Rapid Assessment, the expected output, the methodology used, the limitations of the RSA, and the problems confronted while carrying it out.

10. Chapter two of the RSA includes a profile of street children in Cairo and Alexandria. The Chapter contains a description of the magnitude of the problem, basic demographic information on the primary data collected of the sample of street children interviewed, reasons for being on the street as revealed by the sample interviewed, areas where they concentrate, activities, problems, nature and extent of their substance abuse, their health and nutrition status, their needs and hopes, and the nature of their psychological adjustment to street life.

11. Chapter three includes a description and analysis of the services provided for street children in Cairo and Alexandria, whether governmental or non-governmental. The chapter highlights the nature of governmental services targeting street children, the non-governmental activities and services, the interrelationship between GOs and NGOs in dealing with street children, the attitudes of street children to the services provided, and the attitudes of the service providers toward the services provided for street children. This is followed by a general overview of the models and activities implemented.

12. Chapter four contains the recommendations and intervention policies suggested by the outcome of the Rapid Situation Assessment. It includes an analysis of the general indicators from the RSA, and recommendations and suggested framework of actions related to proper project intervention. Appendices dealing with our methodological approach and in-depth descriptions of NGO's follow.



**RAPID SITUATION ASSESSMENT**  
**OF**  
**STREET CHILDREN**  
**IN**  
**CAIRO & ALEXANDRIA**

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**I**

# Introduction

13. This chapter seeks to discuss the nature and content of the Rapid Situation Assessment (RSA) project carried out on street children in Cairo and Alexandria to report on their overall situation including drug abuse, health/nutritional status, and prospects for human resource development among them.

14. It focuses on the aims and objectives of the RSA, its expected output, and the nature of the methodology used to carry it out including the procedures and sampling methods. The Chapter also highlights the limitations of the RSA, and reveals the various research problems and constraints associated with it as well as the nature of the efforts made to overcome these problems.

## Aims and Objectives

15. In carrying out a rapid situation assessment on the overall situation of street children in Cairo and Alexandria, the study sought to accomplish the following objectives:

- To assess the overall situation of street children in Cairo and Alexandria by mapping out areas of their concentrations, their activities, needs and priorities, the magnitude and patterns of drug abuse among street children, and their health and nutritional status;

- To identify current governmental and non-governmental activities and programs targeting street children, and assess their needs and problems; and
- To set forth recommendations on appropriate interventions.

## Methodology

### Procedures

16. Undertaking the procedures of the Rapid Situation Assessment of street children in Cairo and Alexandria entailed implementing three main phases:



**i. Planning and collection of secondary sources of data, which included:**

- Reviewing literature and other available secondary data on the topic,
- Identifying needs, aims and objectives of the RSA,
- Identifying NGOs and GOs that provide direct services for street children,
- Identifying tools and techniques of data collection,
- Selecting the appropriate research team,
- Contacting both NGOs and GOs that deal directly with street children in Cairo and Alexandria,
- Developing the interview guides that can be suitable to the nature of the RSA,
- Carrying out two orientation sessions for the research team to explain the nature of the RSA, the methods and techniques of data collection used, and how to overcome the problems faced,
- Carrying out orientation sessions with the Director of the Planning and Research Unit in the Social Defense Department to explain the nature of the

- RSA and to develop a time-table for executing it, and
- Identifying a timetable for project execution and duration for the entire team.

**ii. Carrying out site visits, field work, and collection of primary data, which included:**

- Carrying out site-visits and meetings with:
  - The General Manager and member of the Board of Directors of the Al-Amal Village in Cairo,
  - The Chairman of the General Egyptian Association for Child Protection in Alexandria,
  - The General Manager of Toufolti NGO in Cairo,
  - The Coordinator of the Street Children Project in Caritas Cairo,
  - The Coordinator of the Street Children Project in Caritas Alexandria, - The General Manager of Al-Horia NGO in Alexandria,
- Carrying out three brainstorming sessions with the research team/ service providers with the attendance of the Head of the Planning and Research Unit- the Social Defense Department, and the General Manager of Dar El-Tarbia in Giza.



- Carrying out interviews with a sample of 50 street children in the drop-in centers of the Al-Amal Village (20 children) and Toufolti NGOs (10 children) in Cairo, and The Egyptian Association for Child Protection NGO (20 children) in Alexandria
- Carrying out nine Focus Group Discussions with street children in the drop-in centers of Al-Amal Village in Cairo, and the General Egyptian Association for Child Protection in Alexandria.
- Carrying out interviews with two samples of street children (10 from Toufolti and 10 from The General Egyptian Association for Child Protection in Alexandria) and children residents of a

governmental institution (a sample of 20 children from Dar El-Tarbia in Giza) to identify the rate of psychosocial adjustment between both groups, and especially among street children.

- Carrying out observations of certain areas where street children congregate, and conducting informal interviews with some street children with regard to specific topics related to substance abuse, health and nutrition.

***iii. Data analysis and report writing:*** The data analysis process included reviewing the literature, reviewing primary and secondary data, and rechecking on available data collected.

## Sampling Methods

17. The sampling methods used were based on the nature, aims, and objectives of the Rapid Situation Assessment and the type of data needed to complete the process. Accordingly, various sampling techniques were employed to deal with each group targeted, which included the following:

*a) Service Providers: A group of service providers was selected through the Purposive Sampling Technique, on the following basis:*

1. Board members, General Managers, and Project Coordinators of Al-Amal Village, General Egyptian Association for Child Protection, Tofoulti, Caritas (Cairo and Alex.), Al-Horia NGO, the Social Defense Department, and Dar El-Tarbia in Giza. Meetings took the form of interviews in which both close and open-ended questions were used, based on a set of pre-defined interview guides of the nature of the services and activities provided, their validity and sustainable outcomes.
2. Social workers who already work in both governmental and non-governmental institutions dealing with street children, which included meetings with social workers from Al-Amal Village, General Egyptian Association for Child Protection, Toufolti, Caritas, Al-Horia NGO, the Social Defense Department, and Dar El-Tarbia in Giza. Meetings took the forms of interviews, brainstorming sessions, and focus group discussions.
3. Physicians who work on temporary basis for Al-Amal Village and the General Egyptian Association for Child Protection in Alex. Interviews and revision of medical records

available in some NGOs were used as basis for collecting data on the health and nutritional issues.

*b) Street Children: Samples of street children were selected according to the following Sampling techniques:*

1. A Convenient Sample for Focus Group Discussions on substance abuse and health/nutrition status. Nine focus group discussions were held with samples of 10-12 children each, aging 10-16, all of whom were males.
2. An opportunistic/ convenient sample of 40 boys (10 from Tofoulti NGO, 10 from the General Egyptian Association for Child Protection, and 20 from Dour El-Tarbia) was selected to carry out the psycho-social adjustment scale. The sample selected was of males, aging 10 to 16.
3. A random sample (50 street children) was selected from the drop-in centers of Al-Amal Village, GEACP, and Toufolti of children who visit the drop-in centers on daily basis while residing on the street, which included 45 boys and 5 girls. (Basic demographics of this sample will be fully explained in Chapter II)
4. A random sample of 5 street children was selected through the snowball technique of street children who reside on the street to check on available data with regard to substance abuse and health and nutrition. The sample acted as an informant group for the researchers to check on



# Limitations of RSA of Street Children in Cairo and Alexandria

18. A Rapid Situation Assessment of Street Children in Cairo and Alexandria is based on applying “rapid” techniques of data collection. In this sense, the methodology used does not entail in-depth research methods, or longitudinal research techniques. Being rapid entails more flexibility in the techniques used for data collection and sampling methods.

19. Seeing that the RSA is mostly used to develop interventions in Cairo and Alexandria and therefore need context-specific data to draw on, generalizations for the

whole country based on the data collected from a few sites are not generally made. Emphasis was made on GOs and NGOs that serve only street children in Greater Cairo (Cairo, Giza, and Kalyoubia) and in Alexandria.

20. Reliability and validity of the data collected are achieved through crosschecking and triangulation of the data collected using multiple methods and techniques. Constant monitoring of the data collection procedures and contexts and checking and rechecking of the data from various sources have helped in minimizing bias in the RSA.

## Research Problems and Constraints

21. The RSA represents a new research concept to the Egyptian society in general and to Egyptian researchers in particular. Accordingly, it was expected from the beginning that certain research problems and technical constraints might happen due to lack of previous training on such methodologies. In general, the following research problems and constraints emerged throughout the application of the RSA:

- Lack of understanding the nature of RSAs and how to carry them out. Such a problem was dealt with through carrying out two orientation sessions for the research team to explain what RSAs mean and to answer all related research problems. The Head of the Research Team carried out the orientation sessions.
- The time limit of the RSA had its impact on the nature of the data collected. In-depth and longitudinal techniques could not be carried out accordingly. This problem was dealt with through emphasizing the aims and objectives of the RSA, and that findings from the RSA can then be used as guidelines for executing further in-depth research in specific issues related to street children and the types of services provided.
- There is still a scarcity of research undertaken on the problem of street children in Egypt, whereas none of the research available discusses or explores the nature of the current services targeting street children in Egypt. Accordingly, the present RSA represents an authentic piece of research that can be

used as a guideline and a first step for others to follow.

- The Drug specialist and the Health/Nutritional specialist were not totally acquainted with the Focus Group Discussions (FDGs) as a research methodology. To overcome such a problem, the Head of the Research Team carried out an orientation session to explain the nature of FDGs and distributed copies of literature written on how to carry them out properly.
- With regard to health and nutrition, the budget allocated for carrying out the RSA did not allow for in-depth investigation of the health/nutritional status of street children through carrying out blood, urine, or stool tests, or any other laboratory tests on street children. Accordingly, the data reached was based on interviews with physicians who already work in NGOs, the medical records of NGOs, and Focus Group Discussions.
- Some of the NGOs visited did not initially want to reveal their actual budget, or the type and extent of projects/activities/programs they execute. The research team had to explain the nature of the RSA and ensure the NGOs of the objectivity of the whole procedure. The research team had to give it time to gain the necessary trust to carry out the process.
- To avoid the overlapping of samples of street children interviewed, members of the research team worked side by side with service providers in the



NGOs to ensure that samples of street children selected were different. Some members of the research team already work in those NGOs, which made it easy to avoid such a problem. Observation of street children's activities while being on the street took two forms, structured and non-structured observation. The aim was to ensure that the data reached through the rapid situation assessment and the application of its various methodologies was accurate and reliable.

- Snowball sampling did not prove to be very effective in carrying out rapid situation assessment over a limited time span of three weeks of actual fieldwork. Establishing rapport with a far greater number of children on the street, as well as the types of issues and questions raised needed more time and effort to gain their trust, which was technically hard to achieve. However, a small sample of 8 street children was reached only to check and re-check on available data and ensure their validity. Main reliance and emphasis were made on the samples reached through the interviews and FGDs of street children in the drop-in centers, who already visit the centers and reside on the street. On the other hand, the RSA needed samples of children who already visit drop-in centers to be able to evaluate the services they provide and suggest better alternatives to improve them.
- At the beginning of the RSA, there was a debate among the research team of the validity of institutionalizing street children. The debate was even raised by some service providers in NGOs, which considered drop-in centers as effective tools to deal with the problem. The assumption made was that street children are happier and better adjusted when they reside on the street than when they live in institutions, especially when these institutions do not provide effective programs and services to them. Many believe that while being on the street, street children become better able to cope and adjust to street life than when they live in institutions ruled by regulations and routine jobs. Others believed that institutional care is vital due to the amount of risk and vulnerability children face while being on the street.

Such a debate made it essential to reconsider psychosocial adjustment of street children as a main variable to be tested. The procedure aimed to clarify a number of points, which included children's ability to adjust themselves to street life both socially and psychologically, the degree of psychosocial adjustment of street children after being institutionalized, and whether institutional care can lead to better results in dealing with the problem of street children, or that other on-the-street-solutions have to be sought. To avoid bias in findings, it was suggested that a sample of street children who had spent more than a year on the street be selected to be interviewed, and another sample of children from Dar El-Tarbia in Giza of children who had spent time on the street before being institutionalized was also to be selected. Generalizations of the findings to the whole country is not suggested, but the procedure does give overall insights on the amount of psychosocial adjustment of street children while being on the street, and an overview of the services provided by Dar El-Tarbia and their impact on children residents of the institution.

- Due to the time-limit of the RSA, families of street children could not be contacted for interviews to estimate on the accuracy of the data received by street children of their relations with their families. However, records from NGOs and interviews with service providers and social workers were used to cover this point, and to re-check on the data reached.



# PROFILE

OF

STREET CHILDREN

IN

CAIRO & ALEXANDRIA

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# II

# Introduction

22. This chapter seeks to present a profile of street children in Cairo and Alexandria, based on the findings of applying the Rapid Situation Assessment Methodology. The data collected represent the outcome of interviews, Focus Group Discussions, meetings and brain storming sessions, as well as previous research findings of the problem<sup>1</sup> of street children in Egypt.

23. Chapter II includes an overview of the magnitude of the problem, general indicators, and the difficulties associated with reliable statistics. It also reveals the reasons behind the street children problem, whether direct and immediate, or structural and indirect causes as revealed by the samples selected. It also discusses areas where street children congregate, and the nature and characteristics of these areas, which encourage street children to reside and congregate in them.

24. It includes a description of the nature of the activities of street children, and the problems they face while being on the street. Substance abuse among street children, types of substances consumed, reasons for substance abuse as indicated by the group under study, extent of substances abused, and health and psychological effects on the abusers, will be highlighted. Health and nutritional problems of street children will also be discussed, with an emphasis on vulnerability to diseases, violence-related health problems, types of food consumed and nutritional statuses, as well as vulnerability to various forms of abuse and exploitation. The Chapter also discusses the hopes and needs of street children, whether immediate or long-term, and reveals the rate of psychosocial adjustment of a sample of street children as compared to another sample of children residents of governmental institutional care.

## Definition of Street Children

25. There has been a major discrepancy in defining the meaning of the term “street children”. Generally, there are two broad main trends in defining street children, one adopted by NGOs, researchers, and the media, and another legal definition adopted by the Social Defense Department and various legislators that considers street children as “children exposed to delinquency”.

**Definition of NGOs and researchers:** Through interviews with service providers (which match with most of the research done in Egypt), and brain-storming sessions with the team members, street children are mainly defined as:

- Children less than 18 (based on how childhood is legally defined in Egypt),
- Males or females,
- Who spend all or most of their time on the street,
- Who maintain minimal contact with their families, or have no contact all, and
- Lack supervision, protection or guidance, which makes them vulnerable to a wide range of health and psychological hazards.<sup>2</sup>

26. The definition as such is not based on the social or economic backgrounds of the children, or the types of activities they perform (which are mostly viewed as survival behaviors for living), but rather on the physical contact with the street setting as compared to their contact with their families.

27. **The legal definition** of street children seems to have long been affected by the “Correctional Approach” and the passive social outlook towards these criteria of children. Such a definition seems to be the functional/operational definition of street children at the governmental level. Street children in Egypt had historically been labeled and considered as “vagrants”, “delinquents”, “juvenile delinquents”, “juveniles exposed to delinquency”, until recently they were recognized as “children exposed to delinquency” according to the Child Law (Law 12 of 1996).

28. The Child Law of 1996 defines “cases of exposure to delinquency” on the basis of the types of activities children do, which include the following:

- If the child is found begging, or selling trivial items or performing shows on the street, or any other activities, which are not considered as positive resources for living.

<sup>1</sup> Although hard to define with precision, a social problem can be defined as any deviation from the particular set of rules identified by society as normal leading to positive reactions from the society to deal with it (Gheith, 1984). With regard to street children, constant efforts have been made from the government and NGOs to deal with the problem of street children, which is viewed as a major threat that has to be dealt with.

<sup>2</sup> The definition as such correlates with how street children have been defined in previous research, especially Abu El-Nasr, M., 1992; Sedik, A., 1995; Koraim, A., 1998; Hussein, N., 1998, as well as those adopted by UNICEF and WHO.



- If the child collects cigarette ends or other items or things from wastes.
- If the child has any connection with prostitution, gambling or drugs.
- If the child has no permanent place to sleep, and usually sleeps on the street.
- If the child contacts those exposed to delinquency or suspects.
- If the child is accustomed to escaping from educational or vocational training institutions.
- If the child has a bad behavior and is delinquent from his guardian.
- If the child has no means to live and no trusted guardian.
- If the child is less than seven years of age, and found in any of the previously mentioned cases of exposure to delinquency, or if the child commits one of the previously mentioned felonies.
- If the child has a mental or a psychological disorder

to the extent that he/she might cause harm to himself/herself or to others.<sup>1</sup>

29. The Child Law considers the child “at risk” if exposed to any of the following conditions:

1. If his safety, morals, health, or life is endangered.
2. If the surroundings where the child is raised exposes the child to vulnerability.
3. If his/her guardian refuses to take responsibility towards the child.
4. If the child’s educational future becomes at risk.
5. If the child is exposed to deviance, whether through exposure to drugs, alcoholism, violence, or prostitution.

30. In short, such inconsistency in defining the meaning and definition of street children in Egypt, and diversity between the definition of NGOs, researchers and the media, as compared to the legal definition of cases of exposure to delinquency which covers all criteria of children and not particularly street children, have their impact on understanding the various dimensions of the problem, and in consequence its exact magnitude.

## Magnitude of the Problem

31. Although there are no official statistics on the magnitude of the problem of street children in Egypt, some efforts have been made to estimate their number, regardless of accuracy or techniques used to ensure both validity and reliability. Sedik (1995), based on the records of Al-Amal Village in Cairo, estimated that the number of street children in Egypt, both males and females, is 93,000.<sup>2</sup> Others estimated that their number reached 2 million in 1999.<sup>3</sup>

32. Both primary and secondary data indicate that the reasons for the lack of valid and reliable data on the magnitude of the problem are based on the following reasons:

- The difficulty connected with carrying out surveys due to the constant mobility of street children from one area to another and between major cities in Egypt,

- The recent use of the term “street children” at both the academic and official levels, and paucity of academic literature on the topic,
- Various social and legal terms have been used to refer, not particularly to street children, but to all criteria of problematic children or children at risk, including “juvenile delinquents”, “vagrants”, and “cases of exposure to delinquency”. This makes it hard to determine the exact magnitude of the problem, especially with inability to accurately define the meaning of the term “street children”, and
- Official police and court records do not refer to the actual magnitude of the problem in Egypt, but rather to the total number of children who have been reached by the police and sent to social care juvenile institutions with a court order.

1 The Child Law (12), 1996.

2 Sedik, A. Experiences with Street Children in Egypt. Center for Child Rights and Protection, Cairo, 1995.

3 The General Egyptian Association for Child Protection (NGO). Unpublished Report, 1999.



# Official Statistics

33. Although there are no current official statistics on the magnitude of the problem of street children, the data collected from the number of cases of exposure to delinquency can be viewed as indicators of the magnitude of the problem. Table 1 shows a development in the number of “cases of exposure to delinquency” during the period from 1995 to 1999, in which the total number of cases of exposure to delinquency reached 17,228 cases in 5 years.<sup>1</sup>

Table 1: Development in the Number of Children Exposed to Delinquency From 1995 to 1999

Year	Number of Children
1995	3582
1996	3516
1997	3361
1998	3601
1999	3168
Total	17228

Source: Statistics of the General Social Defense department, 2000

34. Table 2 shows the types of felonies associated with children’s exposure to delinquency from 1995 to 1999. It shows that the most common felonies were robberies (56%), exposure to delinquency (16.5%), and begging (13.9%).

Table 2: Types of Felonies of Exposure to Delinquency (1995 – 1999)

Types of exposure To delinquency	Number	%
Begging	1118	13.9
Delinquency	237	2.9
Violence	412	5.2
Robberies	4522	56
No permanent place to live	88	1.1
Exposed to delinquency	1337	16.5
No legal guardian	360	4.4
Total	8074	100

Source: Statistics of the General Social Defense department, 2000

- Indicators from the RSA on the Magnitude of the Problem
- Data collected through the RSA, whether primary or secondary, revealed the following:
  - Most NGOs contacted stressed that the number of street children in Egypt is increasing; based on an increase in the number of children they receive on daily basis.
  - The NGOs believe that the current efforts to deal with the problem are not sufficient to absorb the present number of street children or the potential increase in their number.

- Observations of where these children seek shelter disclosed that their numbers and the number of locales they periodically inhabit are both increasing.
- Data collected shows that street children, in most cases, normally use “two, or may be three-step rural-urban migration” before moving to the Capital or to other major cities in Egypt, although our sample disclosed an overwhelming preponderance of children with urban backgrounds. Children usually escape to the nearest towns close to their main areas of residence, or where their families reside, before moving to other cities, until they finally end up being in both Cairo or Alexandria. This refers to the possibility that numerous street children exist in other major cities in Egypt. That makes it hard to exactly estimate their number.
- If the scope is widened to include other criteria of female children, such as those who work as home-servants or in any other activities that do not entail direct contact with street life, the number of street children is more likely to increase, even beyond the current estimates.
- The distinction often made between “street children” and “working children”, even by some NGOs working with street children in Cairo and Alexandria, adds more complexities to the issue. “Working children” are often defined as those who work in small and micro-enterprises, whether formally or informally. On the other hand, the definition of “street children” adopted by almost all NGOs is often based on the amount of contact between the child and his/her family, and lack of guidance and protection. However, data showed that there are many children who have contact with street life, and yet do not fit into any of both groups. Children who sell trivial items on the street, under guidance and protection of their families are neither considered street nor working children.

35. Thus even without official statistics observation and experience of those concerned with street children all point to a problem whose magnitude is growing. Indeed the RSA team believes that when all children defined as street children are included, their numbers exceed one million.

<sup>1</sup> The Ministry of Social Affairs, the Social Defense Department, Unpublished Report, 2000.



# Demographics of the Street Children Sample

36. A basic random sample of 50 street children was selected to be interviewed. The sample contained 45 boys and 5 girls who are in constant daily contact with street life from both Cairo and Alexandria. The following represents the basic demographic information of the sample selected, which can shed light on the nature of the problem in both Cairo and Alexandria and give indicators on the real magnitude of the problem:

- **Average Age:** The average age level of the sample selected of street children is 13.02 years, the average age for the Male group is 13.022, and the Average Age for the female group is 13 years. Table 3 shows average age distribution, which indicates that ages of street children interviewed range between 10 and 18 years of age.

Table 3: Average Age levels and Percentage of Street Children

Age	No. of Boys	%	No. of Girls	%	Total
10	1	2	1	2	2
11	2	4	2	4	4
12	9	18	-	-	9
13	10	20	-	-	10
14	9	18	-	-	9
15	10	20	1	2	11
16	4	8	-	-	4
17	-	-	-	-	-
18	-	-	1	2	1
Total	45	-	5	-	50

- **Family Size:** The average family size of the total sample selected is 5.94 persons per family. Number of family members ranged between 2 to 11 persons at a maximum.

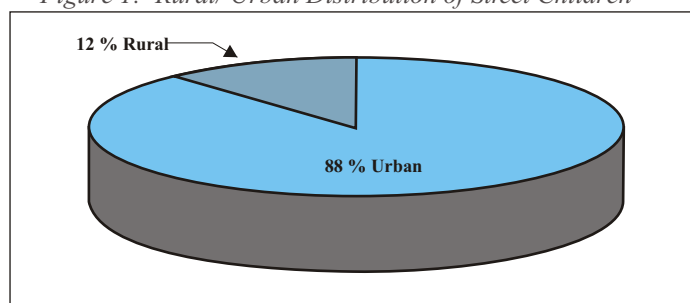
Table 4: Educational Background of Street Children

Educational Background	Frequency	%
1. Dropped out of school	35	70
2. Never been to school	15	30
Total	50	100

- **Educational Background:** Data on the educational levels of street children indicate that 70% of the sample dropped out schools during their primary education, 30% of them have never attended schools, as shown in Table 4.
- **Place of Origin:** Demographic information on places of origin indicated that 88% of the sample came from urban areas, whereas 12% of the sample came from rural areas. Figure 1 shows the distribution of places of origin for the entire sample of street children.

37. The sample selected from Cairo reveals that 84% of them are originally from Cairo, whereas 16% come from urban and rural areas in other cities and governorates, which include Fayoum, Kaliobia, and Menoufia. As for the sample selected from Alexandria data shows that 90% of them are originally from Alexandria, whereas 10% of them are from cities and governorates outside Alexandria, including Asiut and Gharbia.

Figure 1: Rural/ Urban Distribution of Street Children





# Reasons for Being on the Street

38. Generally, the problem of street children in Egypt cannot be related to a single cause or factor. Unlike the situation in other countries where a single cause such as extreme poverty, civil wars, or natural disasters might be the leading cause, the problem of street children in Egypt is multi-dimensional in which a combination of factors often leads to a single child ending up being on the street.

39. Research carried out on street children in Egypt show a multiplicity of factors leading to the emergence and development of the problem. Most research seems to agree that the leading causes of the problem are poverty, unemployment, family breakdown, child abuse and neglect, dropping out of schools, child labor, the effect of peers, and other social and psychological reasons related to the social environment or to the personality of the child such as behavioral disorders or sensation seeking.<sup>1</sup>

40. To avoid such generalizations, data analysis of the primary data collected revealed that the reasons behind the emergence and development of the problem can be divided into two main sets of factors: paving or indirect causes which pave the way for the emergence of the phenomenon but do not directly cause the child being on the street, and direct and immediate causes which lead to the problem of the child residing on the street away from home, which were indicated by street children themselves as reasons for being on the street. Such an approach was similarly carried out by various other research done on street children and child labor in Egypt.<sup>2</sup>

a) Indirect causes: Interviews with the sample of 50 street children revealed that the paving or indirect causes or factors were:

1. Low income and educational level of the family (98% of the sample come from low income level families, whereas 66% of them were low educational level families),
2. Family breakdown (62% of the sample come from broken families due to divorce, separation, the death of one or both parents, imprisonment of a parent or both, or extreme sickness of a parent or both),
3. Dropping out of schools or education (70% of the sample dropped out of schools, whereas 30% of them have never been to school),
4. Family size (the average family size of the sample was 5.94 persons per family),
5. Unplanned rural-urban migration (18% of the families of children were originally from other governorates before moving to reside in Cairo or Alexandria), and
6. The declining role of the extended families, especially in urban areas (46% of the sample indicated that they had no relatives to turn to when facing problems).

b) Direct and Immediate Causes: These are the causes which street children of the sample referred to as the direct reasons for their street existence, and included:

*Table 5: Direct and Immediate Causes behind the Street Children Phenomenon\**

Reasons to be on the Street	Frequency	%
1. Child Abuse (whether by Family or at Work)	41	82
2. Neglect	31	62
3. Peer pressure	18	36
4. Sensation seeking	8	16
5. Other brothers and sisters	4	8
Total	102	-

\* Percentages are more than 100% for different frequencies.

41. Table 5 shows the reasons behind the street children phenomenon, as indicated by the sample interviewed of street children themselves. These factors or reasons include the following:

1. *Child Abuse whether by the family or at work* (82%). Most street children indicated that they were forced to escape or leave their homes and reside in the street because of the maltreatment,

1 Abu El-Nasr, A., 1992; Abdel Nabi, A., 1994; Sedik, A., 1995; and Koraim, A., 1998.  
2 Hussein, N. 1998; Azer, A. The Problem of Child Labor in Egypt, 1996.



abuse and exploitation they witnessed from both parents, fathers, step fathers or mothers, older brothers, or relatives, and while working informally in shops and workshops. Abuse, in most cases, took the form of severe beating and insults for trivial mistakes.

2. *Neglect* (62%). Most children explained that neglect led them to have direct daily contact with street life due to various reasons including parents' constant work and lack of supervision, parents' attitudes to them as burdens due to large family size, sickness of a parent/guardian especially fathers, favoring females to males or the opposite, and neglect due to divorce or separation.
3. *Peer pressure* (36%). Many street children indicated that peers acted as supportive means for their existence on the street and helped develop their ability to cope with street life, with regard to

food, shelter, entertainment, earning money, and protection, especially during their early days on the street.

4. *Sensation seeking* (16%). Many street children explained that street life is free from social constraints. They believe that they enjoy a certain amount of freedom; away from routine jobs or life they had to cope with while staying with their families. A child explained that "the street is better than home. You can move freely, go to the cinema, and play games. It is not that bad".
5. *Existence of other brothers or sisters on the street* (8%). Many children have been affected by the existence of other older brothers or sisters on the street, who acted as "role models" for them to follow. Sometimes, brothers or sisters, due to being exposed to similar family problems, move together and protect one another.

## Areas Where Street Children Congregate

### A. Factors Affecting Street Children Mobility:

42. Interviews revealed that mobility of the small social groups of street children is highly affected by a number of external factors and internal group dynamics, which affect the nature, structure, and composition of these groupings.

43. The external factors, as expressed by respondents, often include police attacks and campaigns against juvenile delinquents in particular areas or districts (92%), weather conditions in the cities in which they reside (88%), the change in the nature of commercial/economic activities from one district/ area to another, such as relocating markets in other remote areas (80%), and attacks by other older groups of children or people, especially at night to the extent that they force them to move and leave the area where they reside (74%).

44. On the other hand, other internal factors help in changing or modifying the nature, composition and structure of the small groupings of street children. These factors often include escape of some group members from the group or simply leaving the group for various reasons such as violence or the lack of trust or exploitation by other children from within the group (70%), death of any member due to accidents or overdoses of substances consumed (18%), disappearance due to being caught by the police (56%), or acceptance of new members to the group (48%).

### B. Characteristics of Areas Where Street Children Reside:

45. In order for street children to survive, they need to reside in areas with a special supportive environment and characteristics that do not conflict with their life-style, nor pose threats against their existence. Unlike the assumption that street children are always moving or "on the run", research and data collected from NGOs (indirectly and on the basis of discussing rates and frequency of attendance of street children from particular districts to the drop-in centers) indicated that street children tend to "settle down" in areas where they feel secure, protected from violence, and with the possibility of earning a living and having fun. These areas are characterized by:

- Popular districts where their existence does not upset the local inhabitants, nor draws their attention to the street children,
- Popular areas full of shops and workshops where they can informally work and earn a living in doing minor jobs such as cleaning and carryings things,
- Areas where children can easily find their basic needs for cheap food, and shelter,
- Markets and commercial areas,
- Free public gardens,



- Areas with special socio-cultural characteristics such as El-Sayda Zeinab or El-Hussein where they can beg people for money,
- Areas with cheap coffee shops and cinemas where they can watch movies and entertain themselves,
- Under bridges and on the flyovers where they sleep and/or beg,
- The cemetery and waste lands where they can sleep and hide, and
- Near train stations, metro stops and bus terminals where they can both travel and beg.

## C. Geographic Mobility:

47. Mobility of street children in most cases is greatly affected by weather conditions. Interviews revealed that many street children move to Alexandria in summer, and move to other governorates, especially Cairo in winter. Data from Alexandria's NGOs show that the number of street children in Alexandria decreases by almost 40% in winter due to the weather conditions, while increases occur in summer because of the nature of Alexandria as a summer resort that attracts people from all over Egypt, which gives the children the chance to work, beg and earn a living.

48. On the other hand, Cairo represented the main city in Egypt, which seemed to attract the greatest number of street children. Statistics of cases of exposure to delinquency during the period (1987-1991) show Cairo

46. Observation and interviews with both street children and service providers, as well as data collected by NGOs revealed that areas where street children tend to congregate in Greater Cairo include: Imbaba, El-Hussein, El-Sayda Zeinab, Ramsis Square, Ahmed Helmy, Shoubra, Shoubra El-Khema, Attaba, Tahrir Square, Bab El-Louk, Manshiet Nasser, Giza Square, Roksey, Helwan, Maadi, Ezbet Kher Allah, El-Basateen, and El-Kalaa. As for the areas where street children tend to congregate most in Alexandria include EL-Goumrouk area, train stations (Misr and Sedy Gaber stations), most squatter areas around Alexandria, Tram stations, markets, Kabary district, El-Mattar area, Manshiet El-Nozha, El-Mahmoudia canal, public gardens, and Ezbet El-Mattar.

represented the main city of attraction for street children by (31.6%), followed by Port Said (16.8%), Suez (14.3%), and then Alexandria (6.3%).<sup>1</sup> Most of the children interviewed indicated that Cairo seems to attract the biggest number of street children for a variety of reasons, which include:

- Cairo is huge in size, so they can easily hide.
- Children think they can easily find jobs in Cairo, with the spread of workshops and small businesses in the informal sector.
- Cairo attracts children from different cities due to the variety of entertainment available, which include cinemas, theaters, etc.

## Activities of Street Children

49. Interviews indicated that most street children are originally "working children" who have previously worked in various shops and workshops, with an average of 3.2 jobs for every single child. They have either worked in mechanics' shops, barbershops, small factories and workshops, in vegetable and fruit markets, or in other businesses informally and over a short period of time before being dismissed, or forced to leave due to physical or emotional abuse. Data analysis revealed that 64% of the sample got their first jobs through their guardians (parents, relatives, neighbors), 30% got their first jobs through their peers and friends, whereas 6% got their first jobs by themselves.

50. This indicates that most street children are working children who could not keep or maintain their jobs for various reasons. Despite the factors that have led to children being on the street, most street children began their street life with an assumption that they could "depend upon

themselves and earn a living on their own". However, they were faced with many complexities they could not endure or deal with.

51. Almost 98% of the jobs street children had were marginal jobs that did not require technical knowledge. They mainly took the form of cleaning the place where they work, washing dishes or tools, buying things for the owner or customers, or simply carrying things.

52. A major practical problem street children face is finding permanent jobs. Most employers normally accept children to work only in case they have a guardian they can turn to when the child does something wrong (such as stealing things). This limits the chances of street children for finding regular jobs to turn to in order to earn a living. In consequence, street children become forced to perform a variety of survival activities to sustain themselves, which as indicated by the sample of 50 children include:

1 Koraim, A. Ibid, p. 79. Statistics as such do not necessarily refer to the actual dynamics and magnitude of the problem, but to the number of cases of exposure to delinquency caught by the police. Most of the street children interviewed considered Alexandria as a major city of attraction for themselves after Cairo, and Port Said comes in a third place.



- Begging (78%),
- Washing cars or shop windows (68%),
- Selling paper tissues and other items on the streets (62%),
- Working temporarily in shops, workshops, or small factories informally and when jobs are available (48%),
- Collecting plastic from wastes to sell to recycling factories (42%),
- Fishing (whether from the Nile River or the sea in Alexandria) and selling the catch (14%),
- Shining shoes (14%),
- Carrying luggage and heavy things in the markets for people for money (8%),
- Selling newspapers (8%), and • **P r o s t i t u t i o n** (2%).

53. Children usually teach one another how to earn a living, where to go for a living, and what to do in case they

face problems, which is a clear manifestation of their “subculture” that emerges as a result of their existence together on the street over an extended period of time and daily exposure to similar threats and circumstances.<sup>1</sup>

54. Street children normally carry out the above mentioned activities on a daily basis. They stressed that they usually work between 4 to 18 hours per day whether in doing one activity or a number of activities consecutively, with an average of 11 working hours per day. They usually earn from 3 to 20 Egyptian pounds per day doing the previously mentioned activities.

55. Most of the children interviewed also stressed that they immediately spend the money they earn on food, entertainment, or buying substances or drugs. They rarely save money since they have no safe place to keep their money and because it is too dangerous to walk or sleep on the street with money in their pockets that could easily be stolen, especially at night when they sleep.

## Problems Faced by Street Children

56. Living on the street, with no supervision, protection or guidance, often makes street children vulnerable to a wide range of problems or hazards. Table 6 shows the types of problems street children (the sample of 50 street children) referred to through the interviews as direct and immediate problems they face and which affect their existence while living on the street.

Table 6: Problems Faced by Street Children\*

Type of Problems	Frequency	%
Violence	43	86
Community disapproval	24	48
Police arrests	18	36
Robberies of savings	14	28
Health problems	8	16
Inability to cope	7	14
Lack of attachments	7	14
Total	114	-

\* Percentages are more than 100% because respondents expressed more than one problem.

### a. Violence:

57. Most street children of the sample interviewed 86% stressed that violence represents a major feature of their everyday life, and is a determining factor in developing their abilities to be able to cope with street life. Violence normally takes place through 3 main channels:

1. Violence within the small children groups, either by peers or by older street children, especially when they get drowsy and under the effect of the substances they consume,

2. Violence from the surrounding community, whether through other people on the street who tend to exploit them, or by the community itself as a reaction to their existence in particular settings and areas where their presence is not appreciated, and

3. Violence while working, either through the employers or through other peers working in the same place, such as when selling items on the street in areas where other people or children exercise control.

58. Violence normally ends in cuts and bruises to the children, since it often entails fights. Children normally carry razor blades to defend themselves in case others attack them. Many children expressed that sexual abuse is a common problem to most street children, especially the young new children and females, which is often associated with violence against them.

### b. Community Disapproval:

59. 48% of the sample considered community disapproval as a major problem they face on the street. Street children are not totally welcomed in specific areas or communities, based on their general appearance and behavior. In most cases, people tend to drive them away and sometimes have to use violence against them to get them to move to other areas. Accordingly, most street children tend to exist in small groups when walking on the streets in order not to draw the attention of the people and get protection from one another.

1 Hussein, N. The Subculture of Street Children. Document of Children in Difficult Social Circumstances Conference, Cairo April 14-16, Ahebaa El-Toufoula NGO, 1998.



60. These findings are rather important especially when designing out-reach programs to deal with street children through drop-in centers, or when deciding to use community mobilization for action to deal with the problem. NGOs, especially those new to the field, have to pave the way through contacting people in the community to gain their trust and acceptance before initiating such projects in their areas, otherwise the community dwellers might resist those programs and activities.<sup>1</sup>

c. Police Arrests:

61. Many street children (36%) fear that they might be arrested by the police, and in the process, be sent back to their families or to institutional care. Of the latter, they have no idea about the services or care such institutions provide, but street lore among such children paints a negative image of government-sponsored residential institutions. On the other hand, street children know that when caught, they will be sent back to their families or to the non-supportive atmosphere they escaped from. Without prior effective efforts to change that negative family situation, in most cases they will end up being on the street again—to repeat the same vicious circle.

62. Raising awareness among police officers and social workers dealing directly with cases of exposure to delinquency is very important in changing the nature of service provision. In particular, enabling security officers to gain an appreciation of the culture of poverty and the need to address its symptoms at their core; i.e. within the family, will strengthen their understanding that in many cases, street children need to be understood as victims rather than criminals, and lead to promoting family-based treatment. Adopting new laws and procedures to guarantee that family-based treatment is the most proper social setting for the child is vital.

d. Theft of Savings:

63. Another major problem many street children (28%) expressed is their inability to save money while living on the street due to the threat of being robbed. Such a problem has its impact on various other aspects related to the life of children on the street, which, as indicated by street children, include the following:

- Savings insecurity puts pressure on children to immediately spend their daily earnings, whether on food, entertainment, or drugs.
- Savings insecurity exposes street children to violence since many exploiters think that children save the money in their pockets or under their clothes.

- Inability to save limits the children's abilities to think of initiating their own income-generating projects while living on the street. Many street children have tried to save money to start their own income generating projects and failed for this reason.
- Inability to save limits the child's hopes and prospects for the future.

e. Health Problems:

64. 16% of street children explained that they suffer from many health problems while residing on the street. This point will be elaborated further when discussing the health issues.

f. Inability to Cope:

65. 14% of street children explained that they normally suffer from various psychological problems while living on the street, which are often associated with their inability to “cope with street life”. These problems became clear when discussing the various unhealthy symptoms and psychological problems many of them share, and included:

- Many of them urinate at night while sleeping,
- Many of them have constant nightmares,
- Many of them cry for a long-time for no particular reasons.

66. Many street children, despite the amount of entertainment they encounter on the street and peer support, find themselves unable to cope with street life, especially during their early days of living on the street. These symptoms are believed to gradually disappear with the amount of time children spend on the street and become fully socialized and able to cope with street life through their own defense mechanisms and coping skills. Data on the psychosocial adjustment of street children will clarify this point.

g. Lack of Attachments:

67. Almost 14% of the sample stressed that they suffer from the lack of attachment and affection. This point is based on other determinants including age, time spent on the street, period of detachment from their families, reaching puberty and other personal factors. Many street children normally feel estranged and mostly alienated due to the way they are treated by the community at large, even with peer support and encouragement.

1 Interviews with service providers from Al-Amal Village revealed that they faced many problems from the neighbors and the community before and after opening the Shoubra Reception center for boys.

2 Children's perceptions in this regard are well founded in that current practice determines that children “exposed to delinquency” are in fact either returned to their parents or institutionalized.



# Substance Abuse Among Street Children

68. Data received through the interviews indicated that almost 66% of the selected sample of street children consume various substances or drugs on a habitual basis, whereas 34% did not refer to use at the time when interviews were conducted. Table 7 shows the types of substances or drugs consumed by the sample of drug consumers, and include:

Table 7: Types of Substances/ drugs consumed by Street Children\*

Type	Frequency	%
Cigarettes	35	70
Sniffing Glue	30	60
Bango	20	40
Tablets	15	30
Uses a combination Of Substances	25	50
Total	125	-

\* Percentages are more than 100% because respondents referred to more than one type.

69. Such findings indicate that there has been a dynamic change in the types of substances or drugs consumed by street children in general. In a study carried out in 1998 on a sample of street children in Greater Cairo to explore the types of substances they consumed, the findings revealed that sniffing glue was the most common type (97.14%), then came Solvents (Petrol) (85.71%), cough syrups or medicine (62.86%), Tobacco (Nicotine) (57.14%), tablets (5.71%), and hashish (2.85%).

70. This indicates that the substance abuse or drug habits among street children are highly affected by the market principles and the availability and commonality of certain types of drugs. It also means that whatever is available can be consumed due to its effect, rather than on the basis of group characteristics or rituals.

71. Data analysis also revealed that glue sniffing is habitually carried out, almost on daily basis, whereas other substances/drugs are consumed occasionally on the basis of children's income and availability of those substances/drugs.

72. The various reasons for substance or drug abuse among street children, as revealed through the FGDs, were:

- Relief from the pressures of the street (70%),
- Peer Pressure (60%),
- To sleep easily (50%), and
- To be able to endure pain, violence, and hunger (30%).

73. Many health and risk factors are associated with substance/ drug abuse among street children. These risk factors can be grouped into two types: behavioral and physical risk factors. Behavioral risk factors, as explained by street children themselves, included violence, stealing, begging, quarreling, telling lies, or being sexually abused to get the substances or drugs to consume. The physical risk factors included chest ailments, skin diseases, nutritional diseases, and various forms of substance induced violence based on how they obtain the substances / drugs they consume.<sup>2</sup> The main problem with the types of substances consumed by street children is that most of the common types are legal substances, which are available for sale in the market. Street children easily have access to buying tobacco<sup>3</sup> and glue. Most of the sample stressed that Bango and tablets are also available in the market through drug dealers.

74. Street children have access to these illicit drugs through many people or dealers who exchange drugs with them in return for various forms of exploitation.

75. Substance or drug abuse among street children often entails congregations, which are the most enjoyable. Substance abuse is mostly viewed as a common type of activity among street children. Focus Group Discussions indicated that they accept each other's drug habits, even those who do not consume them. However, the surrounding communities where street children reside or tend to congregate do not accept their drug habits, especially because they often connect these with violence and robberies when they fall under the effect of the substances or drugs they consume.

76. Most of the families of street children do not accept their children's drug habits. Lack of awareness often leads their families to try to keep them at home by force instead of referring them to health or rehabilitation centers where they can get treatment. Most of the children relapse again to their drug habit after escaping from their families because they did not encounter any sort of effective treatment.

77. Street children often tend to hide their substance abuse or drug habits from parents and/or the community at large. Observation showed that they normally gather in gardens, isolated places, empty wastelands, or under bridges to consume substances or drugs.

2 These risk factors do not represent the long list of risk factors associated with substance/drug abuse, but rather the risk factors stressed by street children themselves through the interviews and focus group discussions.

3 Although there is a current Law that prohibits the sale of cigarettes for minors or children.



78. The children of the samples interviewed all stressed that they have not heard of any programs provided by NGOs or GOs to deal with substance abuse among street children.<sup>1</sup> This indicates that help is needed to develop effective ways to target the substance/drug habits of street children.

79. The sample selected from female street children to be interviewed indicated that almost all street girls consume substances, which include cigarettes, glue, and tablets (Parkinol). They explained that substance abuse is mainly connected with street life and peer pressure, and a means to endure pain and torture. They explained that being under the effect of substance abuse, they expose themselves to attacks and sexual exploitation.

## Health/Nutritional Status of Street Children

80. When children were first asked through the FGDs to describe their health statuses, most of them stressed their health to be “fine and better than their peers”. Such findings correlate with previous research made on street children in Egypt. Street children often view the types of illnesses or diseases they experience as “minor or normal” as long as they can move, work, and run. Sickness to them often means “inability to move or work”.<sup>2</sup>

81. However, the Focus Group Discussions on the health/nutrition issue indicate that street children do, in fact, suffer from various health problems. When queried in depth about their health conditions they began to complain of respiratory problems due to glue sniffing, cigarette smoking, and skeletal problems due to violence. Most of the sample of street children complained of the following health problems, which are often viewed by them as “minor health problems”:

- Headaches,
- Heart pain,
- Chest pain,
- Abdominal colic,
- Renal colic,
- Back pain,
- Blood in the urine,
- Shortening breath on running,
- Cough,
- Wounds and bruises,
- Diarrhea,
- Dental problems,
- Fever, and
- Discharge from the ear.

82. The most common types of complaints among street children were headache, giddiness, and palpitation, which can be considered as indicators of the presence of anemia among them.

83. Reviewing the health records of street children at different NGOs revealed a discrepancy between the recorded health problems and the complaints mentioned by street children themselves. The most common health problems recorded in NGOs were:

- Skin diseases (scabies and tinea)
- Anemia,
- Intestinal parasitic infections,
- Skin abscesses and septic wounds,
- Tonsillitis,
- Otitis media, and
- Hair lice.

84. The reasons why street children are more susceptible to diseases than others are connected with their personal unhealthy habits while being on the street, which include the following:

85. The pattern of health seeking behavior of street children. FGDs show that there is consensus among street children that the first place to seek medical help is the public hospital, despite the fact that in most cases children have to be accompanied by older adults or relatives when going to public hospitals (and then comes the drop-in centers of NGOs). Self-prescription of medicine is common among street children who often consult each other when medical help is needed. None of the children has health insurance access to public hospitals.

86. The most common types of purchased food eaten by street children, as indicated by street children in FGDs, are Koushari (a mixture of rice, lentil and macaroni), beans and ground beans (Tamia), and minced meat (Hawawshi), which represent typical cheap folk foods. Observation revealed that street children often eat food very fast, almost swallowing food whole, and in large quantities. This might be a reflection of the type of life-style they experience which entails quick

1 Al-Amal Village has already carried out a program in 1997 to deal with substance abuse among street children with the help of the CDS. The program entailed creating a model of a child called (Said Kola) “Said glue” and tried to explain through it the problems associated with substance abuse, especially of glue sniffing, on the health of the users. Since then, the program has not been applied. Interviews with service providers from Al-Amal Village indicated that re-applying the program needs further modifications to achieve its goals, with effective monitoring and evaluation strategies. A main problem was to estimate its degree of success in decreasing the amount of substance abuse among street children on the street setting since it entailed peer-to-peer counseling.

2 Hussein, N. Ibid, 1998, p. 75



actions and movements. When food cannot be purchased, children eat what they can find in the trash.

87. Nutritional status, both past and present, is a key factor of children's health, physical and emotional well being, and in cognitive development. Street children are at exceptional risk to a wide range of health outcomes and malnutrition. The causes of malnutrition among street children are multiple and interrelated. Consumption of tainted food, inadequate dietary intake of essential nutrients, faulty dietary habits, and repeated illnesses are the immediate causes of malnutrition among them.

88. They are always at high risk of chronic health problems such as respiratory diseases, parasitic infestations, skin infection, substance abuse and related health problems, as well as exposure to a wide range of other diseases. These illnesses increase the nutritional needs of street children and in turn, lower their immunity and create a vicious circle. The

unhealthy environment in which street children live and the lack of availability and under-utilization of health services are also contributing factors in causing malnutrition among street children. Another contributing factor is the lack of positive attachments, which often leads to emotional and social deprivation, resulting in a failure to thrive.

89. Street children often employ different strategies to acquire food. Most of the respondents referred to begging, cleaning cars at traffic lights, selling white tissues, or having temporary jobs if available. Others admitted that they steal food, and some explained that they eat the remains of food in garbage cans.

90. Street girls have shown similar health problems, but they mostly referred to other health problems related to rape and reproduction, which include unplanned pregnancies, abortion, and violence.

## Needs and Hopes of Street Children

91. Interviews with street children show that the surrounding communities and "role models" they consider as being successful in life, if any, affect their identification of needs and hopes for the future. What emerges from the RSA is a picture of youth with a general awareness of what they need to succeed in life, realities if diminished expectation in terms of their futures, and little if any awareness of "how to get there from here".

### a. Needs and Hopes for the Future:

92. Street children show different perceptions of needs and hopes for their future. Their needs and hopes for the future, as they expressed, are the following:

- 30% of the sample identified learning a profession as one of their basic needs and hopes for the future, which mainly included learning car driving, carpentry, or being mechanics.
- 28% identified having a job to be able to sustain themselves (and sometimes their families) as a main need.
- 26% of the sample could not identify their needs or hopes for the future. Apparently, the future seems ambiguous to them.
- 12% identified returning to their families as a first need.
- 4% identified remaining as they are, without changing their life style as a first need and hope for the future.

### b. Means to Achieve Needs and Hopes:

93. When children were asked to identify how such needs and hopes can be achieved, they referred to the

following:

- 42% stated that those needs and hopes can be achieved through having permanent jobs,
- 36% stated that their needs and hopes can be rendered through the NGO itself and the kind of help it offers,
- 24% emphasized the role of vocational training,
- 22% emphasized that returning back to their families could solve their problems,
- 20% focused on the role of literacy education,
- 28% could not identify the most proper means to achieve their hopes, if they have any, and
- 12% stated that providing them with a shelter or permanent residence in an institution could help them.

### c. Needs From the Society At large:

94. Street children expressed the following as main needs from the society at large:

- Care and protection (48%),
- Help when needed (26%),
- Good treatment and understanding (30%),
- Advice (12%), and
- 22% of them could not identify their basic needs from the society at large.

95. Apparently, the previous needs, means, and hopes expressed by street children refer to the following points:

- There are particular "role models" many street children tend to follow based on how they identify success. To many of them, learning a profession, or





literacy education could help them achieve those ends.

- To many street children, the problem could simply be reconciliation with their families.
- Many street children could not identify their needs, hopes, or means to achieve them. This indicates

that even when help is provided through the GOs or NGOs, this does not assist many children to clarify their needs. NGOs have to develop ways to provide help to street children on individual basis to ensure the personal satisfaction of every child who visits their centers. Training in case-management and counseling is needed to deal with this issue.

## Psychosocial Adjustment Among Street Children

96. Psychosocial adjustment refers to the outcome of the social, psychological, environmental, and relational issues encountered during the development of an individual. Throughout life, various social and psychological issues are dealt with which produce an impact on the mental/emotional well being of an individual. Theoretically, if these issues are dealt with positively, in a healthy, supportive, nourishing environment, they result in a well-adjusted individual. On the other hand, if these issues are not adequately handled, or dealt with in a negative, unsupportive, impoverished environment, the mental/emotional well being of the individual is compromised. Therefore, many factors influence these issues and how they are experienced, which in turn determines the resulting level of psychosocial adjustment.

### A. Procedures:

97. Many social workers advocate institutionalization of street children as the best way of promoting positive psychosocial adjustment. Others see institutionalization as a main cause of poor adjustment. The RSA sought to provide data to help clarify this debate.

98. To understand the level and extent of psychosocial adjustment among street children who reside on the streets, as compared to other categories of children who are residents of institutions to understand the potential effect of institutionalization on street children, two samples of street children and children residents of institutions were selected to be interviewed, based on the following:

- A random sample of 20 male street children from Toufolti and the General Association for Child Protection in Alexandria who had spent more than a year on the streets, with an average age of 13.
- A cluster sample of 20 male children residents of Dar El-Tarbia in Giza with a similar average age, who had spent time on the street before being institutionalized.

99. The scale/tool used for data collection<sup>1</sup> is based on measuring two broad dimensions through interviews:

- The personal psychological dimension: which is operationally defined as the individual's ability to depend upon himself, to acquire self-acceptance, self-concept, a sense of belonging, freedom from feelings of alienation, and freedom from psychological disorders.
- The social dimension: which is operationally defined as the individual's ability to understand and appreciate others' rights, his ability to distinguish rights and wrongs, his success in establishing social relations with those around him, his possession of social skills, freedom from anti-social attitudes, and his ability to adjust to his concrete surroundings.

100. The scale is divided into 3 main sub-categories:

- Psychological adjustment scale (40 points),
- Social adjustment scale (40 points), and
- The overall psychosocial adjustment (the sum of both scales).

101. Internal validity and reliability were achieved through applying Spedman Brown's scale, which proved that the psychological adjustment scale scored 91%, the social adjustment scale 86%, and the overall psychosocial adjustment 88%, which are considered rather high validity scores.

### B. Data Analysis and Findings:

102. The data drawn from these admittedly small samples did not make a convincing argument in favor of one approach over another. While the institutional sample clearly showed greater psychosocial adjustment, this may have resulted from the presence of interventions in this setting as opposed to their virtual absence in drop-in centers. Nevertheless, the data are presented here as a case to be made

1 El-Komy, A. Psychosocial Adjustment Scale. 2001.



for providing intervention strategies that promote psychosocial adjustment.

103. Table 8 shows the results of measuring the first scale (psychological scale). Data analysis revealed the following:

- There is a significant statistical difference for children residents of governmental institutions in terms of T- Test (T-Test reached 7.92) which indicates 0.1 as compared to street children who

Table 8: Value of T-Test of Psychological Adjustment for both Groups

Personal Accommodation	Number of Cases	Mean	Standard Deviation	T-Test Value
Governmental Organization	20	24.00	2.13	7.92
Non-governmental NGOs	20	17.26	3.28	-

104. Table 9 shows the scores and values of applying the second social scale to estimate the value of the social dimension. The data reached indicate the following:

- There is a significant statistical difference for children residents of institutions in terms of social adjustment. T-Test reached 5.91, which indicates a variation of 0.1 as compared to the sample of street children in the drop-in centers.
- Data analysis indicates that children residents of governmental institutions have a higher degree of

Table 9: Value of T-Test of Social Adjustment for both Groups

Social Accommodation	Number of Cases	Mean	Standard Deviation	T-Test Value
Governmental Organization	20	25.61	2.35	5.91
Non-governmental NGOs	20	18.56	4.32	-

105. Table 10 shows the overall T-Test score of both samples on both psychological and social adjustment,

Table 10: Overall Value of T-Test of Psychosocial Adjustment for both Groups

Personal Accommodation	Number of Cases	Mean	Standard Deviation	T-Test Value
Governmental Organization	20	49.36	4.28	7.48
Non-governmental NGOs	20	36.00	5.93	-

• A significant statistical difference for children residents of institutions in terms of psychosocial adjustment in which T-Test reached 7.48 by 0.01, if compared to street children in the drop-in centers.

• The overall scores of both tests reveal that children residents of governmental institutions have a higher rate of psychosocial adjustment, which can be the result of the following:

- Positive interaction between the social workers and the children in the institution.
- The appropriateness of the programs applied to the

visit the drop-in centers of both NGOs.

- This indicates that children residents of governmental institutions have a higher degree of psychosocial adjustment than those children who reside on the street.
- The data reached indicate that street children are in need to fulfill their personal psychological and social needs.

social adjustment than the sample of those who reside on the street. This refers to the role played by the social workers, the administration and governmental programs provided for children who are fully residents of the institutions.

- Street children who visit the drop-in centers and reside on the street show a lower level of social adjustment due to their deprivation of direct and long-term behavioral modification programs and the lack of attachments.

which refers to the following:

real needs of the children, which have their impact on the way the child become more psychosocially adjusted.

- General acceptance of the children residents of the institution to the programs provided to them.
- Stability of the programs provided over an extended period of time often leads to positive results.

• Psychosocial adjustment is normally defined and reached through the interaction between the child and the institution (whether the institution is the family, social welfare institutions, peer groups, or others) in which the child



acquires the basic skills and help needed to establish and maintain his/ her psychosocial adjustment towards himself/herself and to the surrounding environment through:

- The low scores of street children in the test might be the outcome of the following:

- Lack of the social support system the NGOs provide to street children in the drop-in centers.
- Inappropriateness of the types of educational, emotional, psychological, recreational, and other programs provided in the drop-in centers to street children to meet with their basic social and psychological needs.
- Irregularity of street children to the drop-in centers might interrupt their learning process due to interrupting the programs.
- Irregular interaction between the children and the social workers in the drop-in centers might lead to negative consequences with regard to the effectiveness of the programs provided.
- Children might benefit from some programs (like food or recreations) and not all the other programs provided.
- The programs provided might lack attractiveness or appropriateness to meet with the real psychological needs and social situations of street children.
- Returning back to the street after spending a day in the drop-in center might result in negative adjustment, since children have to return back to a homeless existence at night.

- Data from the psychosocial adjustment test can be helpful to provide feedback information when developing effective programs to deal with the problem of street children

- Continuous monitoring and evaluation of the programs and activities provided in the reception center has to be carried out regularly to ensure positive results.

- The provision of residential care can be viewed as an option to deal with the problem of street children, especially through institutions that provide effective residential services.

- Street children have to be part of the planning process, especially in NGOs that provide services through drop-in centers.

- Based on the data obtained, having a higher rate of psychosocial adjustment among children in Dar El-Tarbia does not mean that they have reached the optimum degree of psychosocial adjustment, but rather a higher rate than that of street children in drop-in centers. Constant monitoring and evaluation of the services provided at the GO level is also needed.

- Psychosocial adjustment tests have to be carried out regularly in both NGOs and GOs, with different age groups (14 and above). It is often assumed that most children at that age have a higher degree of anxiety due to their feeling that they are approaching a certain age (18 years old) when they would graduate, leave the institution, and rely upon themselves in life. Further investigation concerning this point is needed to evaluate after-graduation services provided by both GOs and NGOs.

106. What emerges from the data is a clarion call for frequency, intensity, and duration of service provision, rather than a clear-cut advantage for institutionalization. Street children need greater care than they are now receiving in either venue.



**SERVICES  
PROVIDED  
TO  
STREET CHILDREN  
IN  
CAIRO & ALEXANDRIA**

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**III**

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through:

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- Street children have to be part of the planning process, especially in NGOs that provide services through drop-in centers.
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- Psychosocial adjustment tests have to be carried out regularly in both NGOs and GOs, with different age groups (14 and above). It is often assumed that most children at that age have a higher degree of anxiety due to their feeling that they are approaching a certain age (18 years old) when they would graduate, leave the institution, and rely upon themselves in life. Further investigation concerning this point is needed to evaluate after-graduation services provided by both GOs and NGOs.

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## Introduction

107. There are various indicators to demonstrate that the problem of street children is not new to Egyptian society. Government legislation has been dealing with the issue since 1826, when children less than twelve years of age were given legal protection, and were not viewed as responsible for their actions. The application of the juvenile laws seems to have coincided with the establishment of the Ministry of Social Affairs, and the emergence of various NGOs, which tried to help decreasing the magnitude of the problem. Most of the NGOs took the form of “orphanages” as typical preventive and rehabilitative solutions to children exposed to delinquency, whether lost children, foundlings, orphans, destitute, or runaways. Most of the efforts targeting street children were based on legal definitions, which took the form

of dealing with “vagrants”, “juvenile delinquents”, “juveniles exposed to delinquency”, and finally “children exposed to delinquency” according to the Child Law of 1996. The term “street children” has socially been used to refer to children who reside on the street with no guidance or protection, and in most instances, it is used to refer to a particular type of “socialization”, mostly based on misbehavior of individuals.

108. The efforts of Al-Amal Village NGO (a pioneer in this realm), supported and encouraged by the media, and above all by a suitable encouraging political environment that supported the Civil Society and the various social problems it raises and brings into attention, helped in



bringing the issue back to public attention in the early 1990s. Such a supportive and encouraging environment helped to increase the number of NGOs working with street children, and encouraged new organizations to form in order to target the issue.

109. This chapter discusses the nature of services targeting street children, both governmental and non-governmental. It mainly focuses on the efforts of the Ministry of Social Affairs and its General Social Defense Department. The chapter also

tries to reveal the nature of non-governmental NGOs working directly with street children, particularly Al-Amal Village, CARITAS, the Egyptian Association for Child Protection, Al-Horia NGO, and Toufolti, through discussing their intervention methodologies and models employed, activities and programs, as well as their problem and needs.

110. The chapter also highlights the relations between GOs and NGOs with regard to dealing with the problem of street children, and reveals ways of channeling assistance.

# Nature of Governmental Services Targeting Street Children

## The Ministry of Social Affairs

111. The Ministry of Social Affairs is the responsible ministry for developing social policies in Egypt. Its role extends, not only to developing social policies, but also to executing them. The Ministry of Social Affairs works in direct cooperation with other related ministries as part of the overall socio-economic and development process to deal with the social problems the Egyptian society faces. Its umbrella covers all criteria of the Egyptian population, and targets mainly issues related to social security and poverty.<sup>1</sup>

112. In this regard, the Ministry deals with all issues related to poverty and the impoverished strata of the Egyptian population in a complex whole that leads to raising their standard of living and helping the poor benefit from the services provided by the government. In this collective whole, the Ministry of Social Affairs targets the issue of street children through two main channels:

1. Working with families in general, and developing preventive measures to tackle the problem, and
2. Working directly with street children through various services, including those provided by the General Social Defense Department.

113. Some of the efforts the Ministry of Social Affairs provides to help sustain families in Egypt include the following:

- Provision of Social security services through monthly pensions and financial assistance to poor families, which were regulated by the Child Law of 1996,
- The Productive Families' System which helps initiate income-generating projects for poor families and help them become productive rather than merely recipients of financial aid,
- The Rural Woman Project which is carried out in

more than 123 different villages in Egypt, and provides help for more than 40,000 village women,

- Raising Family Awareness Program which helps in raising awareness on all issues related to reproductive health, proper parenting, development of skills and other related issues, and
- Bureaus for Family Guidance and Counseling which are social institutions aimed at solving family problems through guidance and counseling, and mainly deal with family breakdown and divorce.

114. As for direct intervention activities for children at risk, whether foundlings, homeless, lost children, destitute, exposed to delinquency, or juvenile delinquents, some of the services provided include the following:

- Residential Care Institutions which provide full residence to children (without court orders), as well as many medical, educational, vocational, recreational and other services until children reach a certain age and become able to depend on themselves, or until their family situation changes to the extent that children can return back to them. The number of institutions is 174 and provides services for more than 6,000 children in Egypt.
- Foster Families, which is a system started in 1959 through the Ministry of Social Affairs, provides services for children deprived of family care, whether foundlings, lost children, orphans, or destitute. The project permits families (according to specific socio-economic conditions) to foster children until they reach a certain age where they can depend upon themselves, or are sent back to their biological families when conditions get better. It provides services to approximately 2,500 children annually.

<sup>1</sup> MOSA. Social Defense in Lines. Unpublished Report, 1999.



- Residential Care Nurseries, which help foundlings and very young lost children from 2 to 6 years old, and provide full-residential services to them until they are either sent to institutional care or to foster families. The numbers of nurseries in Egypt reached 30 and provide services to more than 500 children.<sup>1</sup>
- Targeting the problem of street children directly through the efforts of the General Social Defense Department, which is mainly based on dealing with children of those criteria.

## The General Social Defense Department

115. The Ministry of Social Affairs, in its efforts to tackle the problem of Juvenile delinquents and children exposed to delinquency, established the General Social Defense Department in 1966. The aim of the General Social Defense Department has been to help develop preventive measures against deviance, particularly among children, and develop effective ways to rehabilitate them. The roles of the General Social Defense Department include the following:

- Participation in designing the general policy of the Ministry of Social Affairs in areas of Social Defense;
- Supervision of applying the laws and regulations related to social defense policies;
- Technical supervision of social regional governorates, and the non-governmental organizations working in areas related to social defense;
- Development of plans of action for social defense institutions, and post-graduation services for the children graduates of these institutions;
- Conducting research on social phenomena related to social defense, and raising awareness as to the most proper ways to deal with them;
- Categorization of social institutions and development of proper placement procedures for every institution;
- Conducting comprehensive research on children who need to be placed in social defense institutions through Placement and Guidance Centers;
- Recording all data related to social defense, including necessary research;
- Conducting research in areas related to the development of human resource in areas of social defense; and
- Suggesting proper training programs necessary to raise the technical standard of social defense employees.

116. The General Social Defense Department deals with various segments of the Egyptian population through

focusing its work in five main areas of service provision, which include:

1. The area of providing care to juvenile delinquents and children exposed to delinquency;
2. The area of providing care to unhealthy beggars, incapable of work;
3. The area of prevention from substance and drug abuse;
4. The area of dealing with victims of sexual deviation and exploitation; and
5. The area of dealing with released prisoners and their families.

117. There are four main tools the General Social Defense Department depends on in achieving its goals, which are:

1) Houses of Observation:

118. Houses of Observation are social institutions in which children are fostered before being presented to the juvenile court. The child fully resides in these Houses, in which a full report on the child's situation and a complete social research is made on his/her case, which is presented to court. Preparation of the report entails visits to the child's family, and deciding whether the family is suitable to host the child, or that the child has to move to a social institution as a preventive measure. The total number of Houses of Observation is 20 distributed over 17 governorates in Egypt.

2) Social Surveillance and Follow-Up Bureaus:

119. Social Surveillance and Follow-Up Bureaus are social institutions responsible for writing reports on the situation of the child and his family and reasons for his/her exposure to delinquency and submitting them to the juvenile court before deciding on the child's case. If the court decides that the child should stay with his/her family, the Bureaus become responsible for following up his/her case and writes periodical progress reports on the child's case while with the family. These Bureaus have another preventive function through conducting meetings with children in various settings whether at schools or in youth and sports clubs in cooperation with the social workers in those settings. In case

<sup>1</sup> El-Kateb, E. Street Children. Documents of the Conference "Children in Difficult Circumstances", Ahebaa El-Toufoula NGO, Cairo, April 1998, pp. 141-151.



a child is absent from school for a long time without an identified reason, the Bureaus become responsible for investigating the reasons. The bureaus have another important function, which is following up the cases of children after they

spend time in social care institutions to make sure they lead a normal life after graduation. The total number of Bureaus in Egypt is 200 distributed over 27 governorates.

## Hostels

120. Hostels are social institutions that provide residential care to children whose family situations are dangerous to their existence, whether referred through juvenile courts, come by themselves looking for help, brought by their families in case the family is incapable of protecting or providing proper care to the child, or children who are transferred from any other institution in society. Hostels provide full residential care to children, and many other psychological, social, educational, recreational services. The total number of Hostels is 13 over 7 governorates.

121. These are social institutions with functions similar to those of the Hostels. They accept cases similar to those accepted by Hostels, in addition to those placed by a court order. A separation is often made between children who are placed by a court order and other children, but they often meet

when eating food in dining rooms, in vocational training workshops, in educational classes and literacy education sessions, in playgrounds, in sessions and seminars. The total number of social care institutions is 27 distributed over 14 governorates in Egypt.

122. Statistics from the General Social Defense Department indicate that the total number of children placed in Social Care Institutions was 1,761 in 1998, of which 1,111 children were placed with court orders, and 650 are placed with detention penalties (in Al-Marg Detention Center). Table 11 shows the total number of children placed in literacy education classes. It shows that almost 42% of the children in social care institutions and 38% of the children in detention centers are placed in literacy classes.

Table 11: The Total Number of Children Placed in Literacy Classes in 1998

	Type of Institution	Number of Children	%
1.	Social Care Institution	463	42
2.	Detention Center	250	38
	Total	713	-

Source: The General Social Defense Department, 2000.

123. The total number of children placed in formal education was 408 in 1998. Table 12 shows the total number of children placed in formal education, of which 57% were placed in primary education, 26% in preparatory education,

3% in preparatory technical education, 3% in secondary education, 8% in technical secondary education, and 2% in university education.

Table 12: The Total Number of Children Placed in Formal Education in 1998

	Type of Education	Number of Children	%
1.	Primary	232	57
2.	Preparatory	108	26
3.	Technical Preparatory	14	3
4.	Secondary	13	3
5.	Technical Secondary	33	8
6.	University Education	8	2
	Total	408	-

Source: The General Social Defense Department, 2000.





124. The total number of children placed in vocational training and internal productive workshops was 589, which represented 33% of the children in 1998. Table 13 shows the distribution and percentages of children based on the type of training they receive.

Table 13: The Total Number of Children Placed in Vocational Training in 1998

Type of Training	Number of Children	%
1. Carpentry	152	26
2. Blacksmith	44	7
3. Shoe making	21	4
4. Leather tanning	6	1
5. Printing	8	1
6. Carpets	53	9
7. Tailoring	7	1
8. Pottery	38	6
9. Farming	2	0.3
10. Welding	12	2
11. Cooking	5	0.8
12. Handcrafts	104	18
13. Painting	12	2
14. Glass making	1	0.1
15. Embroidery	86	15
16. Working woman	15	3
17. Electricity	20	3
18. Textile	3	0.5
Total	589	-

Source: The General Social Defense Department, 2000.

125. Data from the General Social Defense Department also shows that the total number of children placed in outside jobs was 21, which represented 2% of the total number of children in 1998.



## Efforts and Current Projects

126. In addition to providing services for children exposed to delinquency and their families, the General Social Defense Department has recently adopted a strategy which is carried out through executing the following projects/ programs:

- Using the media as a means to awareness raising and service delivery. Adopting such a strategy resulted in:
  - Assuring many families that the Social Defense Department is willing to cooperate in solving their children's problems,
  - Indirectly raising awareness to the various dimensions of the problem of street children, and discussing ways to deal with it, and
  - Reaching out to families whether through an available telephone hotline which helped in solving the problems of almost 700 families over a period of 13 months, or through direct meetings with needy families and their children, which helped in solving more than 200 problems over the same period, or through family reconciliation efforts, which helped in reconciling 40 children with their families.
- Using the available premises in Dar Al-Tarbia in Giza as a reception center that provides residential care and other services to children.
- Developing a project, with the help of CARITAS Egypt, to provide vocational training to children residents of institutions.
- Using drama and theatre as means for dealing with behavioral disorders and for rehabilitation. The Social Defense Department now has 2 theatrical teams, which perform shows on the stage on various occasions.

## Needs

127. Various needs have been expressed as direct and immediate needs to the Social Care Institutions for children exposed to delinquency and juvenile delinquents, which include the following:

1. Upgrading and renovating the training and productive workshops, and adding new non-traditional crafts in Dar Al-Tarbia in Giza, such as:
  - Renovating the print house,
  - Renovating the leather workshop,
  - Establishing a new textile workshop,
  - Establishing a new workshop for repair of electric appliances,
  - Adding a fax machine and computers,
  - Continuing “Kitchen” renovations for the project of helping “the Working Woman” in the Minor Female House in Ain Shams, since cooking is vital to the program of re-socialization of females exposed to delinquency,
  - Upgrading the embroidery and tailoring workshops in the Girls Social Care Institution in Agoza, Giza, and
  - Establishing a computer center for children in Dar Al-Tarbia in Giza, and Minor Female House in Ain Shams.
2. Supplying the vocational training workshops with enough raw materials for training (an immediate

need),

3. Providing every child with the necessary sports clothes and tools (a sports bag), and paving the sports courts,
4. A Hot-Line Telephone Line is needed for all social care institutions as a means to establish contact with street children and their families,
5. The Follow-up system after graduation from the institutions needs further development. It is suggested that every graduate get a “Bag of Tools” necessary for the profession he learnt while in the institution,
6. A way to help and assist low-income families of street children through income generating projects,
7. Field training of social workers and psychologists who work with street children,
8. Means to exchange experiences with all stakeholders interested in the issue of street children, whether NGOs, researchers, or consultants in the field, and
9. Achieving integration in the efforts provided for street children between GOs and NGOs.

## General Comments

128. Addressing the following areas would generally enhance the efforts of the General Social Defense Department:

1. The way the society at large views “juvenile delinquents” and the way they still conceive of “juvenile detention” normally have their impact on the way Social Defense functions, especially when contacting families and trying to convince them to send their children to the institution. Changing the society’s negative perception towards children graduates of juvenile institutions should be targeted and changed.
2. The way street children themselves perceive institutionalization needs to be better understood. There is still a widely held conception among street children that institutional care is similar to that of imprisonment in which their freedom will be restricted. Raising awareness among street children and their families regarding the kinds of programs that exist and the help their children can get is crucial.

3. An updated data base on the magnitude of the problem of street children is greatly needed, with detailed case studies, reasons for the phenomenon in Egypt, and its various contributing dimensions. A computer system and training are two main needs.
4. A direct link with NGOs in terms of data exchange and unification of efforts to deal with the problem needs to be developed.
5. Although the General Social Defense Department has provided its staff with a series of training programs, staff training is still needed especially in areas related to case-management, group counseling, and out-reach programs including street education.
6. Structurally, the General Social Defense Department’s program appears to be well organized. Functionally, however, it needs to address the elements raised above as well as to create a more effective and efficient service implementation



strategy. The Department's program, for example, recognizes no difference between juvenile offenders and street children whose only transgression is to have fled untenable home and/or work environments. Given the magnitude of the problem of street

children, the presence of empty beds within the Department's residential units provides stark evidence of its need to examine both its underlying philosophy and service implementation strategies.

# Non-Governmental Activities/ Services Targeting Street Children

## General Overview of the Models and Activities Implemented

129. A quick review of the development of activities and programs, which have been implemented to deal with the problem of street children during the last decade, reveals that there has been a considerable increase in the number of NGOs dealing with the issue of street children during the last 10 years (1990 – 2000), as shown in Table 14. Data reveals the number of NGOs dealing directly with the issue of street children has increased by 6 times during that period. This refers to the following:

1. There has been a considerable support by the Egyptian government in general and the Ministry of Social Affairs in particular to the establishment and foundation of NGOs targeting the issue.
2. A considerable degree of awareness exists among ordinary people of the importance of dealing with the

issue. This relates to the efforts of the media in tackling the issue.

3. The area of dealing with street children seems to attract the attention of NGOs working in areas related to Motherhood and Childhood care or in areas related to community development.
4. Various funding agencies seem to be attracted by funding projects targeting street children, which acted as a motive for such a "social movement" to take place.
5. Many other NGOs seem to be attracted by the problem, and are in the process of developing projects/ programs for street children.

Table 14: Number of NGOs working with street children (1991-2000)

Year	No. of NGOs
1991	1
1992	1
1993	1
1994	1
1995	1
1996	2
1997	4
1998	6
1999	6
2000	6
2001	5
Total	-

Such a rapidly growing social movement has led to various positive aspects, which can be summarized as follow:

1. The increasing number of NGOs, supported by the media and the National Council for Childhood and Motherhood led to a process, which can be labeled as a process of "reconstructing the construct" in all of the governmental services targeting the problem. A good example can be clearly observed when reviewing the

type of current services provided by the General Social Defense Department in terms of attitudes and nature of programs implemented, as compared to previous strategies employed.

2. NGOs are now viewed by GOs as "partners in development", who should be contacted and cooperated with.



3. There is a considerable increase in research done in Egypt targeting the issue under the title of “street children”, and the term has begun to be widely accepted in universities and research centers.
4. There has been a considerable increase in the number of social workers, sociologists, and psychologists who tend to work with NGOs dealing with street

On the other hand, the rapid increase of NGOs dealing with the issue of street children led to the following:

1. Most NGOs have either literally adopted or are trying to adopt the model presented by Al-Amal Village, with minor modifications, although the model itself has not been fully evaluated yet, as indicated by the service providers and team members.
2. All NGOs that thought of establishing reception centers as a means of dealing with the problem began to recognize the need for residential care as an additional solution, although many of them still lack the financial resources.
3. Many NGOs have been “donor-oriented” rather than adopting specific practical policies to deal with the problem. That created a sense of “competition” among NGOs, which in consequence might affect future cooperation among them.
4. Interviews revealed that there is not an effective

children and an increase in the number of volunteers to these NGOs.

5. The increase in the number of NGOs targeting the issue has broadened the scale of intervention to reach a far greater number of street children and their families.

monitoring and evaluation strategy adopted by many NGOs, but rather each project implemented has its monitoring and evaluation techniques in cooperation with the donors (which normally takes the form of regular progress reports on the amount of work done in a particular project). Donors on the other hand, have not funded projects targeting the development of effective monitoring and evaluation strategies in NGOs.

5. Many NGOs are under-staffed, if compared to the amount of work social worker have to perform on daily basis, especially when they work in reception centers. This has its impact on the direct interaction between the social workers and the children who drop in the centers. Many NGOs are still guided and evaluated by the number of children who attend the reception centers, not by the amount of help provided for every single child who attends them.
6. Many social workers are underpaid and lack training in various fields.

**With regard to the nature of programs and activities implemented by NGO, the following points have been identified:**

#### *Family Reunion*

130. Although most NGOs stated that they have been able to reunite a great number of children with their families, the following points still represent problem areas:

- In most cases children refuse to return to their families, and sometimes the family situation appears very difficult to deal with. Accordingly, family reunion should be considered as an option, but not the ultimate option.
- Returning children to their families is a very costly process. It entails a number of steps including visiting the family first, understanding the problem of the child, trying to look for ways to reconcile them both, sending the child to the family, and making regular visits to the child while with the family to make sure that he/she has settled down. This can be a very long and costly process, especially if children are from

other cities outside Cairo and Alexandria, which indicates that MGOs need to cooperate with GOs in this area.

- In case the reception center is understaffed, such a process becomes problematic.
- Most NGOs have begun to consider family reunion as an ultimate solution, but have not changed their structures to achieve that.

#### *Substance Abuse*

131. None of the NGOs has a current program targeting substance abuse among street children, at least at the time when the RSA was carried out. Although data received indicated that most street children use substances, the problem has not been directly targeted. Most reception centers do not permit street children who are under the effect of drugs to enter, and many NGOs do not permit chronic substance abusers to the centers, even if not under the effect of the drug for fear that they might interrupt their daily programs.



132. There are no de-toxification programs carried out in any of the shelters of the NGOs. Perhaps this is a main reason for a high rate of escape. As for the Social Defense there is no program as such. Residential care and control of behavior and activities of children seem to be the solutions provided.

### *Awareness Raising*

133. Many NGOs have started their own effective awareness raising campaigns through the media and television. However, community awareness is still an area that needs further development through a guided collective campaign with the participation of all involved.

### *Research*

134. Most NGOs carried out their initial research on the problem. Some NGOs have research units, but mainly work on small-scale research.

### *Literacy education*

135. The literacy education program, in most NGOs is carried out through the Literacy and Adult Education Association (a governmental program), which provides books and teachers for the NGOs. However, the syllabuses are not mainly designed for children with learning problems or children who cannot attend classes on regular basis (as in the case of street children). Some NGOs, with the help of other funding agencies started their own literacy education programs, but the results have not been identified or clearly evaluated yet.

### *Emergency Services*

136. Al-Horia NGO seems to have a promising project for providing emergency services for street children and all sorts of children at risk.

### *Health programs*

137. Through reviewing the health programs provided in NGOs as well as GOs, the following points have been identified:

- All NGOs have visiting physicians, who drop by the reception centers two or three days a week.
- All NGOs have a small pharmacy, which contains First Aid tools and medicines. Other types of medicine in the small pharmacies are mostly for headaches and stomach aches.
- Some NGOs have not trained their staff on First Aid.
- Severe cases that need hospitalization are often sent to public hospitals.
- There are many private health clinics that help street children without charging any money.
- None of the NGOs developed an effective health awareness program among street children who drop to the centers.

- No programs have been developed for reproductive health issues, except on a small scale, mostly through private counseling.
- Mental health issues are still new areas in most NGOs.
- Few centers have focused on the nutritional needs of street children.

### *Vocational Training*

138. Some NGOs have their own vocational training units, but on a limited small-scale, and aim mainly at developing the manual skills of street children rather than developing their vocational skills. On the other hand, the General Social Defense Department needs extra facilities and support to its vocational training programs, which can be very helpful to street children in NGOs that do not have those facilities. Governmental vocational training centers can also be helpful if reasonable joint projects are carried out with NGOs.

### *Child Rights and Protection*

139. Three NGOs have taken effective steps in dealing directly with issues related to child rights and protection, namely Al-Horia, the General Association for Child Protection in Alexandria, and Toufolti in Cairo. Issues of child rights and protection have been dealt with, especially in the three organizations, through carrying out the following activities:

- Supporting child rights through conducting training programs for police officers who deal directly with cases of exposure to delinquency and juvenile delinquents. The General Association for Child Protection in Alexandria conducted a training program for police officers.
- Helping street children in issuing credentials and official papers like birth certificates and identity cards, as a protective measure.
- Carrying out awareness raising campaigns on child rights and protection.
- Starting programs that are specially targeting child rights and protection such as the one carried out by Al-Horia NGO in Alexandria, which aims to provide immediate help and protection to street children. (Details on such a program will be discussed when revealing the nature of the programs of Al-Horia NGO)

140. Dealing with street children, in general terms entails constant confrontation with issues of child rights and protection.



# Profile of NGOs working with street children in Cairo and Alexandria

## Al-Amal Village Society

### *Brief History:*

143. Al-Amal Village Society was established in 1988 as an NGO that cares for orphans and foundlings. The model adopted by Al-Amal Village was similar to that adopted by the SOS Villages in terms of provision of full-residential care. Al-Amal Village began tackling the problem of street children in 1990, through establishing a drop-in center in the area of Shoubra (a heavily populated popular area in the heart of Cairo), and a temporary shelter for street children in the area of Hadayek El-Koba, with a maximum capacity of 20 children. Then, with the help of various funding agencies as well as various local funds, Al-Amal Village began extending its programs and activities to deal with the problem of street children. The model adopted by Al-Amal Village in Egypt is still considered as the one, which other NGOs currently follow.

### *Target Groups:*

144. Al-Amal Village identifies street children as “Those children who have considered the street as a shelter and a substitute for living with their families in order to meet with their basic needs for food and survival, and who were driven to the street as a result of major family problems.”<sup>1</sup>

### *Facilities and Programs:*

145. The facilities of Al-Amal Village for dealing with the problem of street children include the following:

- Shoubra reception center for boys
- El-Sayda Zeinab reception center for boys
- Roud Al-Farag reception center for girls
- A Temporary Shelter in Hadayek El-Koba
- A Temporary Shelter in Mukattam
- 3 permanent shelters in Nasr City
- 2 permanent shelters in the Tenth of Ramadan City
- Youth hostels

The programs implemented by Al-Amal Village include the following:

- The provision of loans for the families of street children in return for keeping children within the family and educate them
- Family reconciliation
- Raising awareness

- Research
- Training other NGOs interested in working with street children
- Providing temporary shelters for street children
- Providing long-term residential care for street children
- Referral
- Literacy education
- Vocational Training
- Counseling
- Group therapy
- Emergency services for street children
- Feeding
- Health programs
- Personal hygiene
- Recreational programs
- Sports programs
- Job Placement
- Community development
- Farming<sup>2</sup>

### *Nature of the Model Adopted:*

146. The model adopted by Al-Amal Village is based on applying a number of activities aiming at dealing with the problem of street children, which include the following:

- Using reception centers as main channels for establishing contact with street children, and for the provision of temporary and permanent shelters for some of the children according to available spaces, and
- The provision of rehabilitation programs for children residents of shelters.

### *Staff:*

147. The staff working for Al-Amal Village has exceeded 100 personnel (whether full or part-timers), and includes the following areas of specialty:

- 80 social workers and psychologists,
- Physicians and dentists,
- Accountants,
- Trainers (vocational and others),
- Teachers, and
- Administrators.

1 Such a definition specifies a category of street children, which are those who have main problems with their families to the extent that they consider the street as a substitute. However, there are other categories of children who have already left their homes for financial reasons, and for sensation seeking. There are also children on the street without identified families, and there are children on the street with their families.

2 Al-Amal Village Society. A Report on the Activities and Programs of Al-Amal Village Society. 2000.



*Brief History:*

148. CARITAS Egypt is a non-governmental organization that works in different areas and fields of development in Egypt. With regard to the issue of street children, which is the emphasis of the present report, CARITAS began dealing with street children through working with UNICEF on forming an NGO Coalition that works in the area of Child Rights and Protection in 1996. Since that time, CARITAS has been participating in most of the actions targeting street children and children exposed to delinquency. CARITAS began working with juvenile institutions in 1983, and has recently carried out a project to develop Social Care Institutions for Children exposed to delinquency from 1997 to 2000 with the General Social Defense Department. It has recently decided to tackle the problem, not as a “coordinator”, but through direct intervention. Accordingly, CARITAS has established a reception center for street children in Alexandria to deal with the problem.

Target Groups:

149. CARITAS has two main target groups when dealing with issue:

1. Street children: CARITAS adopted an operational definition for street children. They are viewed as “children who walk on the streets without an aim, or a family connection, and take the streets and public squares as shelter and places to earn a living”.
2. Children exposed to delinquency in reception centers and social care institutions.<sup>1</sup>

*Activities and Programs:*

150. The activities of CARITAS in terms of dealing with the problem of street children include the following:

- Working on a joint project with the General Social Defense Department to develop juvenile institutions. Through the project CARITAS was able to provide training for the staff working with children, and equipping the institutions with five computers and printers. CARITAS also bought clothes for children residents of Dar Al-Tarbia in Giza, the Female Minors Hostel, and the Youth Hostel in Ain Shams;
- Opening a Reception Center for street children in Alexandria. The Center was only opened 8 months ago. That makes it hard to thoroughly evaluate its work. However, the Center was able to receive more than 142 children over the 8-month period; and
- CARITAS is currently involved in the project of “Protecting Buds” (street children and children at

risk) in Alexandria with the General Egyptian Association for Child Protection and the Higher Institute of Social Work in Alexandria.

The programs implemented by CARITAS in activities targeting street children include the following:

- Family reconciliation.
- Raising awareness.
- Training (CARITAS has various training units that if utilized are more likely to develop effective training programs for service providers, in cooperation with other NGOs).
- Referral.
- Literacy education.
- Vocational Training.
- Counseling.
- Group therapy.
- Feeding.
- Health programs.
- Personal hygiene.
- Recreational programs.

*Nature of the Model Adopted:*

151. The current model adopted by CARITAS is based on applying a number of activities aiming at dealing with the problem of street children similar to those adopted by Al-Amal Village, which include the following:

- Using reception centers as main channels for establishing contact with and providing help for street children.
- The provision of rehabilitation programs for children residents of juvenile institutions.

*Staff:*

152. The staff working for CARITAS in programs related to street children are divided into two main activities; one that works with the governmental program (Cairo-based), and another working with street children in Alexandria (Alexandria office). Both activities include the following areas of specialty:

- 3 social workers (Alex.)
- 2 Physicians (Alex.)
- A visiting nurse (Alex.)
- A literacy education teacher
- Administrators (2 Office Managers one in Cairo and another in Alex.)
- Executive Manager (Alex.)
- Volunteers
- Cooks

<sup>1</sup> Such a definition specifies a category of street children, which are those who have main problems with their families to the extent that they CARITAS. Dealing With the Problem of Street Children. A Paper presented to the Arab Council’s Workshop on “Confronting the Problem of Street Children in the Arab World”, ACCD, Cairo, 1999.



## The General Egyptian Association for Child Protection

### *Brief History:*

153. The General Egyptian Association for Child Protection is a non-governmental organization that works in the area of child protection and social welfare in the city of Alexandria. It was established in 1995, and began working with street children in 1998 through a joint project with CARITAS, and the Higher Institute of Social Work in Alexandria. The Fund for Social Development funds the project for 3 years. Prior to carrying out the project of dealing with street children, the General Egyptian Association for Child Protection carried out an action-oriented research on the problem in Alexandria. Data received revealed that the problem is related to the existence of marginalized areas around Alexandria, and because Alexandria represents a major attraction, especially in summer.

### *Target Groups:*

154. The General Egyptian Association for Child Protection has specified two target groups, in terms of dealing with the problem of street children:

1. Children at risk, whose family and labor conditions might lead to their total reliance on the street for living, and are in need of preventive measures of intervention, and
2. Street children, particularly females, who are in need of immediate residential care through off the street solutions.

### *Facilities and Programs:*

155. The facilities of The General Egyptian Association for Child Protection, in terms of dealing with the problem of street children, include the following:

- Al-Matar reception center for boys, with an average of 30 children per day. The Center has received 689 children since it was opened.
- Semouha residential center for girls (in which 14 girls are permanently residents).

The NGO is a member/coordinator of the Egyptian NGO Coalition on the Rights of the Child, which targets issues related to child protection.<sup>1</sup> The programs implemented by The General Egyptian Association for Child Protection include the following:

- Family reconciliation
- Research
- Raising awareness, particularly through the media. The NGO was able to produce programs on the phenomenon on the 5th channel of the Egyptian TV, targeting the issue)
- Providing shelters for street children, particularly females
- Referral
- Literacy education
- Vocational Training in their carpentry workshop
- Counseling
- Feeding
- Health programs
- Personal hygiene
- Recreational programs
- Sports programs
- Job Placement
- Community development
- Female community service

### *Nature of the Model Adopted:*

156. The model adopted by the General Egyptian Association for Child Protection is based on applying a number of activities to deal with the problem of street children, which include the following:

- Using the reception center of Al-Matar area (a former Youth Club) to contact children at risk. The Center acts as a link between the NGO and the surrounding community of Al-Matar area in terms of providing various community service programs and assistance to the impoverished families of the area, as a preventive measure.
- The provision of rehabilitation programs for female children residents of the Semouha shelter.

### *Staff:*

156. The staff working for the NGO in targeting the problem of street children includes the following areas of specialty:

- 2 social workers
- 1 psychologist
- A visiting physician
- 2 Accountants
- 2 Trainers (vocational and others)
- 2 Teachers
- 3 Administrators<sup>2</sup>

1 CRC Coalition. NGOs Report on the Rights of the Child in Egypt. Attala Publishing House. Cairo, 2000.

2 The number of staff mentioned does not refer to the entire capacity of the staff working for the NGO, but rather to those who work directly with the street children project. The NGO works in different areas of specialization, and each sector has its own staff and administrators such as dealing with handicapped children, etc.





## Al-Horia NGO

### *Brief History:*

157. Al-Horia for Community Development is a non-governmental organization that was established in 1919, and is one of the oldest NGOs in Alexandria. It started tackling social problems through a residential house for boys, a health clinic, and an orphanage. Currently, the NGO works in six main different areas of community development: childhood and motherhood care, family care, social aids, environmental protection, provision of care for aging populations, and community development. The activities of the organization do not only target street children, but also various categories of Alexandria's population. The organization runs a nursery for children under two years of age, and a kindergarten for children from 2 to 6 years old. It also has a summer club and is part of the national Child Library Project. The organization also has a House for University Girls from different governorates. The organization runs a reception center for juvenile children who are kept until they are referred to court, with a capacity of about 100 children.

Al-Horia started dealing with the issue of street children in 1997 through a day care center that also provides residential care for about 50 street children, and an emergency center that provides care for street children and children at risk. The following description of activities and plans will only target the organization's street children project, since it is the emphasis of the present report.

### *Target Groups:*

158. When dealing with the issue of street children, Al-Horia has two main target groups:

1. The homeless, or children who reside on the street.
2. Children exposed to delinquency and juvenile delinquents.

### *Facilities and Programs:*

159. The facilities of Al-Horia NGO in terms of dealing with the problem of street children include the following:

- Kom El-Deka drop-in and residential center for boys
- The residential care reception center for boys exposed to delinquency and juvenile delinquents
- An emergency Center for Children At Risk, which provides services to all children at risk

The programs implemented by Al-Horia NGO in dealing with street children, include the following:

- Family reconciliation
- Raising awareness
- Providing temporary shelters for street children

- Referral
- Literacy education
- Vocational Training
- Emergency services for street children
- Feeding
- Health programs
- Personal hygiene
- Recreational programs
- Job Placement
- Community development and preventive programs

### *Nature of the Model Adopted:*

160. The model adopted by Al-Horia NGO is based on applying a number of activities aiming at dealing with the problem of street children, which include the following:

- Using the drop-in center as a main channel for establishing contact with street children, and for the provision of temporary shelters for some of the children according to available space;
- Providing rehabilitation programs for children residents of the shelter;
- Providing immediate care for street children at its emergency center, which is directly contacted either by street children or by their families through the telephone; and
- Providing food aid and clothes for children accused of exposure to delinquency, who are kept in the shelter until being referred to court.

### *Staff:*

161. The staff working for Al-Horia NGO exceeds 80 personnel (whether full- or part-timers). The street children project includes the following areas of specialty:

- 6 social workers
- A social consultant
- A cook
- Visiting physicians and dentists
- Accountants
- 4 Trainers (vocational trainers)
- 2 Literacy education teachers
- A training specialist
- A legal consultant
- Administrators



## Toufolti Association

### *Brief History:*

162. Toufolti (My Childhood) is a non-governmental social welfare organization that was established in 1998 to provide services for families and children, to work in the areas of local community development, and to provide care for the handicapped. The Association fosters a program to deal with the problem of street children in Helwan Suburb of Greater Cairo.

### *Target Groups:*

163. Toufolti Association deals mainly with three target populations:

1. Street children who reside in Helwan suburb. They are mainly defined as “those children who have considered the street as a shelter and a substitute to meet with their basic needs for food and survival.” The Association has received about 600 children in its drop-in center since it was opened. The Center provides care for street children, with an average of receiving 13 children per day.
2. The families of street children.
3. The local community where the reception center is located (Helwan).

### *Facilities and Programs:*

164. The single facility of Toufolti Association in terms of dealing with the problem of street children consists of a reception center in Helwan that cares for 10 to 15 children per day.

The programs implemented by Toufolti Association include the following:

- Family reconciliation
- Legal support
- Raising awareness
- Research
- Referral
- Literacy education
- Counseling
- Feeding
- Personal hygiene
- Recreational programs
- Sports programs

### *Nature of the Model Adopted:*

165. The model adopted by Toufolti Association is based on replicating the model presented by Al-Amal Village in dealing with the problem of street children, which basically uses reception centers as main channels for establishing contact with street children, and for the provision of services. (Toufolti plans to open a shelter for children that will host about 12 children.)

### *Staff:*

166. The staff working for Toufolti includes the following areas of specialty:

- 2 social workers.
- Social Consultant (part timer).
- Teachers (7 volunteers- university students).
- A cook.
- A secretary.

# Interrelationship between GOs and NGOs in Dealing with Street Children, and Ways of Channeling Assistance

167. As stated earlier, there is an immediate need by both GOs and NGOs to directly cooperate in projects aiming at dealing with the problem of street children in Egypt. The General Social Defense Department, as well as all of the NGOs visited indicated that there is an immediate need for direct cooperation in comprehensive projects. However, the vision on how such cooperation is to be based is not yet clear.

168. There have been various experiences of cooperation between NGOs in projects targeting street children, especially in the area of training. Al-Amal Village has provided training sessions for the staff of Al-Horia NGO, and Caritas. A joint project was carried out between the General Social Defense

Department (GO) and Caritas to train social workers in Dar El-Tarbia in Giza on methods of dealing with street children that proved successful.

169. On the other hand, the Ministries of Education, Health, and Labor have direct cooperation with NGOs working with street children in various ways. The Ministry of Education submits free literacy education curriculums and free teachers to NGOs working with street children. The Ministry of Health cooperates with NGOs in issuing birth certificates and vaccinations for children residents of NGOs, as well as free medical services in public hospitals. The Ministry of Labor opens its vocational training centers for



children residents of NGOs, and provides them with daily incentives for regular attendance on training programs, despite the fact that street children can not go through the same vocational training programs as other participants because official credentials are needed, which is something street children can not afford to obtain.

170. Despite these forms of cooperation, interviews with service providers from both GOs and NGOs revealed that there is an immediate need for planned joint actions with all related ministries in the form of a national program. This is

seen as vital to ensure effective results, especially with other ministries such as the Ministries of Information, Interior, Justice, Endowment, and Youth.

171. The Ministry of Social Affairs has prepared a Draft Law for NGOs, which defines ways of channeling assistance and funds to NGOs through local and international funding agencies. The Draft Law will be discussed in the People's Assembly to ensure its validity for Egyptian NGOs, and to ensure effective ways of dealing with previous drawbacks associated with applying the present Law.

## Attitudes of Street Children towards the Services Provided

172. With regard to street children's attitudes towards the services provided to them, interviews with the sample of 50 street children in Cairo and Alexandria revealed the following:

- Approximately 84% of the children who visit the drop-in centers on regular basis first knew of the services provided by NGOs through other peers of the same group while being together on the street, 6% through people and community dwellers, and 10% through the social workers working in the NGOs. This refers to a problem connected with "street work" or "street education" in most NGOs, and that the social workers are not always on the spot when needed. Children have to come to the centers if they are to be helped. It seems that most NGOs initiated their projects with main reliance on street work, but later became satisfied with children's regular attendance at the reception centers. In other words, the outreach projects have gradually turned into "indoor projects" with indoor policies.<sup>1</sup>
- Street children interviewed indicated that not all the children on the street know of the services provided by the reception centers or by the NGOs. There are also other children on the street who have been to one or more NGOs, and were either refused help because of age (normally NGOs accept young street children but not the older ones 16 or above), misbehavior, or simply because they disliked the services provided, especially with the routine chores they had to fulfill. Children indicated that those children always try to prevent them from going to the reception centers.
- Most street children indicated that the first thing that attracted them to the reception centers were food, clothing, and recreation (games and play).
- Most street children first came to the reception centers hoping that they could get full-residential care, rather than being asked to return to the streets or to their families. However, with time, many of them began to recognize the nature of the NGOs and appreciate their modes of operation.
- Very few street children know of the services provided by the General Department for Social Defense. Accordingly, reaching out to street children and raising awareness among them of the nature of services provided is needed.
- When street children who drop-in at the reception centers of NGOs operating in Cairo and Alexandria were asked to identify the entities or people who provide help for them, all of them referred to the NGOs where the interviews took place, in addition to "good people they meet on the street" (44%) who help them and give them food and clothes.
- When children were asked about their opinions concerning the services provided by the NGOs working with street children, 82% stated that the services are sufficient and useful, especially females. Whereas 18% stated that the services are not enough and asked for more. When asked on how to develop current services and programs, street children identified providing financial aid to their families 2%, shelters 16%, a monthly salary 10%, more trips and recreation 18%, birthday parties 2%, formal education 4%, literacy education 8%, more food 4%, work or jobs 4%, and vocational training 18%, whereas 32% could not identify any means for the development of services provided to them, as shown in Table 15.

<sup>1</sup> Outreach activities are defined by the service providers, social workers and team members interviewed as activities that aim at taking the initiative of targeting areas where street children concentrate to provide immediate help and services to them, whether medically, psychologically, or others.



Table 15: Children Opinions on How to Develop NGOs Services

Needs	Frequency	%
1. Financial aid to families	1	2
2. Providing shelters	8	16
3. Monthly salaries	5	10
4. Recreations	9	18
5. Birthday parties	1	2
6. Formal education	2	4
7. Literacy education	4	8
8. More food	2	4
9. Work or jobs	2	4
10. Vocational Training	9	18
11. Could not identify any Developments	16	32
Total	59	-

\* Percentages are more than 100% because children were asked to identify more than one need.

- When children were asked to identify the best programs they receive through the reception centers they attend, they stated that recreation 34% represents the best program, then food 18%, sports 10%, literacy education 10%, medical care 10%, clothes 6%, trips 2%, art programs 2%, financial aid to families 2%, counseling and advice 2%, and security 2%, whereas 10% identified all the programs, and 6% did not prefer any programs at all.

Table 16: Children Opinions on Best Programs provided by NGOs \*

Needs	Frequency	%
1. Recreations	17	34
2. Food	9	18
3. Sports	5	10
4. Literacy Education	5	10
5. Medical Care	5	10
6. Clothes	3	6
7. Trips	1	2
8. Art programs	1	2
9. Financial aid to families	1	2
10. Counseling and advice	1	2
11. Security	1	2
12. Unidentified	5	10
13. All Programs	3	6
Total	57	-

\* Percentages are more than 100% because children were asked to identify more than one method.

173. Table 16 shows children's opinions on the best programs provided by the non-governmental organizations they drop in to.

- Previous findings indicated that 32% of the children interviewed could not identify ways to develop the services provided to them, whereas 10% of them could not identify the best programs they receive. This indicates that either these children are new to the services provided to the extent that they do not know ways to develop them, or that they are fully satisfied with the services provided to the extent that adding new programs might not be helpful. In general terms, sometimes children might be shy, uncooperative, or fearful to criticize the NGOs they go to.
- Data analysis revealed that street children identified recreation as a basic need and a first priority. This indicates that street children's attitudes are similar to their counterparts in normal families with regard to favoring recreation and play.



# Attitudes of the Service Providers / Research Team Towards the Services Provided

174. Data from the brainstorming sessions carried out with service providers and the interviews of NGOs' staff and managers indicated the following:

- All of the service providers indicated that the current services provided for street children by all NGOs as well as GOs, are not sufficient to deal with the growing problem of street children.
- All service providers emphasized that effective networking and cooperation between NGOs and GOs is the only way to deal with the problem of street children, especially in areas related to technical training, referral, exchange of data, and awareness raising.

175. When discussing ways to develop the current programs and services provided for street children, the following suggestions were made:

1. A Steering Committee should be created that represents NGOs dealing with street children to be able to coordinate efforts among them, and between them and other GOs.
2. There should be a regular channel for data exchange among NGOs with baseline data on the children they deal with to avoid duality of services.
3. NGOs should exchange activities and programs, and find means to achieve that in a cooperative way.

4. There should be a "Code of Ethics" signed by all NGOs of the basic philosophy and principles adopted when dealing with street children.
5. There should be a geographic division of areas/districts of intervention among NGOs working in both Cairo and Alexandria to avoid duality of services.
6. Family reunions can take place through either direct contact with the Social Defense Department and its offices all over Egypt, or through the NGOs that work in areas where street children come from, both in Greater Cairo or Alexandria.
7. Both NGOs and GOs should cooperate in terms of providing full-residential care to street children according to the available places they have.
8. There should be mutual training programs in all areas related to street children, and exchange of training programs among NGOs and GOs working with street children.
9. There should be an agreement among NGOs and GOs on a proper definition for street children (or the target group).
10. There should be an emphasis on contacting Community Development NGOs that exist in the same areas where the street children projects are carried out to gain their support, especially in areas of awareness raising and community mobilization for action.



# RECOMMENDATIONS

FOR

INTERVENTION

POLICIES

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# IV

# Introduction

162. This chapter describes the general indicators and findings of the Rapid Situation Assessment of Street Children in Cairo and Alexandria, which are then used as main guidelines for the development of a list of recommendations and intervention options targeting the problem of street children in both cities.

163. The general indicators and findings will be presented with an emphasis on six specific areas of assessment, which include context assessment, drug abuse assessment, health

nutrition assessment, food aid assessment, resource assessment, and intervention and policy assessment.

164. Recommendations for intervention policies will target all six areas of assessment with a main emphasis on structural-based intervention, community-based intervention, center-based-intervention, and street-based intervention. A list of suggested programs and intervention options will then be discussed and presented as suggested projects related to each area of specific intervention.

## General Indicators from the Rapid Situation Assessment

165. The key findings and general indicators discovered through the RSA of street children in Cairo and Alexandria, as set out in Chapters II and III, can be summarized as follow:

### Context Assessment

- There are no precise estimates of the exact magnitude of the problem of street children in Egypt but all providers believe the problem is growing. The RSA team's own estimate is that the number of children on the streets exceeds one million. The lack of awareness of the magnitude of the problem by the Government and service providers hinders overall planning of national projects targeting the issue, and in most cases planning ends up being carried out on a small-scale rather than a nationwide basis.

- There is still a problem related to defining the meaning of "street children". Each NGO uses its own definition when defining its target group (population), although they all seem to agree on major characteristics of street children. The legal definition used at the governmental level to refer to street children as "children exposed to delinquency" still needs further discussions with all NGOs and GOs involved. Such a problem affects knowledge of the exact magnitude of the problem and hinders identification of target groups and joint governmental and non-governmental projects targeting the issue, especially when the terms used are not the same.

The use of a single comprehensive definition by the government to characterize street children raises more issues than simple semantic implications, however. Defined as "children exposed to delinquency," children who are simple victims of economic hardship, family tragedy, and family or employee abuse are lumped together with children arrested for definable crimes. That may in fact lead them to adopt juvenile (and later adult) criminal behaviors, or to become

victims of violent children. Definably different children require distinct remedial programs.

- Various "direct" reasons were identified by street children as direct and immediate reasons behind their problem of being on the street, which included:

1. Child abuse whether by the family or at work;
2. Family neglect to the child;
3. Peer pressure;
4. The child's sensation seeking desire;
5. Other brothers or sisters on the street.

These factors should be used as a guideline for targeting the problem of street children if effective short-term results are to be achieved.

On the other hand, service providers agreed that the problem of street children is connected with a list of structural economic and social reasons, which can be used as basis for the development of long-term planning policies, which included:

1. Low income and educational family level;
2. Family break down;
3. Dropping out of schools or education;
4. Large family size;
5. Unplanned rural-urban migration;
6. The declining role of the extended family.



- Street children are found in almost all sections in both cities, but they tend to concentrate in areas suitable for their life style and where their existence does not pose a threat against them. Their mobility seems to be highly affected by a number of internal and external factors which include:

1. Being apprehended;
2. The weather conditions in cities where they reside;
3. The nature of commercial activities in specific areas/settings;
4. Violence from the surrounding community;
5. Violence within the street children group.

Data indicated that many street children exist in areas where neither the services of NGOs or GOs reach them. Hence, the development of outreach strategies and street-based activities seem essential.

- Street children in Cairo and Alexandria do not represent a homogenous group, and prefer to stay in small groupings while being on the street. This indicates that effective street intervention should consider peer-to-peer and peer-counseling as main options for targeting these small groupings.

- Many street children are originally working children who chose or were forced to leave their jobs due to violence, abuse, exploitation, or dismissal by the employers. This indicates that child abuse, whether by the family or at work has to be effectively dealt with as it represents a main reason for the development of the problem.

- Street children turn to begging and other activities for survival in case they have no permanent jobs or means to sustain themselves. Popular and government awareness of this tendency is more likely to have its own impact in changing the community's passive image towards street children, and in consequence, affect policies and preventive measures targeting this population.

- Street children immediately spend their earnings because it is unsafe to save money while being on the street. They might be robbed or exposed to violence. This point strongly relates to the types of hopes and needs children expressed when asked about future aims. NGOs should extend their help in this domain by saving money for the children through opening bank accounts or merely acting as safe places where children can keep their earnings and donations they receive from the NGO, and encourage them through proposing various income-generating options. Some NGOs already have such a program, but still need further development in terms of protecting the child's savings from

being abused (even when in the NGO) by abusive guardians who might claim for the child's savings.

- Street children suffer from various problems on the street, which include:

1. Violence;
2. Community disapproval;
3. Police arrests;
4. Robberies of savings;
5. Health problems;
6. Stresses due to inability to cope with street life;
7. Lack of positive attachments.

- Various needs were expressed by street children, as direct and immediate needs, which included:

1. Learning a profession;
2. Having a job (work) to sustain themselves (and their families);
3. Returning back to their families. On the other hand, many street children like street life, with no intention to change their situations, while many others could not identify their needs, as the future appears ambiguous to them.

- A significant finding is that the average age of street children is increasing. In most research done in the mid and late-nineties, the average age was 11, whereas findings from the RSA indicated that the average age of street children reached 13. Such an age variation should have its own impact on the way the problem is dealt with, and means that not only young children should mainly be targeted but also pre-teenage children and youth.

- Most street children are either school dropouts or have never attended school. This indicates a major need for literacy education and vocational training as two main options, which were also expressed as main needs by street children themselves.

- Street children have scored lower in their psychosocial adjustment as compared to their counterparts in government institutional settings. This indicates that the street might not be a "suitable" place where children could remain. Off street solutions have to be reconsidered, especially with the fact that most of the street children interviewed are children who often go to the drop-in centers of NGOs. This also means that the way most reception centers function has to be revised and constantly monitored and evaluated to ensure effective results.



## Drug Abuse Assessment:

- Data revealed that almost 60% of the sample interviewed use substances/drugs on a habitual basis. This indicates that substance abuse is a major problem among street children that should be dealt with.

- The types of substances/ drugs consumed by street children, as revealed by the RSA, included:

1. Cigarettes (tobacco);
2. Glue;
3. Bango;
4. Hashish;
5. Tablets (Parkinol, Rohypnol);
6. And many of them use a combination of substances

The first two substances, according to street children, are substances that are for sale and easy to get or buy in the market (although there is a law that prohibits the sale of cigarettes for children). The other types of substances consumed are directly affected by the market principle and the availability of certain types of illicit substances/drugs. This means that special restrictions should be made with regard to both types of illicit substances

- The reasons why street children turn to substances/ drugs, as they explained, are:

1. Relief from the pressures of the street;
2. Peer pressure;
3. To sleep easily;
4. To be able to endure pain, violence, and hunger.

The last two reasons indicate that substance abuse among street children might be viewed as part of their coping

mechanisms to deal with street life, to endure stresses and to deal with problems of food, hunger, pain, and restless nights.

- Many health and risk factors are associated with substance/drug abuse among street children, which include behavioral and health risk factors. Behavioral risk factors include stealing, begging, quarrelling, telling lies, or being sexually abused. The physical risk factors include chest troubles, intestinal, nutritional, and skin diseases.

- Street children turn to substance abuse due to the effect of peers, and on the basis of the duration of time they remain on the street without guidance or protection.

- Substance abuse among street children often entails congregating.

- Most street children accept other street children's drug habits, even those who do not consume substances (supporting normalized environment).

- The surrounding community, in most cases, does not support the street children's drug habit. This leads to street children hiding their drug habit, and consuming substances/drugs in areas or locations where they cannot be seen (non-supporting environment- no normalization of drug abuse).

- Most street children know of the negative effects of substance/ drug abuse on their health and behavior. They mainly learn by doing and through their basic subculture.

- None of the NGOs or GOs has a program that deals directly with substance abuse among street children.

## Health/ Nutrition Assessment:

- Street children have developed a different perception of health issues. They mainly view sickness as related to "inability to move" rather than being affected by or infected with a particular disease. This refers to the etiology of how sickness is perceived among them, and to the lack of knowledge on major health problems.

- Various health problems, which were referred to as "minor health problems" by street children, were identified, and included:

1. Headaches
2. Heart pain
3. Chest pain
4. Abdominal colic
5. Renal colic

6. Back pain
7. Blood in the urine
8. Shortness of breath when running
9. Cough
10. Wounds and bruises
11. Diarrhea
12. Dental problems
13. Fever, and
14. Discharges from the ear.

- The most common types of health complaints among street children were headaches, giddiness, and palpitation, which can be considered as indicators of the presence of anemia among them, as well as reaction to substance abuse.



- The reasons why street children are more susceptible to diseases than others is connected with their personal unhealthy habits while being on the street, which include eating exposed and dirty foods, lack of personal hygiene due to sleeping on the streets and working in various unhealthy environments, and washing in rivers and fountains in public squares.
- The pattern of health seeking behavior of street children is consistent. They go to public hospitals or refer to

NGOs for medical help. Self-prescription of medicine is common among them.

- None of the street children interviewed has health insurance in public hospitals.
- Street children, when they have enough resources, eat cheap popular meals, which can easily be found on the streets.

## Food Aid Assessment:

- Food, and the variety provided seem to be a vital tool for NGOs to attract street children to their reception centers. Food is also vital to GOs as well as NGOs to feed the number of children who are fully residents in institutional care.
- Food aid is likely to reduce a great amount of institutional running costs and budgets (ranges between 30 to 35% of the expenditures of budgets of NGOs).
- WFP typical food items seem very attractive to almost all NGOs since the food presented suits Egyptian folk cuisine, and that would make it suitable for families and street children.

- Two NGOs have identified a capacity to store, transport and prepare food aid from WFP, namely CARITAS and The General Egyptian Association for Child Protection. CARITAS has previous experiences in a similar project. Governmental institutions have that capacity, of course. The others lack this capacity and require assistance to develop it.
- Food aid could be very useful in projects that aim at reducing health hazards, especially when linking food aid to community development projects.
- None of the NGOs have training in more than rudimentary nutritional awareness.

## Resource Assessment:

- There are currently five main NGOs addressing the issue of street children in both Cairo and Alexandria. This is a clear manifestation of a growing social movement that aims to deal with the issue, and a new and more supportive political environment that paves the way for NGOs to target the issue freely and in a cooperative way.
- The nature of governmental intervention and ways of addressing the issue seem promising and elaborate. The General Social Defense Department encourages cooperation with NGOs in this realm and shows flexibility in accepting new strategies and ideas. However, it has to reassure its role as a supporter of and partner with NGOs.
- The models adopted by NGOs seem to have taken the “comprehensive approach” rather than targeting specific problems related to street children. All NGOs have reception centers that perform the same tasks and provide similar services (food, clothes, counseling, referral, family reunion, etc.) with varying degrees of success. Such a multiplicity of services affects the efficiency of each service provided, if considered alone. The social worker (service provider) often carries out more than 15 tasks in parallel when working in the reception center. Some NGOs are understaffed, whereas others are overstaffed.
- Most NGOs currently consider family reunion as the

ultimate goal when dealing with street children. However, they have not shown any signs of modifications in the model adopted to achieve that aim effectively.

- There seems to be a lack of outreach programs targeting street children on the street or in other remote settings.
- Street children are usually attracted to the reception centers for food, clothes, and recreation. Many of them ask for residential care when visiting the reception centers.
- Most NGOs have low sustainability<sup>1</sup> and a low financial viability. Training in fund-raising has been expressed as an immediate need by almost all NGOs.
- Unlike governmental institutions, NGOs in general have a weak monitoring and evaluation policies and techniques. NGOs have the ability to raise community awareness, although they do not show signs of either collective action or coordination in this realm, except on a very small scale.
- All NGOs expressed networking and coordination as a main need. The General Social Defense Department expressed similar requirements.

<sup>1</sup> Some of the activities of NGOs seem sustainable such as drop-in centers as long as they attract donors. However, it is assumed by many NGOs that drop-in centers, if not provided with additional funding, might become costly and hence unsustainable in the long run.



## Intervention and Policy Assessment:

- When considering intervention holistically, whether by NGOs or GOs, current intervention strategies seem promising and show various indicators of success. Despite the fact that competition over funds might hinder cooperation, competition also resulted in creative thinking and in new programs targeting the issue.
- There are various overlapping services provided by all NGOs: A reception center, a shelter (even when financial resources are not sufficient). Some NGOs have promising programs and activities that if implemented alone, could be more effective than a holistic intervention approach, especially in areas of child protection and community development.
- Techniques of data recording in most NGOs as well as GOs need further elaboration. • Various additional community resources could be mobilized for action, including public hospitals, health clinics, community development NGOs, and local public schools. Each NGO has direct contact and programs using its own resources, and Al-Horia NGO proposes a project that incorporates 6 community development NGOs working in Alexandria to work together in dealing with the problem of street children in the 6 main districts of Alexandria.
- There are many previous examples of joint projects carried out either in Cairo or Alexandria between two or more NGOs and between governmental and non-governmental NGOs. The projects in general seemed effective. However, they ended with the end of the project and/or funding. There is no permanent mechanism to maintain cooperation and networking in joint projects. All NGOs and GOs consider joint action and networking as a main need.

## Recommendations and Suggested Framework of Intervention

176. Dealing with the problem of street children needs the cooperation of various governmental, non-governmental, and voluntary efforts. Data from the RSA indicated that various factors contribute to the emergence and development of the problem of street children in Egypt, which include:

- Structural, contextual, and policy related issues; • The attitudes of local communities and the way people in general perceive the problem of street children, as well as the prevalence of the problem through various poor communities and marginalized areas surrounding major cities, contribute to the emergence and development of the problem;
- The way the problem of street children has been dealt with through both governmental and non-governmental organizations and their collective

validity in achieving an effective decrease of the magnitude of the problem and the vulnerability of street children; and

- The fact that street work is not sufficiently extensive so that many children who reside in areas where NGOs do not function receive no assistance and are not reached.

177. Accordingly, if intervention is to be carried out, it has to cover all areas simultaneously through an emphasis on the following four baselines or levels of intervention:

1. Structural-based intervention;
2. Community-based intervention;
3. Center-based intervention;
4. Street-based intervention.

## Levels of Intervention Options and Programs Suggested

178. As discussed earlier, if effective intervention is to be carried out, it should tackle four main levels of interventions, which include structural contextual-based levels, community-based levels, center-based levels, and street-based levels. The following represents a suggested framework of action through which intervention can be carried out in each of the four levels:

### ***Structural-based intervention:***

179. At the structural functional levels, there are various

intervention options and projects that can be carried out through targeting the following areas:

1. Child rights: In defending child rights, the following options appear to be immediate:
  - Careful measures should be taken with regard to children before allowing divorce. Divorce should not be allowed except when making sure that one of both parents or institutional care would protect children.



- Severe penalties should be reconsidered for parents who expose their children to risk and vulnerability through full application of the provisions of Child Law.
- Severe penalties should be reconsidered for parents who abuse or exploit their children.
- Supporting the efforts of both the General Social Defense Department, the General Association for Child Protection and Al-Horia NGO in terms of developing projects that include “hotlines telephone”, as part of their outreach strategies to support the legal rights of street children.
- Children should be protected while working. Legal support to working children and constant monitoring of cases of violations by employers is a vital preventive measure against the emergence and development of the problem of street children. NGOs should participate in the process, in cooperation of the Ministry of Labor and Manpower.
- Constant monitoring of the application of the UN Convention to the Rights of the Child has to be carried out to ensure safety measures for children at risk, including street children.

2. **Advocacy and Awareness Raising:** Although the media supported programs targeting the issue on television and in the papers, a guided strategy for effective advocacy and raising awareness has to be implemented, in cooperation with media professionals and governmental agencies involved.

3. **Development of long-term effective policies to deal with problems related to urban-poverty and carrying out effective rural development programs to decrease the rate of rural-urban migration.** Planning should involve NGOs, especially those working in areas related to community development and urban planning.

4. **Developing effective short, medium, and long-term policies to deal with school drop-outs, and developing child-oriented literacy education curriculums.**

5. **Widening the scope of health insurance policies to include all members of the family, including street and working children.**

6. **Street children should be able to have access to governmental vocational training, without the pre-requisites of legal credentials. Such a project is strongly supported by all NGOs working with street children that believe in the efficacy of the vocational training programs provided at the governmental level, which street children should benefit from.**

### ***Community Based-Intervention:***

180. The problem of street children is strongly affected by community attitudes and perceptions. To date, communities have tended to see the street children phenomenon as an annoying problem in isolation from its causes. This perception often extends to proposed solutions to the problem, rather than developing holistic strategies targeting the culture of poverty which is at the root of the problem of street children. What is needed are strategies that target those communities, which spawn the phenomenon in the first place. Accordingly, the following project/programs are suggested:

1. Supporting a pilot project aimed at family-based community development for one or more of the NGOs to be implemented in Cairo or Alexandria as a model, which can then be replicated after being monitored and evaluated. The project should aim at strengthening families at risk and reducing vulnerability among street children. This may be accomplished by integrating this approach within one of four existing projects. These are: one by The General Egyptian Association for Child Protection in Al-Matar area in Alexandria; a second project by Toufoulti in Helwan; a third project by Al-Amal Village in the Mokattam area in Cairo; and, a fourth, the Al-Horia program in Alexandria.

2. Training NGOs in programs related to “community mobilization” and how to make use of community resources especially in areas related to mobilization of voluntary action, raising awareness, and local fund raising seem to be basic needs for most NGOs working with street children.

3. Helping NGOs through training in identifying available community resources that could be mobilized for action, such as youth clubs (similar to the project of the General Association for Child Protection in Alexandria), local hospitals, health clinics, and vocational training centers, and finding means for establishing joint projects with local community development NGOs that work in areas is needed.

### ***Center Based Intervention:***

181. A center-based approach is needed to develop the capacity-building of NGOs and GOs that provide residential care for children, and aim through its center-based activities to deal with the problem of street children. Support to this approach can be carried out through the following:

1. Supporting the activities of NGOs that provide residential care to street children, especially children in need of full residence.

2. Producing a brochure or a “Directory of organizations working with street children in Egypt”, and



supporting that activity. The directory should include details of activities, programs, and information on how they can be reached. The directory can be very effective in fund raising, identification of joint activities, and for advocacy.

3. Establishing networking among NGOs and GOs in terms of referral. A joint computer program and networking facilities are needed to explore the availability of residential places for children, and to avoid overlapping of services, and for data exchange on cases of street children and their families the reception centers receive on daily basis.

4. Establishing joint action in terms of family-reunion. A proposed project can be carried out between the Ministry of Social Affairs and NGOs working in Cairo and Alexandria in terms of family reconciliation through the governmental "Family Reconciliation Bureaus" available in all cities of Egypt. Training on methods of family-to-family program is also needed.

5. Supporting the development of an effective monitoring and evaluation system in NGOs, which can act as basis for overall evaluation of the tasks performed, and a guideline for effective planning.

### *Street-Based Intervention:*

182. Street based intervention is highly recommended for all GOs and NGOs working with street children to fill the gap between center-based activities and the real situation and immediate needs of street children. The activity can be very helpful in reaching out to street children in remote areas, and could be a main tool for effective intervention and rapid assessment. The following program/activities are suggested:

1. Producing a Street Education Manual that suits the Egyptian/ Arab culture and could act as a main tool for training NGOs, and training of other GOs and NGOs interested in dealing with street children on methods of street intervention and provision of rapid assessment. The Manual could be designed to target special issues of intervention such as substance abuse, health, community mobilization, or simply rapid assessment.

2. Carrying out training programs to service providers on methods of street education.

3. Legal support should be given to street educators when working on the street-level. This could be achieved through the Ministry of Social Affairs.

## Institutional Framework and Organizational Options:

183. In order to carry out interventions in both cities, it is important to initially consider the institutional framework or the various organizational options available to carry out the four baseline levels of intervention previously mentioned.

184. There is no doubt that both governmental and non-governmental organizations stress the need and importance of carrying out collective action through joint projects. There is a strong attitude supported by the government, and almost all NGOs to consider joint action as a main option, which could act as an effective starting point. Accordingly, the following represents the different available institutional options to carry out the intervention needed:

1. **Supporting the establishment or formation of a steering committee that incorporates both governmental and non-governmental organizations, to carry out the project and coordinate action.** The advantages of this option would be having direct governmental involvement and support in joint actions targeting the problem, regulating coordination in joint action and projects, identifying resources that could be additionally used whether governmental or non-governmental, identifying needs and objectives, networking, identifying effective means to tackle the issue, and having direct political impact and implementation of agreed upon actions and plans. The obstacles related to this option include competition for funding, leadership, and structural operating procedures. A suggested strategy to deal with these obstacles could be supporting the formation of a Union that has a legal status of all NGOs, which includes in its membership

representatives of various related ministries and governmental organizations.

2. **Supporting the establishment or formation of a steering committee that incorporates only the Ministry of Social Affairs - The Social Defense Department and all NGOs working with street children, both present and potential to carry out the project and coordinate action.** The advantages of this option would be regulating both governmental and non-governmental actions targeting street children, identifying common needs and objectives, establishing networking, and most of all establishing political and social impact on decision making and policies related to the issue. The obstacles related to this issue would be similar to those discussed previously. A suggested strategy would be supporting the formation of a Union or a legal entity that regulates work between the NGOs and the Ministry in joint projects.

3. **Supporting the establishment or formation of a steering committee that incorporates only all NGOs working with street children, both present and potential to carry out the project and coordinate action.** The advantages of this option would be regulating coordination in joint action and projects targeting street children, identifying needs and objectives, networking, identifying effective means to tackle the issue, and most important having a political and social impact on decision-making and policies related to the issue. The obstacles related to this option include competition among NGOs for funding,



competition related to leadership, and structural running procedures. A suggested strategy could be the formation of a Union that has a legal status, or merely a steering committee that meets on regular basis.

4. **Working directly with specific non-governmental or governmental organization in specific projects targeting the issue, and trying to form small-scale joint projects that incorporates two or more NGOs and GOs.** The advantages of this option would be direct capacity-building of certain NGOs and more small-scale oriented projects to tackle the issue from specific angles related to the donors area of special work, such as health, community development, substance abuse, etc. Negative aspects of this option, based on previous similar experiences, would be the need for joint large-scale projects targeting the problem, and the need for cooperation and networking as expressed by various NGOs and GOs alike which would be identical only to a limited extent under this option.

5. **Supporting the establishment of a Local/Regional unit or office that can take the responsibility of carrying out small-scale or large-scale joint projects related to street children, deal immediately with GOs and NGOs, develops action programs, training manuals, carries out training in all areas related to street children and necessary action-guided research.** The advantages of this option would be more effective action and monitored program activities. The unit or office would give support in all areas related to street children and would maintain databases and disseminate information among NGOs and GOs of the latest development in the issue of street children and child rights. It can also act as a major tool for establishing regional networking in regional projects. Such an option can be carried out with the help of one or more NGOs and with the direct permanent involvement of experts/ consultants in the area of dealing with street children.

## Targeting Specific Issues Related to Street Children:

### Substance Abuse Among Street Children:

185. Dealing with the problem of substance abuse among street children in Cairo and Alexandria, based on the findings of the Rapid Situation Assessment, can be initiated through implementing one or more of the following activities and suggested programs:

- A selection of one or more of the suggested institutional frameworks of intervention to act as an umbrella for executing the project, or simply executing the project through consultants who would then carry out the task and report to the funding agency(ies). The Fifth option (A local/Regional Unit) is strongly recommended.

- A particular set of theoretical and operational guidelines is needed to act as a starting point for tackling the issue. A **Training Manual** is strongly recommended on “Dealing with Substance Abuse Among Street Children” as guidance and reference for training NGOs, especially when none of them has a project/program targeting substance abuse among street children. The Training Manual should tackle the issue of substance abuse on all 4 levels of intervention: structural-based, community-based, center-based, and street-based intervention. A good starting point would be the available training manuals of the WHO/PSA, after making certain modifications to suit application in Egypt, and later in the Arab World. The training manual can focus as well on health related issues, and in consequence it would be an effective tool for training on various health-related issues and intervention programs. The production of a Training Manual would require a period of 6 months, and be drafted with the

help of two consultants in social and health-related topics.

- **Strict law enforcement:** This can be carried out with the help of related ministries, and in cooperation with NGOs through:

- Energetic enforcement of the laws that prohibit the sale of cigarettes to minors, and - Monitoring of facilities that sell and/or use glue and pharmacies that dispense psychotropic substances to minors, along with severe penalties.
- Selection and training of police officers who work in areas related to street children is strongly recommended.

- Carrying out a training program for all NGOs, as well as others, involved in the project of dealing with substance abuse among street children, which would either be based on the training manual or through the programs suggested by consultants.

- Two NGOs can be supported to jointly carry out a project of “treatment and rehabilitation of street children” through their reception centers and shelters, or through two health/clinics or specialized hospitals in both cities in cooperation with both NGOs. The project’s aim should be testing out and developing effective policies for treatment and rehabilitation of street children over a period of one year. Findings can then be disseminating to all other NGOs and GOs involved for further replication of the models implemented. It is suggested that both programs being carried out by Toufoulti in Cairo and CARITAS in Alexandria.



- It is strongly recommended that all NGOs, in cooperation with the General Social Defense Department, work on developing a joint project to eliminate the use of substances/drugs among street children. The project may include community and street based interventions to tackle the problem, as well as methods of raising awareness among street children of the effects of substance abuse.
- Street education should play a central role in reaching out to a far greater number of street children who cannot be reached through the center-based approach. Training of ex-street children on methods of peer-to-peer counseling can be very effective. However, selection and training of ex-street children should be made through the NGOs involved. Al-Amal Village in Cairo and CARITAS in Alexandria can participate in such a program.
- Staff (service providers) training should include a main emphasis on techniques of:
  - Group Therapy;
  - Case management;
  - Peer-to-peer approach;
  - Family-to-family program.
- Preparation of training materials (manual – guides) normally takes a period of 6 months with the help of consultants, who can also carry out the training process.
- The development of an effective monitoring and evaluation system is strongly recommended with all project phases.

### **Health and Nutrition Among Street Children:**

186. The prevalence of various health problems among street children refers to the importance of dealing with health issues among them. Targeting the health aspects among street children entails intervention in the following areas of health:

- Malnutrition and disorders of diet;
- Preventive health issues;
- Personal hygiene and sanitation;
- Mental health;
- Reproductive health.

187. Tackling the five topics could be carried out through selecting one or more of the previously mentioned institutional frameworks of intervention. The following projects or programs can be effective in dealing with the health/nutrition aspects among street children:

- Training NGOs and GOs, especially NGOs, which deal directly with street children through their reception centers, on techniques of developing balanced diets.
- Supplying GOs and NGOs with WFP's typical food items. The program can be carried out with the coordination of CARITAS, and can be further developed through linking food aid to preventive and protective measures when targeting families of street children as well as street children themselves, or through linking food to vocational training and/or health care.
- Supporting regular medical check-ups and analysis of street children health situations, which would then directly identify major health issues among street children with

precision.

- Training of service providers in some NGOs on how to provide First Aid for street children is strongly recommended.
- NGOs should be encouraged to hire psychologists to be part of their team dealing with street children, to be able to tackle serious mental health problems and psychiatric disorders that street children suffer from.
- Raising awareness among street children of personal health issues is strongly recommended. A training manual can be developed over a period of 4 months to deal with the issue, and can be used as a tool for training of trainers.
- Staff training on reproductive health issues, especially in NGOs and GOs that deal with female street children, is recommended.
- Helping NGOs develop sustainable strategies for the provision of foodstuffs.
- Developing coordination and joint action strategies with other GOs and NGOs that address health and nutrition issues.



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# APPENDIXES



# VI

# Appendix I: Rapid Situation Assessment Methodology

Rapid Situation Assessment (RSA) refers to a methodology that uses a combination of several qualitative and quantitative data collection techniques and draws on a variety of data sources with a view to arriving at an understanding of the nature, extent and trends in respect of certain health and social problems, and of structures and services that exist, to address these problems, and then develop ways to respond and deal with them.<sup>1</sup>

RSAs are ideally suited to conducting research among hidden, often hard to reach and marginalized populations, who are not easily detected through the course of traditional epidemiological-type surveys, employing statistically representative sampling techniques. The word “rapid” obviously denotes the speed of the procedure, so as to understand various dimensions of the problem in question as well as to develop “quick and appropriate interventions” to address the problem.<sup>2</sup>

The general theoretical orientation in RSAs is that of induction, which refers to the process of developing hypotheses, and searching for information that confirms, denies, or modifies them. To this end, available sources of information are collated, and an overview of the particular situation is constructed from the various available data sets. Several qualitative and quantitative techniques of data collection are used concurrently in the course of an RSA. Using what is sometimes referred to as “data triangulation” in order to arrive at a composite picture of the problem situation. The data generated from these techniques are then examined for consistency, reliability, and validity by using qualitative data analysis methods that simultaneously consider diverse sources of data on the same subject and allows for crosschecking of the data collected.

Several categories of respondents can be interviewed in the course of an RSA. In the case of street children, this might include medical, social services and public health personnel, street children, representatives of non-governmental and community organizations, street educators (service providers), etc. An RSA not only examines trends and patterns of social problems, but also considers responses and interventions that have already been implemented to deal with the problem. These could be legal responses, rehabilitation initiatives, and preventive programs targeted towards specific groups such as street children.

The findings of RSAs are strongly related to the development and implementation of measures and responses that focus on

various educative, preventive, treatment, and rehabilitative initiatives targeted mainly at those mostly affected by the social problem. The selection of data collection methods and techniques to be applied in an RSA depends on the circumstances, scope and objectives of the RSA. Depending on the setting in which the RSA is to be undertaken, the researcher may choose from a menu of methods and techniques which best suit that particular setting. Adapting the selected methods and techniques to the local situation is required and also the methods and techniques need to be used innovatively.

One of the basic principles in RSAs is to continue to collect information until no new significant information is generated. Once such a “saturation stage” is reached, further data collection, should ideally, cease.<sup>3</sup>

In recent years this methodology, which is characterized by the range of data used, the speed with which the assessment is undertaken and its cost-effectiveness, has increasingly been promoted by and implemented within the United Nations system, including by the United Nations International Drug Control Programme (UNDCP), in countries where there are few data available on particular social problems, and are in need to develop rapid interventions to deal with it.<sup>4</sup>

## A. *Aims and Objectives:*

The overall aims and objectives of an RSA depend on the setting and the types of information needed. Some of the most common aims and objectives of previous RSAs have included:

- Describing what interventions have taken place or are needed to deal with a particular social problem,
- Determining the magnitude of a social problem in particular settings,
- Determining the adequacy of the interventions and services provided,
- Identifying target populations for program interventions,
- Ascertaining the available community resources that could be mobilized for such interventions,

1 ODCCP. Drug Abuse: Rapid Situation Assessment and Responses. ODCCP Studies on Drugs and Crime. United Nations, 1999.

2 WHO/PSA. A One Way Street? Program on Psychoactive Substance Abuse Among Street Children. Geneva, 1993.

3 WHO. The Rapid Assessment and Response Guide on Psychoactive Substance Use and Especially Vulnerable Young People. Geneva, 1998.

4 ODCCP, *ibid*.



- Informing policy makers by providing comprehensive picture of the situation,
- Designing strategies that respond to the needs of various target populations, and
- Monitoring and evaluating the outcomes of interventions.

### B. *Methodology:*

An RSA draws on a variety of sources of existing information, usually called Secondary Data sources. Secondary data can be defined as existing statistical and documentary information that are routinely collected and are available in various formats. In addition to secondary data sources, the RSA involves the collection of primary data from a variety of target populations, using a variety of methods. Specific techniques of primary data collection often include the following:

- Focus groups
- Key informant interviewing
- Field notes
- Observation
- Interviews

### C. *Limitations of RSAs:*

Rapid Situation Assessment is based on applying rapid techniques of data collection. In this sense, the methodology used does not entail in-depth research methods, or longitudinal research techniques.

It is often argued that since an RSA uses largely qualitative methods, its findings in a given research site cannot be generalized to the total population. Seeing that RSAs are mostly used to develop interventions in specific sites and therefore need context-specific data to draw on, generalizations for the whole country based on the data collected from a few sites are not generally made.

However, regardless of whether use is made of qualitative or quantitative data collection measures in an RSA, these

Essentially, in an RSA the focus is often made on the following broad areas of assessment:

- Contextual assessment to describe the major structural, social, and cultural factors, which generally influence a particular social problem
- Resource assessment, which aims at mainly identifying the existing resources such as various governmental and non-governmental responses to the issue. Additional community resources can also be identified
- Intervention and policy assessment to identify potential intervention measures and effective policies to deal with the issue

measures must be both reliable and valid. Reliability indicates whether the measurements are consistent and replicable overtime. Validity entails whether what is actually being measured is what was intended to be measured. In an RSA, the general principle adopted is that of adequacy rather than scientific perfection. Reliability and validity are achieved through crosschecking and triangulation of the data collected using multiple methods and techniques. It can also be argued that the findings of an RSA are more reliable and valid than studies that employ single research methods and techniques or rely on single sources of information.

On the other hand, constant monitoring of the data collection procedures and contexts and checking and rechecking of the data from various sources help to minimize bias in RSAs.